

DORSET COMMISSIONING PARTNERSHIP

DORSET CARE

COMMISSIONING INTENTIONS

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Executive Summary

Dorset County Council (DCC) and Dorset Clinical Commissioning Group (CCG) - the Commissioning Partners, are developing a new Framework arrangement to provide high quality care and support interventions to older people, adults with physical disabilities, those with mental health issues, in both the community and in residential settings. The Framework will also be used to procure Care and Support for children and young people within their own home and the community.

The Commissioning Partners are committed to delivering high quality services and outcomes, whilst working within decreasing budgets. This means changing the way we work, being ambitious and creative in the way we shape future services and making some tough choices.

The new Framework is called **Dorset Care** and has been shaped by the views of Providers, Service Users and their Carers conducted by Healthwatch¹, the CCG and DCC. It is due to go live on 1 December 2017 for a duration of five years.

The Framework applies to the six districts within the Dorset County Council boundaries and excludes Bournemouth and Poole. It has been developed in line with wider strategies including:

- Local Government Reorganisation which recommends that Dorset's nine councils are replaced by two new unitary councils².
- Dorset Healthcare's Our Dorset Sustainability and Transformation Plan³
- DCC's Corporate Plan⁴.

This document constitutes part of the formal tender documentation for the Dorset Care Framework and any details and/or requirements herein should be considered part of the final contract for successful bidders. It sets out some of the challenges faced both locally and nationally for the provision of Social Care and Health and bidders are asked to consider these as part of their offer.

¹ Where The Heart Is: An investigation into home care services (2015). Healthwatch Dorset. Available online: http://www.healthwatchdorset.co.uk/sites/default/files/healthwatch_dorset_home_care_services_report_adj_usted.pdf Accessed 25.02.2017

² Future Dorset. Available online: <https://futuresdorset.co.uk/the-proposal/> Accessed 25.02.2017

³ Our Dorset Sustainability and Transformation Plan (2016). Dorset Healthcare. Available online: <http://www.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare/Downloads/About%20The%20Trust%20and%20Membership/STP/Our%20Dorset%20STP%20FINAL.pdf> Accessed 24.02.2017

⁴ Dorset County Council's Corporate Plan. Dorset County Council. Available online: <https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework> Accessed 24.02.2017

Our vision

Our vision is to provide high quality, personalised care and support services which focus on meeting Service User outcomes and are delivered and financed in a sustainable way.

To achieve this, all those involved in the delivery of care and support services need to work more closely together to fully utilise assets and develop coordinated, innovative services which provide choice, control and flexibility for those accessing services.

Changing the way we work

Health and Social Care services are facing two major population challenges. First, the UK has an ageing population. In 2010 there were three million people aged over 80; by 2020 this figure is expected to double.

Second, life expectancy has risen over the past 50 years. However, self-reported healthy life expectancy has not risen at the same rate and increasing numbers of people have multiple long-term conditions, such as diabetes or dementia.

In 2008 there were 1.9 million people with three or more long-term conditions; this is likely to rise to 2.9 million by 2018.

The effect of this population shift on Health and Social Care services is significant; over-75s use more than 60% of bed days in acute hospitals and 70% of the Health and Social Care budget is spent on chronic conditions.

Increasing demand is one of the key factors causing funding gaps, estimated at £30 billion in the NHS and £4.3 billion in social care by 2020 in England alone.

Older people are likely to require both Health and Social Care to meet their needs. Better integration between Health and Social Care has been put forward as a way to reduce costs, relieve pressure on services and improve user outcomes and experiences.

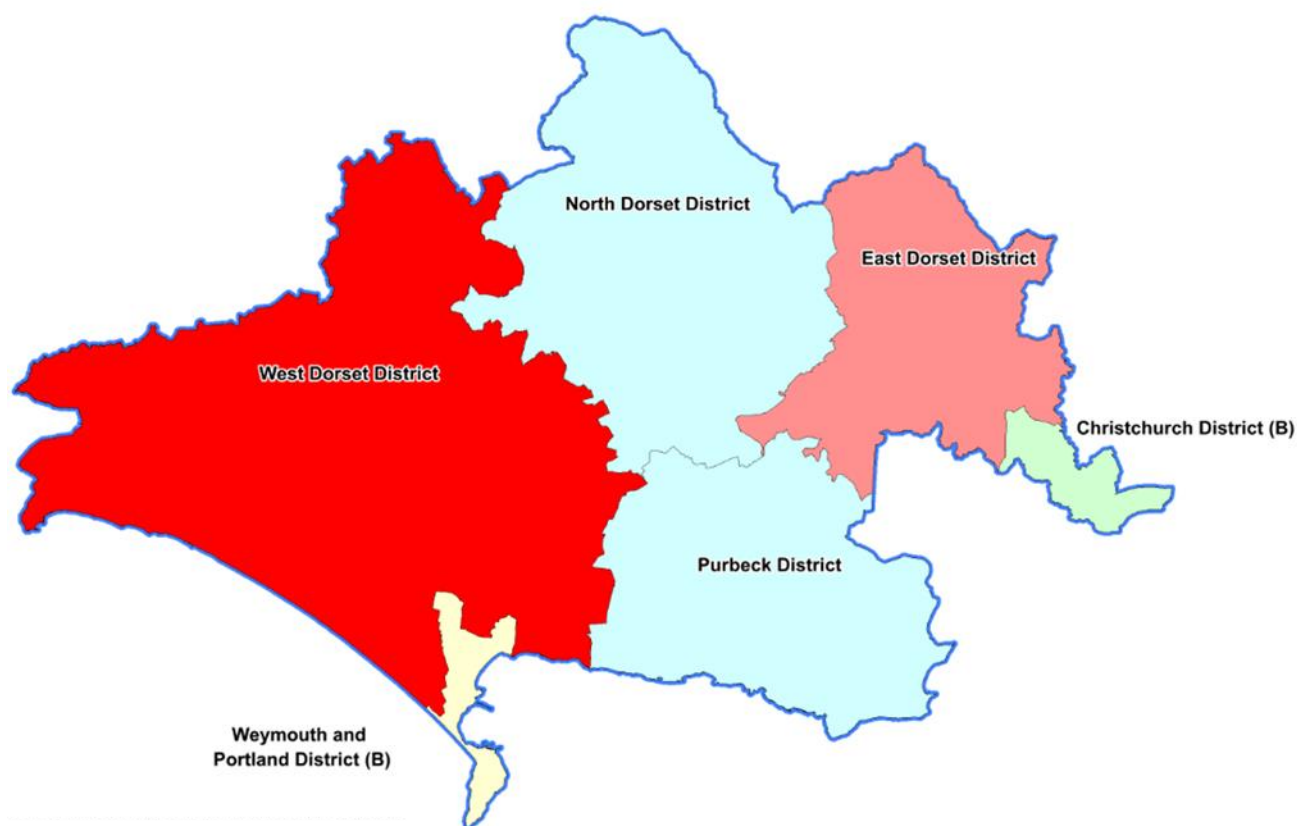
The Dorset Care Framework is a significant step forward in integration and during the life of the framework it is anticipated that additional areas of joint or integrated working will commence. These include:

- Brokerage
- Joint Commissioning
- Pooled Budgets and finance arrangements
- Quality Monitoring

The challenges of the changing profile of need, our ability to supply services in some locations, personalisation, and market sustainability mean that we have to change the way we commission and deliver services.

