



**CB-NSG November 2022**

**Funding Session Write-Up**

### Commissioning

Attendees highlighted that families are usually not involved in decisions around commissioning support and services. Families know their relative and their needs, wants, and dislikes, and involving families and people with learning disabilities in commissioning decisions would enable more person-centred decisions to be made. It was suggested that as well as involving families in commissioning decisions, there are a number of families who would be well-placed to commission services themselves, based on their knowledge of their relative, if they were to be trusted with the money, and that this would likely save money in the long-term as getting it right would reduce the likelihood of placement breakdown and other similar issues. It was also highlighted that this may not be suitable for all families who may not feel willing or able to, e.g., become an employer and manage a care package, but it was agreed that the opportunity to do this should be there. This was linked to the lack of flexibility in funding options.

Attendees highlighted a lack of transparency over how commissioning decisions are made.

Attendees also discussed the fact that many commissioning decisions are made based on what is currently available, rather than what is needed. When commissioning decisions are made based on what services are already being offered, rather than starting with the people and working out what they need in order to live a good life, people are offered services and support that often do not meet their needs when a bespoke package would enable a better quality of life. It was highlighted that when commissioners are reluctant to commission new services, e.g., a residential college, in their area, this then leads to people with a learning disability being sent out of area, which separates them from their families and communities, reduces the ability to oversee and ensure their safety and happiness, and also means that resources are sent out of area with them rather than being invested in the local community.

It was pointed out that commissioners are often not given the flexibility to commission creatively or in risk-taking ways, linked to limited funding being available. It was highlighted that commissioners often have to provide "on-framework", which reduces their ability and/or willingness to think outside the box in terms of commissioning services and support.

Attendees highlighted examples of good and creative commissioning, including one example of commissioning a season ticket from a local football club, which enhanced the person's quality of life. It was agreed that where commissioners are willing and supported to commission creatively and in a positive risk-taking way, including commissioning things that are not generally thought of in terms of services for people with a learning disability, these can have a significant positive impact in improving the quality of life of a person with a learning disability.

### Providers and Workforce

Attendees highlighted an issue where, if there is a provider that is performing well, there is often significant pressure on this provider to expand too quickly, which can then lead to performance issues.

Frontline staff are often not paid well, particularly when considering the stress and intensiveness of the roles that they play, and in comparison to other jobs such as working in a supermarket, where there are frequently roles available. It was pointed out that this contributes to a difficulty in recruiting and retaining staff, to staff feeling undervalued, and to the quality of support being lower (particularly in cases where staff are required to support high numbers of people in a short time frame, meaning that each individual is unlikely to get the degree of support required or the ability to build relationships with staff). Attendees highlighted that staff are often paid on or, when taking into account other costs such as travel, below minimum wage, and that raising the pay would help tackle the issues identified.

An example was shared of work happening in the West Midlands – it has been suggested that one outcome of this work could be that providers in that area share one training package, rather than each provider having to commission individual training. It was suggested that a practice like this, enabling people to gain the skills needed, would be positive. It was also highlighted that it could help to improve the situation of families who are currently in the position of having to commission their own staff training.

### Personal Health Budgets and Direct Payments

Attendees highlighted that there is a lack of knowledge of what personal health budgets (PHBs) can be used for, which restricts the ability to use this funding creatively and in a way that supports people with learning disabilities. As well as a lack of knowledge, it was also highlighted that families can often be given incorrect information; one person shared that they had been told that they could not use direct payments to hire a carer when they were in work. It was also raised that professionals, including commissioners, are not always aware of what direct payments and other funding streams can be used for and that this can add to the confusion. Raising knowledge and understanding of what PHBs can be used for would help in ensuring that the funding that is available to people with a learning disability can be used in the most productive and person-centred ways for the person. It was also mentioned that it is important to listen to families when they suggest ways that these budgets can be used to support their relatives.

It was highlighted that in the case of direct payments, the funding is already available – what is needed is greater information about how it can be used, which will then enable it to be used effectively.

### Pooled Budgets

Attendees highlighted that the legal framework for pooled budgets exists but these are either not fully understood or not used to their full potential. It was suggested that gathering good practice examples of how pooled budgets and collaborative working can lead to positive outcomes could help to promote the use of pooled budgets among local services. It was also highlighted that as well as sharing around local systems, it also needs to be shared on a national system level.

## Other

Attendees also highlighted that, while the focus of this discussion is about funding, many of these actions are related to other aspects such as culture and attitude. This was particularly highlighted in relation to staff pay, where changes in attitudes to how care workers (etc) are valued and the degree to which the roles that they do are respected need to change, both in conjunction with, and to increase the likelihood of, increased funding being made available to enable wage increases.

### Key Actions

<b>Action: What is needed</b>	<b>How it will be done</b>	<b>Who will do it</b>	<b>When it will be done</b>
1. Increase knowledge of how direct payments can be used	<p>'Mythbusting' guide/resource setting out what direct payments can be used for and countering popular/frequent myths and misinformation</p> <ul style="list-style-type: none"> <li>Should be suitable for both family carers and professionals – if necessary, should produce two resources</li> </ul> <p>Consider whether there are other funding sources that would benefit from similar 'mythbusting' guides/resources</p>	CB-NSG members	
2. Increase ability and willingness of commissioners to commission flexibly and innovatively	<p>Share good practice examples of flexible and innovative commissioning</p> <p>Campaign(?) around enabling more flexible commissioning</p>		
3. Greater involvement for families in commissioning decisions	<p>Lobby for families to be meaningfully consulted in commissioning decisions</p> <p>Share examples of how involving families leads to better outcomes (e.g. in terms of quality of life of person with learning disability, in cost-effectiveness, etc)</p> <p>Lobby for families to be given option of managing money and making the commissioning decisions for their relative</p>		

4. Increased support for workforce	<p>Raise wages of people providing support to reflect the value and intensity of the work that they do</p> <ul style="list-style-type: none"> <li>• This could involve e.g., setting a minimum wage for carers, linking wages with comparable NHS bands, etc</li> </ul>		
5. Highlight the benefits (personal and commercial) for investing in local areas	Provide information and examples of what investing in local areas can do to commissioners/local authorities		
6. Increase knowledge of how pooled budgets and joint working can be done	Share good practice examples of ways that commissioners/local authorities etc have used pooled budgets and collaborative working to commission services that have led to good outcomes, and provide support to commissioners and local authorities to try utilising these mechanisms		
7. Challenge authorities and services which state that they don't fund, e.g., complex care	<p>Bring challenges (e.g., legal challenges)</p> <p>Share knowledge of how complex care can be funded, etc, with commissioners</p> <p>Create informal network of professionals so that when families are in the position of, e.g., council saying they will not fund the services needed, the families are able to find people who will be able to help them to challenge this</p>	<p>CB-NSG members to be network (linking with existing mechanisms like the Legal Panel)</p> <p>Commissioners should take a lead on this as other commissioners should be more likely to listen to them</p>	
8. Ensuring care workers are given time to communicate with	Campaign for there to be time allocated for care and support workers to have conversations with families, funded within support packages		

and learn from families			
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