Dorset, as with other areas of the UK, is facing unprecedented levels of uncertainty due to the recent decision to leave the European Union. The Dorset Care Framework is intended to provide a flexible solution to procuring care and support services that allows for any appropriate change and redesign of services that may be necessary to address issues such as EU citizens' right to work etc.

The services and interventions within this Framework will serve individuals who live within the Dorset County Council boundaries and/or who are registered with a Dorset GP.



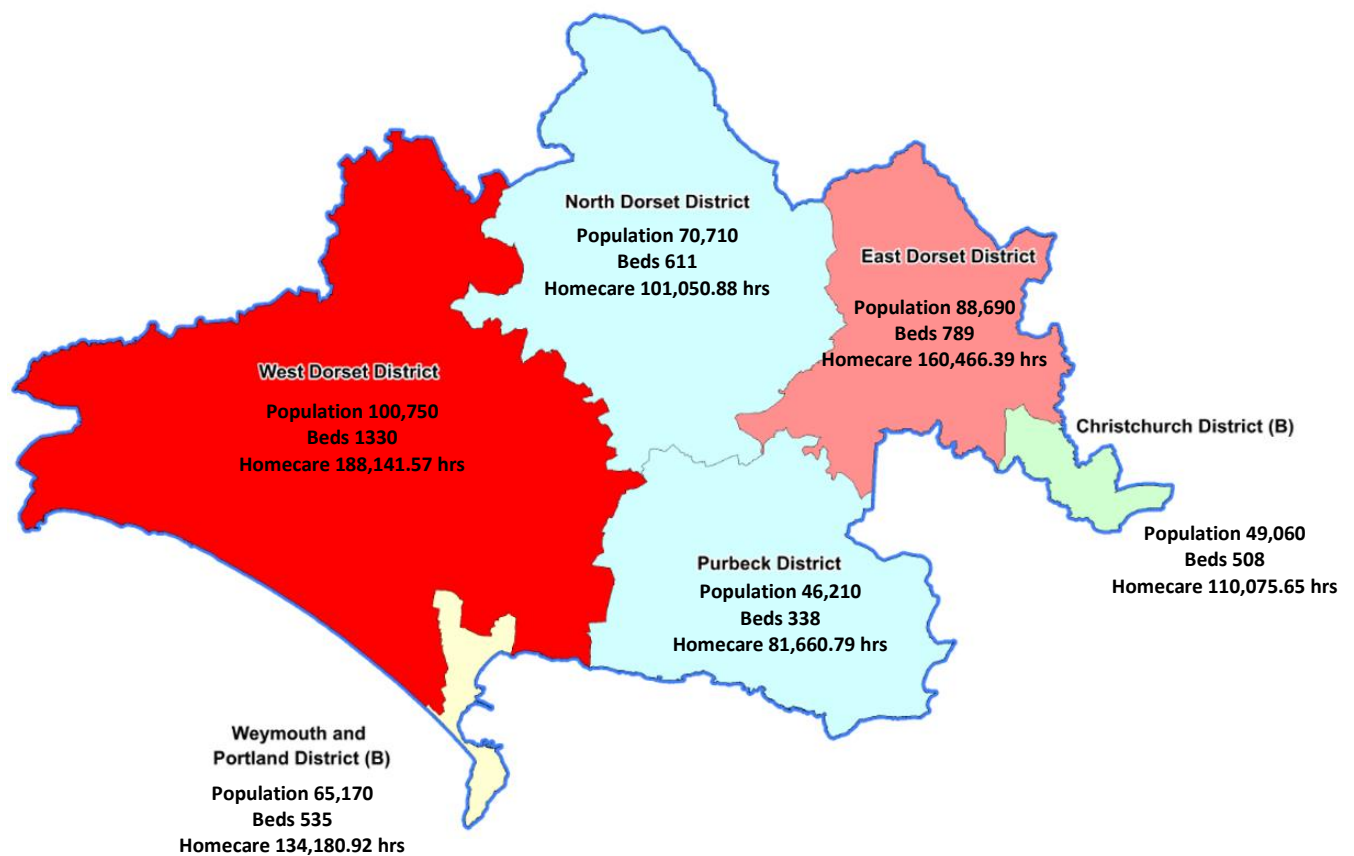
This map is not definitive and has no legal status

It should be noted that it is likely that during the course of this Framework these boundaries will change due to an ongoing Local Government Review (LGR). Contract arrangements will be novated as appropriate.

To address the many challenges faced it is essential that the assets and strengths of Dorset's population and communities are fully utilised. The Dorset Care Framework focuses on what could be seen as a distinct system of care and support, however, it is important that these services and interventions integrate where possible with other complimentary services and projects outside of its specific scope e.g. existing block contract arrangements etc.

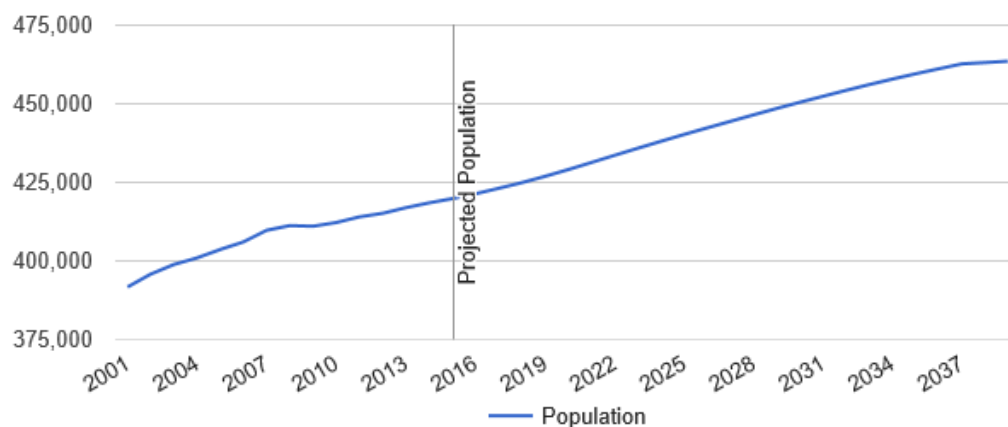
Demand management

By 2025, the population of Dorset will have increased from around 420,600 to over 440,000, with much of the growth happening among older people. Dorset has a higher than average population of over 65s (28%) meaning there is increasing pressure on adult care and support services, because as we grow older more of us develop long-term and more complex conditions such as dementia. The projected growth in our population is expected to further increase pressure on services, as the over 65s population grows by 1.7% per annum over the next decade.



This map is not definitive and has no legal status

Diagram 1: Current population including number of residential and nursing beds and annualised scheduled homecare hours by district



Source: Mid Year Estimates and Population Projections, Office for National Statistics and Dorset County Council

Diagram 2: Estimated population projection for Dorset⁵

⁵ Dorset County Council. Available online: <https://apps.geowessex.com/stats/AreaProfiles/County/dorset>
Accessed 28.02.2017

As at the end of January 2017, the Commissioning Partners provided services to the following number of Service Users:

- 1393 DCC Service Users in residential care
- 3118 DCC Service Users receiving domiciliary care
- 298 CCG Service Users in residential care
- 148 CCG Service Users receiving domiciliary care

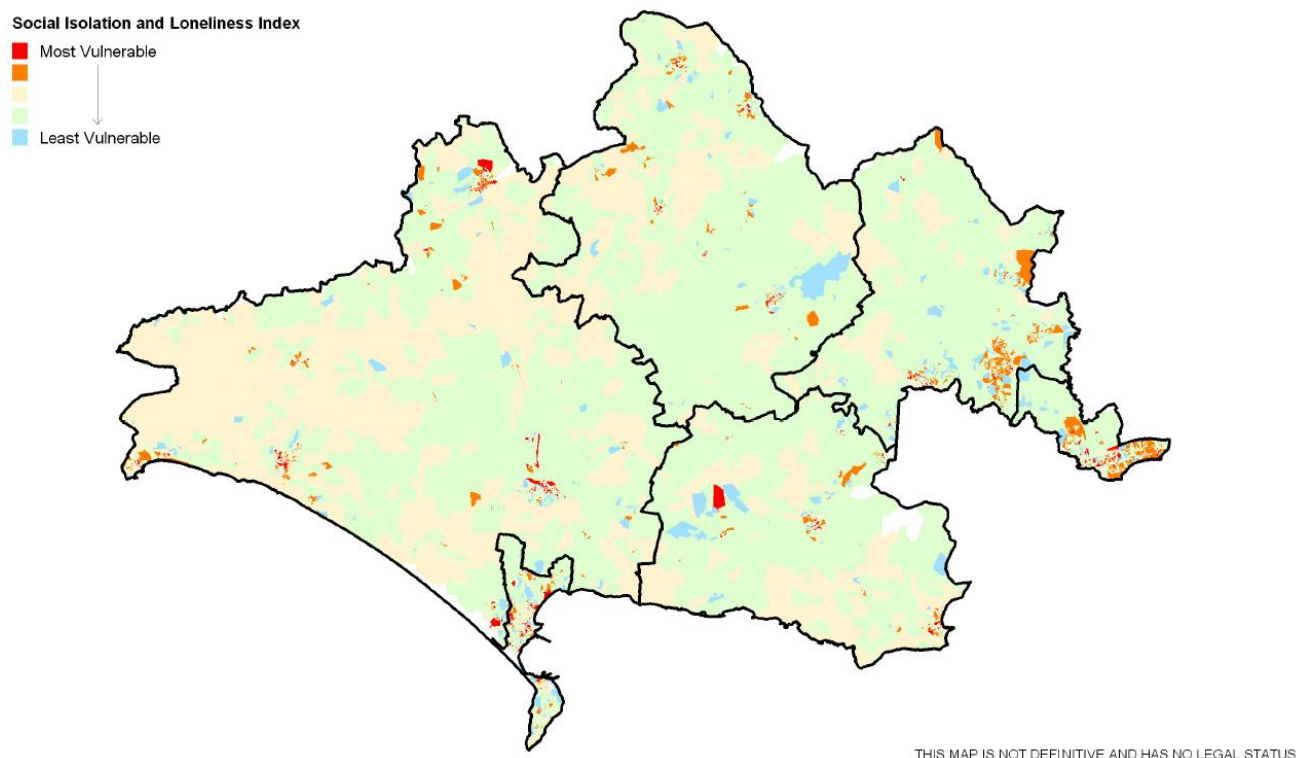


Diagram 3: Social isolation and loneliness index⁶

14,000 households have been identified as being highly vulnerable to social isolation / loneliness in Dorset.

Key priorities for the Commissioning Partners are:

- People remain happily independent and stay in their own homes for as long as possible
- People are part of inclusive communities and don't feel lonely or isolated which is a key driver for people wanting to move out of their own homes.
- Broaden the scope of services available locally so more people receive care at home and in the community and promote self-care and/or self-managing long-term conditions, to avoid hospital or residential care admission
- People are discharged from hospital as soon as possible
- More care is delivered closer to home
- Strengths and assets are utilised first, including circles of support, assistive technology and community based assets

The Commissioning Partners recognise that an inherent consequence of their strategy of prevention and asset based working will result in a reduction in hospital admissions and

⁶ Dorset County Council. Available online: <https://apps.geowessex.com/stats/Reports> Accessed 28.02.2017

stays as well as in residential home placements. The Commissioning Partners wish to work with Providers to explore opportunities which will develop their business models and provide sustainability. This could include:

- Short-term reablement utilisation of voids.
- Hospital avoidance initiatives and step-down from hospital.
- The development of day opportunities.
- The delivery of homecare to local residents.

Difficult to serve areas in Dorset

Dorset is predominantly a rural county and we struggle to commission care and support at home services in some areas as a result, meaning that some people go without the care and support they need altogether. DCC was unable to find care and support at home packages for 12% of requests in January 2017.

Areas which are difficult to serve are detailed in the following map:

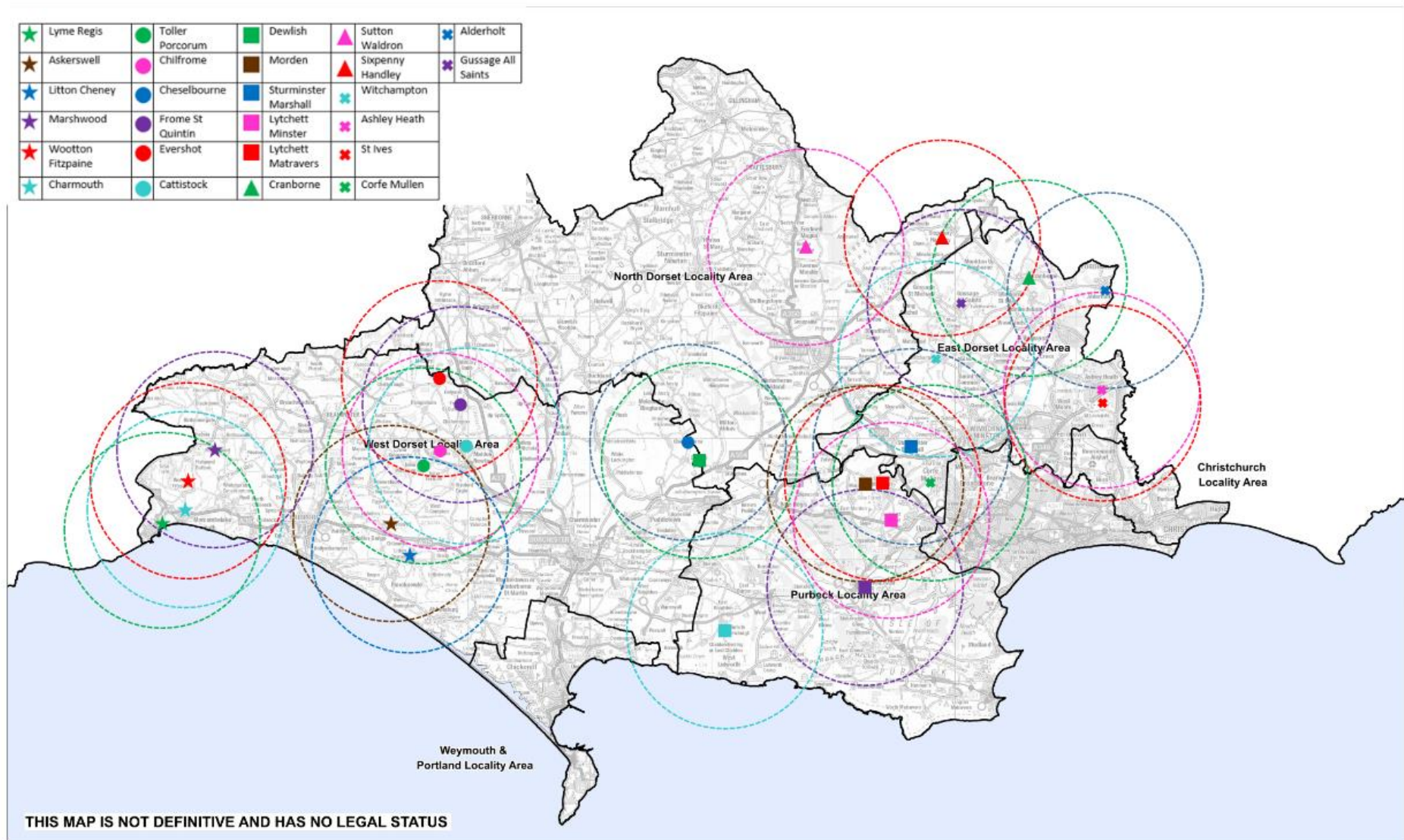


Diagram 4: Care and support at home difficult to provision areas in Dorset

The table below shows the areas that have proved difficult to provide care and support at home services to and the volume of care packages.

Difficult To Provision Areas			Annual Hours
East Dorset	Corfe Mullen	BH21	121,235
East Dorset	Sturminster Marshall	BH21	
East Dorset	Witchampton	BH21	
East Dorset	Gussage All Saints	BH21	
East Dorset	Sixpenny Handley	SP5	
North Dorset	Sutton Waldron	DT11	
East Dorset	Cranborne	BH21	119,254
East Dorset	Alderholt	SP6	
East Dorset	Ashley Heath	BH24	
East Dorset	St Ives	BH24	
Purbeck	Winfrith Newburgh	DT2	59,122
Purbeck	Wareham	BH20	
Purbeck	Morden	BH20	
Purbeck	Lytchett Matravers	BH16	
Purbeck	Lytchett Minster	BH16	
West Dorset	Toller Porcorum	DT2	67,599
West Dorset	Chilfrome	DT2	
West Dorset	Cattistock	DT2	
West Dorset	Frome St Quintin	DT2	
West Dorset	Askerswell	DT2	
West Dorset	Litton Cheney	DT2	
West Dorset	Evershot	DT2	
West Dorset	Dewlish	DT2	22,559
West Dorset	Cheselbourne	DT2	
West Dorset	Lyme Regis	DT7	22,488
West Dorset	Charmouth	DT6	
West Dorset	Wootton Fitzpaine	DT6	
West Dorset	Marshwood	DT6	

Table 4: Care and support at home difficult to provision areas and annual hours

The Commissioning Partners intend to utilise block contract arrangements within the commissioning of care and support at home services as an option to address the challenges in delivering packages in certain geographical areas. Rates, approaches to pricing and capacities will be detailed within the supporting documentation of any competition as part of the Framework.

We need to ensure we are able to provide the care and support people need at a financially viable cost. We are looking at ways of doing this such as providing block contracts and guaranteed hours in areas, and expect Providers to work more closely together by bundling up packages, sharing rotas etc.

Carers

Statistics from the 2011 census show that in Dorset there were almost 83,000 unpaid carers in 2011, and almost 24,000 of these (approximately 30%) were aged over 65.

Figures show that carers breakdown is a significant contributor to a decision to place a service user into a residential setting. The report Supporting Carers: The case for change⁷ shows a direct link between carer support and residential placements and the costs attributed to it.

Evidence shows that prevention and greater investment in community based solutions has a direct impact on both delaying and the number of placements made into residential and nursing homes.

The Princess Trust estimated that the following investment in both carer support and Care at Home would prevent admissions to residential settings and achieve the following savings in residential spend:

Council	Increased Expenditure on Carers	Increased Expenditure on Care at Home	Decreased Expenditure on Residential Care	Overall Saving
Dorset	£1085,312.50	£5,0800,210.42	£16,628,250.00	£10,354,727,08

Table 1: Investment in Carer support and Care at Home and reduction in residential spend

Dementia

Current research shows that 57.7% of the estimated dementia population in Dorset aged 65 years and over has a formal diagnosis. This leaves a shortfall of approximately 696 people against the target of 67.7% diagnosis.

Aged 65 Years & Over				
As at Jan 2017				
Locality	Dementia Register	% Prevalence	% of estimated dementia population diagnosed	Variance to target
Dorset West	404	2.5%	39.1%	291
North Dorset	765	3.6%	56.3%	149
Mid Dorset	434	3.8%	59.4%	57
Purbeck	379	3.8%	59.4%	50
Christchurch	667	4.0%	62.5%	50

⁷ Supporting Carers: The case for change (2011). The Princess Royal Trust for Carers. Available online: <http://static.carers.org/files/supporting-carers-the-case-for-change-5728.pdf> Accessed 01.03.2017

Aged 65 Years & Over				
As at Jan 2017				
East Dorset	837	4.0%	62.5%	63
Weymouth & Portland	740	4.1%	64.1%	36
Dorset Total	4226	3.69%	57.7%	696

Table 2: Recorded diagnoses of dementia on GP practice registers by locality, age 65+⁸

The following table provides the difference in costs associated with people living in the community or in residential care with dementia.



Table 3: Average annual cost per person with dementia, by severity and setting (£, 2012/13 prices)⁹

⁸ Draft Dementia Services Review: Health and Social Care Needs Analysis and analysis of Service Data (2017). Dorset Clinical Commissioning Group.

⁹ Dementia UK Update (2014). Alzheimer's Society. Available online: https://www.alzheimers.org.uk/download/downloads/id/2323/dementia_uk_update.pdf. Accessed 01.03.2017

Self-funders

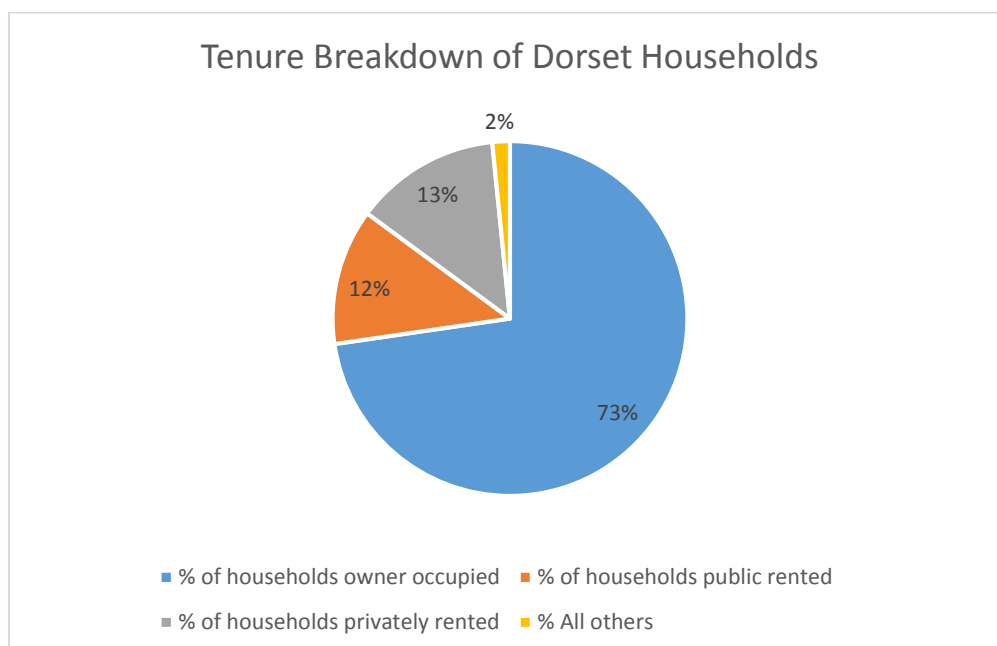


Diagram 5: Tenure breakdown of Dorset Households

73% of households in Dorset are owner occupied. This compares to a national average of 64% (England and Wales). In addition, the average house price in Dorset is £284,023 compared to the UK average of £219,544 (figures as at December 2016). This means that Dorset is an asset rich county, with the majority of people able to self-fund their own care and support as they need it, pushing up overall prices in this sector.

The Commissioning Partners intend to develop integrated brokerage and quality monitoring approaches that support self-funders to access quality care and support through the Dorset Care Framework.

Extra Care

Extra Care Housing is specialist housing with care and support for people with varying levels of needs. Occupants of Extra Care Housing have their own self-contained homes, their own front door and a legal right to occupy the property.

Extra Care Housing is intended to support independence, enabling Service Users to do things themselves rather than doing things for them. In delivering the service, every opportunity should be taken to maximise the Service Users capacity to carry out tasks themselves.

Bidders should take into consideration how care and support can be delivered into Extra Care and similar developments that may arise during the term of this Framework. At present the following are planned:

1. Poundbury Extra Care scheme – on site completion autumn 2017 – 60 units

2. Gillingham Extra care scheme – likely – site committed by Cabinet – c55 units
3. Bridport Extra care scheme– possible as part of hub development – c55 units
4. Wareham Extra Care – possible as part of hub development – c55 units

Finance and efficiency

Based on current figures, Dorset have forecast that in five years our health services will have an annual shortage of £229 million a year, this includes a shortfall of £20 million on NHS England specialised services.

DCC also face significant financial pressures. To be able to set a balanced budget in 2017/18, the council has set a target of saving £18.3m, to be achieved through its Forward Together transformation programme. This includes £7.1m from Adult and Community Services – including the introduction of fairer care charges, review of care packages and integration with health¹⁰.

DCC has agreed to increase council tax by 4.99 per cent to help bridge the gap in funding for adult social care. The 3 per cent social care precept will raise £6m this year for the council to invest in adult social care¹¹.

As our funding cannot keep pace with growth in demands and costs, and to get the most from the money we do have, we have to change and work more efficiently and creatively. Essential to this is working in partnership with Providers to ensure we are providing cost effective, high quality services.

The Commissioning Partners intend to establish a Framework Steering Group which shall consist of stakeholders including:

- Dorset County Council
- Dorset Clinical Commissioning Group
- Voluntary sector representatives
- Carer/Service user representatives.
- Provider representatives

The Framework will be reviewed in terms of performance, i.e. provider take-ups, quality etc., annually at the contract anniversary. No automatic mechanisms for fee uplifts or increases will be provided within the Framework contract.

Personalisation and outcomes

“‘Personalisation’ is the term used for an approach to personal care and support which treats people as autonomous individuals and responds to their personal needs and wishes.”¹²

¹⁰ Dorset County Council. Available online: <http://dorset.moderngov.co.uk/documents/s7259/Rec%2023%20-%20Background%20Report.pdf> Accessed 25.02.2017

¹¹ Dorset County Council. Available online: <https://news.dorsetforyou.gov.uk/2017/02/16/dorset-county-council-agrees-4-99-per-cent-council-tax-rise/> Accessed 25.02.2017

Fundamental to this is the understanding that the individual is best placed to understand their needs and how best to meet those needs.

At the heart of the Framework are the principles which support personalisation and we want to shift towards a more outcomes based model which provides greater choice, control and flexibility for those accessing services. This includes using a range of mechanisms such as Direct Payments, Personal Health Budgets and Individual Service Funds.

In addition, we want Service Users, Carers and Providers to work together to agree times and details of their care and support and how their individual outcomes will be met. We also want Providers to deliver services seven days a week.

Sustainable and diverse market

The Dorset Care Framework provides significant business opportunities for Providers with a value of £500m over the duration of the Framework. However, it is essential that all bidders see this Framework as a genuine opportunity to work in partnership with all stakeholders

We believe that the challenges faced in managing system wide demand and in the issues regarding market capacity and viability cannot be solved by maintaining the existing way of working and we wish to work with Providers to explore opportunities which will develop their business models and provide sustainability.

In considering cost and pricing, the Commissioning Partners have moved away from a traditional 'cost of care' approach, towards calculations that take market forces such as staff recruitment and retention into consideration, and seeks to ensure market viability and sustainability. This approach is only sustainable if Providers are part of a whole system partnership which is creative, quality driven, outcomes focused, and safely managing demand.

The Dorset Care Framework is a partnership developed to work with local Providers, the Dorset Community and Voluntary sector and local people to coproduce services to help ensure that Dorset Service Users receive the best, timely and affordable Care and Support services for the future.

We aim to support local businesses and local jobs, and improve the economic, social and environmental well-being of Dorset, in line with the Public Services (Social Value) Act 2012¹³.

We have two established block contracts for residential care, one contract in the east and the other in the west of the county as well as working closely with our Local Area Trading Company.

¹² Personalisation (2014). Local Government Association. Available online: http://www.local.gov.uk/documents/10180/5854661/L14-530+Must+Knows+Adults-Personalisation_07.pdf/8cf480c5-f0ae-4c99-b469-42522fc05a88 Accessed 25.02.2017

¹³Public Services (Social Value) Act 2012. Available online: <http://www.legislation.gov.uk/ukpga/2012/3/contents/enacted> Accessed 26.02.2017

Workforce

The following is taken from a report which gives a summary of the adult social care sector and workforce in the Dorset local authority area and includes Skills for Care's workforce estimates created using the 'National Minimum Data Set for Social Care' (NMDS-SC)¹⁴.

Skills for Care helps create a better-led, skilled and valued adult social care workforce. We provide practical tools and support to help adult social care organisations recruit, develop and lead their workforce. We work with employers and related services to ensure dignity and respect are at the heart of service delivery.



In 2015 the adult social care sector had around 19,300 organisations, 40,100 care providing locations and a workforce of around 1.55 million jobs in England. In Dorset there were an estimated 11,400 jobs in adult social care. These were split between the statutory sector (4%), the independent sector (90%) and direct payment recipients (6%). As at September 2015 Dorset contained 234 CQC regulated services, of these, 167 were residential and 67 were non-residential services.



Adult social care is a growing sector that had increased by 18%, in terms of jobs, since 2009 in England. If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care jobs in England will increase by a further 18% to 1.83 million jobs by 2025

Staffing overview

The estimated number of adult social care jobs in the Dorset area in 2015/16 was 11,400, this included 900 managerial roles, 600 regulated professionals, 8,200 direct care (including 6,200 care workers), and 1,650 other-non-care providing roles.

Approximately half (47%) of the workforce worked on a full-time basis, 41% were part-time and the remaining 12% had no fixed hours. Over a quarter (25%) of the workforce were recorded as being on zero-hours contracts (17% in the South West and 24% England).

The average number of sickness days taken in the past year was 7.8 (5.4 in the South West and 5.2 across England). With an estimated workforce of 11,400 this would mean Dorset lost approximately 88,800 days to sickness in the last year.

Demographics



The majority (83%) of the workforce in Dorset were female and the average age was 43 years old. Those aged 24 and under represented 12% of the workforce and those aged over 55 represented 26%, therefore approximately 2,950 people may retire in the next 10 years.

Around 86% of the workforce in Dorset were British, 8% were from within the EU and 6% from outside the EU, therefore there was a similar reliance on both EU and non-EU workers.

¹⁴ <http://www.skillsforcare.org.uk/Home.aspx>

Nationality varied by region, in England 83% of the workforce were British, in South West this was 86%.

Around 92% of the workforce in Dorset were of white ethnicity and 8% were from Black, Asian or Minority ethnic groups. In South West, 92% were of white ethnicity and 8% were of BAME groups and in England 80% were of white ethnicity and 20% were of BAME groups.

Recruitment and retention



Skills for Care estimates that the starters rate in the past 12 months was 52.2%, (38.3% in South West and 35.0% in England). Of new starters, approximately two thirds (56%) were recruited from within the adult social care sector, therefore the sector retains their skills and experience.

The turnover rate of directly employed staff was 33.4%, this means approximately 3,800 leavers per year. This turnover rate was higher than the region average, at 30.0% and higher than England at 27.3%.

Adult social care has an experienced 'core' of workers. Workers in Dorset had on average 8.7 years of experience in the sector and around 70% of the workforce had been working in the sector for at least three years.

Skills for Care estimates that in Dorset, 7.7% of roles in adult social care were vacant, this gives an average of approximately 900 vacancies at any one time. This vacancy rate was similar to the region average, at 7.4% and similar to England at 7.3%.

It is vital that adult social care can attract and retain staff with the right skills, values and behaviours, to raise standards for people using social care services.

Pay

It is important to note that the pay data used in this analysis predates the mandatory National Living Wage (NLW) introduced in April 2016, so some hourly wages may fall below the £7.20 limit. Statutory local authority pay data was as at September 2015 and independent sector pay data was as at March 2016. Skills for Care will be publishing analysis on the NLW later this year, however early evidence from NMDS-SC shows that rates have increased since April 2016. The average annual and hourly pay by job group for your area, and how these compare with the regional and national averages, is shown Table 1 below.

	Dorset	South West	England
Average FTE annual pay of managerial staff	£27,000	£25,000	£26,300
Average FTE annual pay of regulated professionals	£28,000	£26,900	£27,400
Average hourly pay of direct care staff	£7.89	£7.71	£7.69

Table 5: Average full time equivalent (FTE) annual and hourly pay by job group in Dorset, South West and England

Qualifications, training and skills



Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so they can carry out their role effectively,

this will help to develop the right skills and knowledge so they can provide high quality care and support.

The NMDS-SC shows that 58% of the workforce in Dorset hold a relevant adult social care qualification (50% in South West and 57% in England).

Of those workers without a relevant adult social care qualification recorded, 17% had five or more years' experience in their current role and 58% had completed either an induction or the Care Certificate.

The following shows the number of national insurance allocations to adult overseas nationals entering Dorset. It is unknown at this point what the impact of Brexit will be on these numbers and associated care and support workers.

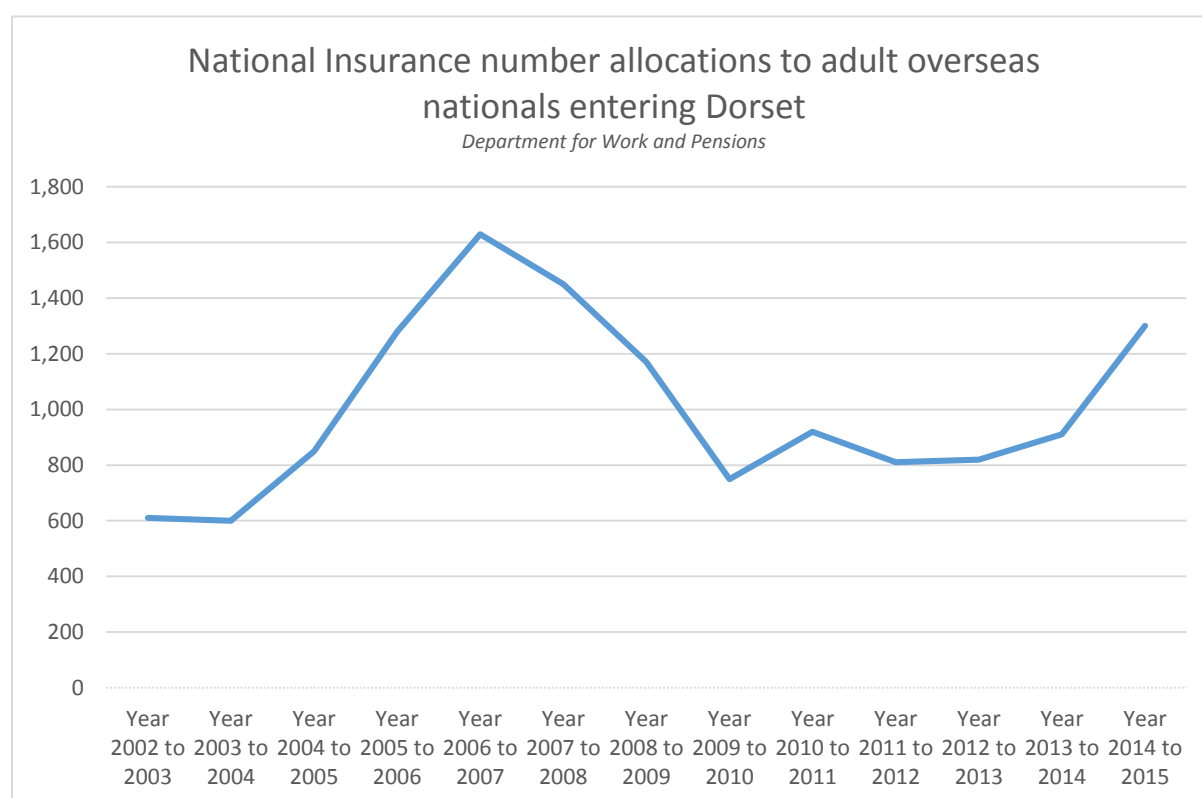


Diagram 6: National Insurance number allocations to adult overseas nationals entering Dorset

Telecare and Assistive Technology

We are focusing on ways of helping people to better look after their own health and wellbeing, and developing service delivery models that enable more people to be supported at home or in their local community.

We must develop new approaches that enable more efficient and effective care, and support people to live independently with better outcomes.

It is recognised that effective telecare and assistive technology can play an important role in helping to achieve this. We are committed to delivering and promoting the use of these

services in order to improve the health and wellbeing of the community so that it becomes an integral part of the Health and Social Care offer, preventing unnecessary hospital and care home admissions and expediting hospital discharge.

Bidders need to consider how they will meet all the requirements outlined above as part of their offer.

The Dorset Care Framework

The Commissioning Partners are looking for Providers to join a five year open framework agreement to commence on the 1 December 2017. New contractual arrangements have been defined and will be introduced for all services under Dorset Care for older people; adults with physical disabilities and adults over the age of 65 with mental health issues; Children's care and support at home and community support. This includes but is not limited to:

1. Care and Support at Home
2. Roaming nights
3. Short breaks
4. Live in care
5. Rapid response
6. Residential and nursing care
7. Community and Innovation
8. Intermediate care
9. Day Opportunities
10. Children's Care and Support at home and community support.
11. Care and Support at Home in Extra Care

Successful providers will join the Dorset Care Framework through a competitive process conducted on the Commissioning Partners' e-procurement system, ProContracts. The Commissioning Partners will, from 1 December 2017, only commission care and support services through the Dorset Care Framework.

There is no minimum or maximum number of providers that will be allowed to join each lot and/or service area.

At the initial issuing of the Invitation To Tender the Commissioning Partners will only be releasing specific opportunities relating to Care and Support at Home. Providers interested in other areas of framework activity are invited to join the framework in order to be able to access additional Lot activity as it is released under mini-competition and/or call-off.

The Commissioning Partners intend to use a combination of call-off and the brokerage of individual packages of care and support. The process of call-off will be light touch in that it will not require Providers to resubmit information and documentation requested during the initial Framework tendering process.

The Commissioning Partners will define the award process of any call-off at the point of advertising the opportunity. Call-offs will be advertised on the Commissioning Partners' e-purchasing portal and notify all Framework Providers via email. Bidding for any call-off will be restricted to Dorset Care Framework Providers. Providers who have been removed or suspended from the Framework will not be able to bid.

The Commissioning Partners shall have the flexibility to evaluate and award call-off contracts based upon a range of options which will be advised at the point of advertisement. These include but are not restricted to:

- Price
- Quality of written submission

- Presentation or interview
- Competitive dialogue

The Framework will, subject to business needs but at a minimum of once per contract year, re-open to allow new Providers to join, subject to successful tender.

Block contract arrangements will be advertised as part of the invitation to tender and bidders can choose to bid for just membership of the framework lots and/or for block arrangements.

The Commissioning Partners will set limitations to the number of block arrangements Providers are able to bid for.

For non-block arrangements, referrals will be made to Providers against their quality ranking and availability unless the Provider can demonstrate that the Service User should be referred to a specialist service or it is determined by the Commissioning Partners and agreed with the Provider that a spot purchase arrangement is appropriate.

The quality ranking order will be determined by a combination of factors including:

- Tender
- CQC rating must not be “inadequate”
- No pending enforcement action
- No DCC block
- Quality Monitoring Team visits and intelligence gained through quality and monitoring of the Quality Standards. See Appendix 1: Care and Support at Home Quality Monitoring Standards
- Safeguarding
- Response rates to requests
- Number of difficult to provide Care and Support packages delivered i.e. complexity of need or location
- Number of Care and Support packages handed back
- Reduction in funded Care and Support packages
- Feedback from locality teams
- Number of complaints
- Number of compliments
- Availability
- Service User Choice
- Social value

- Productivity improvements e.g. reductions in travel time, utilisation of existing community resources, etc.

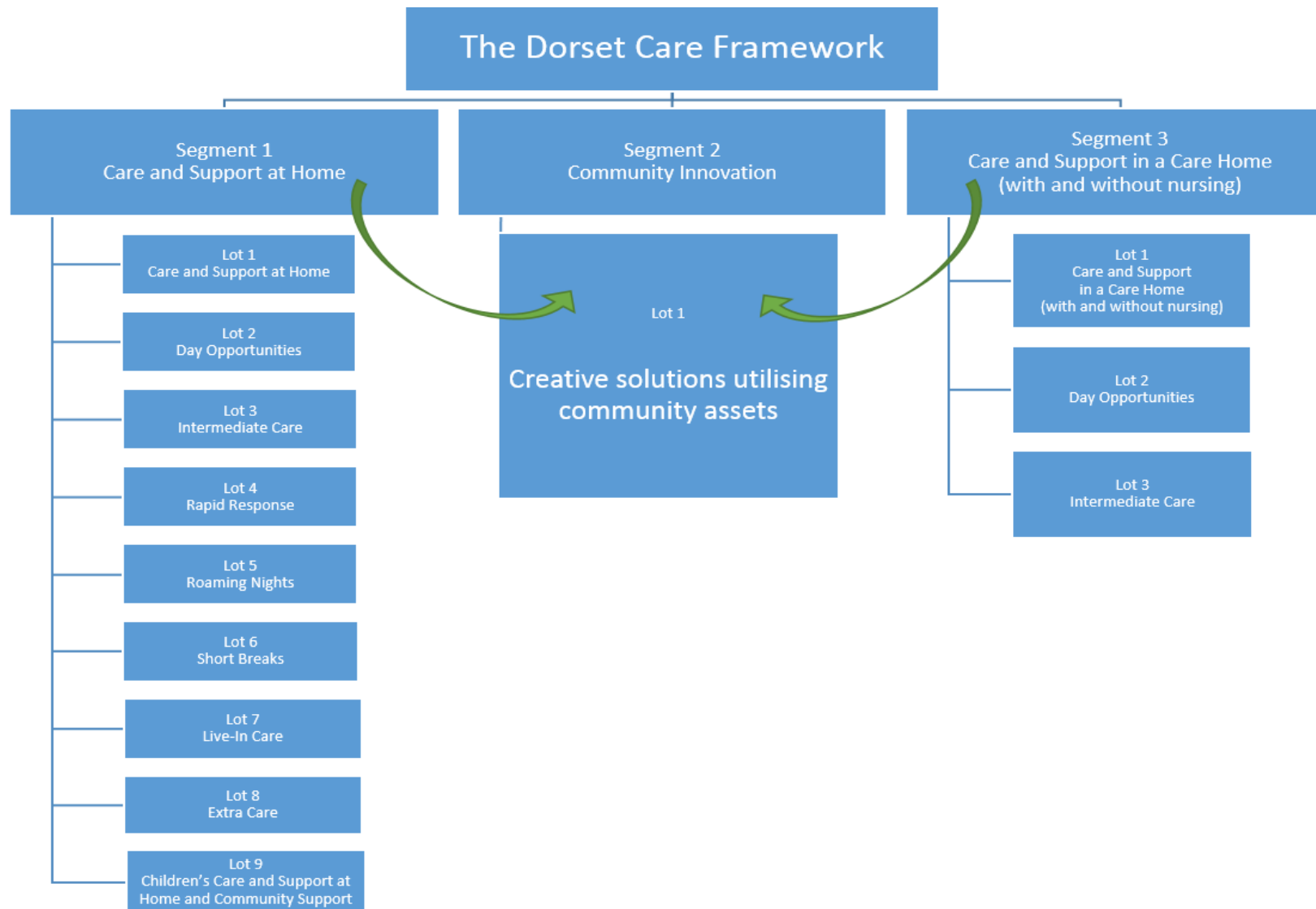


Diagram 7: The Dorset Care Framework

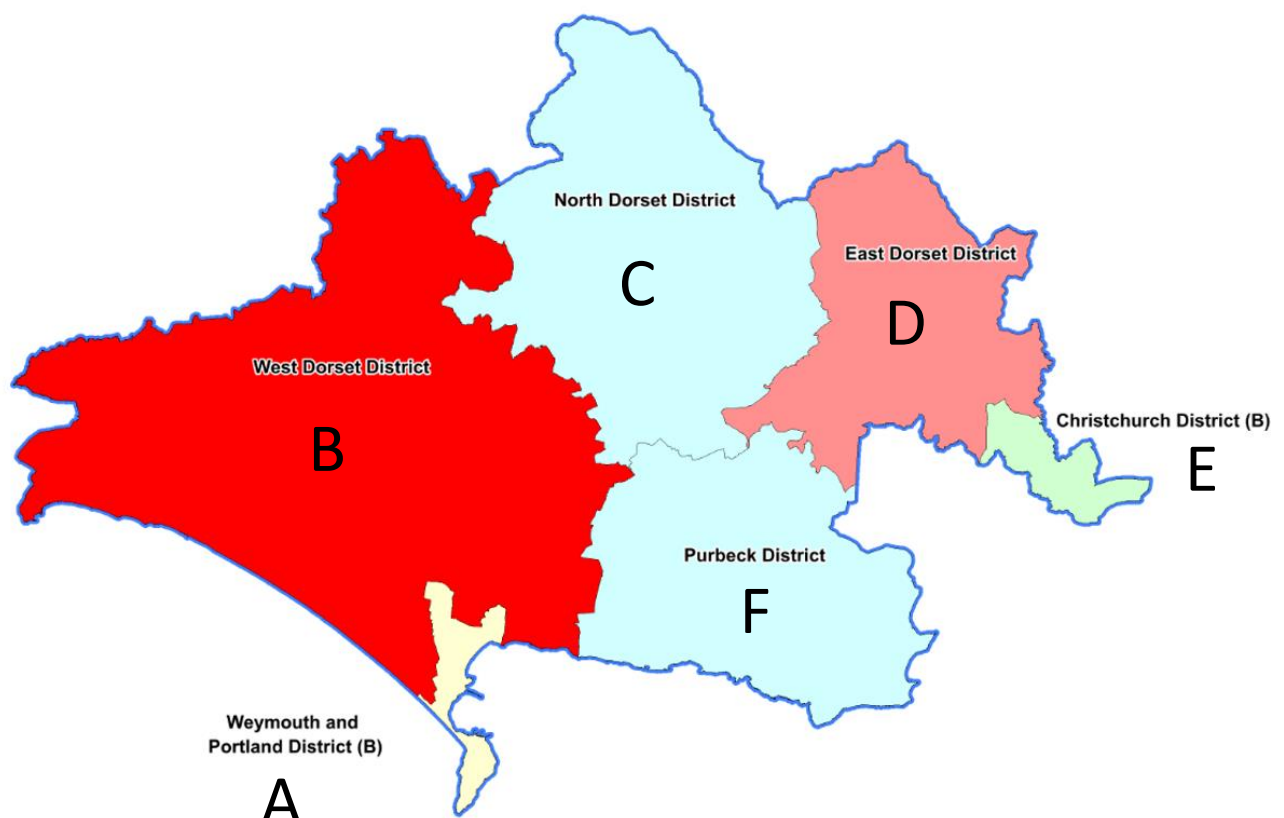
The Dorset Care Framework will consist of three core segments:

1. Care and Support at Home (Segment 1)
2. Community Innovation (Segment 2)
3. Care and Support in a Care Home with or without Nursing (Segment 3)

Lots as detailed in the diagram above, may be activated in terms of procurement activity at any point during the term of the framework.

Providers will be able to indicate their proposed geographical areas of operation by selecting Service Areas as outlined on the diagram below:

- Service Area A: Weymouth & Portland
- Service Area B: West Dorset
- Service Area C: North Dorset
- Service Area D: East Dorset
- Service Area E: Christchurch
- Service Area F: Purbeck



This map is not definitive and has no legal status

Diagram 8: Dorset Service Areas

Segment One: Care and Support at Home

Care and support at home services for older people, adults with physical disabilities and those over 65 with mental health issues have been provided since April 2012 through a framework which will expire on 30 November 2017¹⁵.

Segment one: Care and Support at Home will replace existing contractual domiciliary provision.

We are moving away from traditional social Care and Support based upon a 'time and task' model and working with Providers in a Trusted Partnership to ensure that Service User outcomes are met in the most efficient and cost effective manner.

Care and support at home will:

- Provide community based care and support initiatives to help Service Users to be supported through periods of recovery or enablement, maximise or maintain their level of independence, reduce social isolation and provide support to Carers.
- Help Service Users to remain in their own home, or within any appropriate temporary environment.
- Provide Care and Support to Service Users residing in supported accommodation setting such as Extra Care, The Care and Support to be provided and the duration of the Care and Support package will be outlined in the Service Users Care and Support Plan.
- Provide short term interventions e.g. respite, sitting services, short breaks, Intermediate Care.

Care and support at home may defined as single or multiple components of:

- Care and support services capable of promoting independence,
- Personal care.
- Support to maintain the domestic environment.
- Low level support services that will enable a Service User to remain at home.
- Home from hospital services and supporting Service User discharged from hospital, enabling their prompt discharge and effective Care and Support planning upon their return home.
- Assistance with accessing community and universal services.
- Assistance with administration of medication where determined as part of the agreed Care and Support Plan.

¹⁵ Separate arrangements exist for learning disability and community based mental health.

- Provision of services to Service Users eligible for funding from Continuing Healthcare.
- Care and support to Service Users living in Extra Care schemes.
- Live-In Care.
- End of life Care and Support.
- Emotional and psychological support such as confidence building and motivation.
- Supporting and working with Service Users with dementia, particularly those who have complex needs.
- Managing challenging and difficult behaviour.
- Identifying Carers, including respecting and supporting their caring role.
- Applying an enabling approach to service delivery and maintaining re-ablement objectives where these are ongoing as established within any earlier re-ablement service that Service User may have received.
- Sensory loss / impairment requiring specialist communication skills.
- Monitoring and recording progress in traditional and non-traditional support.
- Support to use Assistive Technology/Health Technology.

This list is indicative and is not exhaustive.

The Commissioning Partners anticipate that at any one time 40% of their jointly commissioned care and support at home hours will be allocated through block contract arrangements.

Market Engagement and Tender Timeline

- Two events were held during January 2017, which were both well attended. Feedback from these events has shaped the Framework.
- The tender will open on 24 March 2017. It will be open for 8 weeks and close on 5 May 2017. This will be followed by evaluation which is scheduled to be completed by 2 June 2017.
- The Commissioning Partners are intending to hold a tender clarification event on 11 April 2017.
- Bidders will be notified of the intention to award no later than 28 July 2017.
- There will be a three month period for the Commissioning Partners and Providers to work closely on the transition and planning of the new service which will commence on 1 December 2017.

Segment Two: Community Innovation

Community Innovation is the collective name given to community based support services which seek to address a range of local and national challenges for example, social isolation, increased Service User dependency, service delivery within dispersed rural communities, increases in unplanned admissions and delayed discharge from community and acute hospitals.

Bidders will be asked to submit a bid for **Segment 2: Community Innovation**. Once bidders have gained a place on the framework opportunities will be invited by way of mini-competition. Services which may be considered under Segment 2 could include but are not limited to:

- Befriending
- Shopping
- Transport
- Household maintenance
- Day Opportunities
- Community Hub and Spoke

Regulated care functions provided under this specification must be performed by a CQC registered organisation, however, this may be arranged via appropriate partnerships.

Market Engagement and Tender Timeline

- Providers were invited to attend a special event held during January 2017. Dorset Community Action presented at the event and continue to work closely with the Commissioning partners in working with Community and Voluntary organisations in finding solutions to meet the needs of Dorset Service Users especially in our rural and hard to reach areas.
- The tender will open on 24 March 2017. It will be open for 8 weeks and close on 5 May 2017. This will be followed by evaluation which is scheduled to be completed by 30 June 2017.
- The Commissioning Partners are intending to hold a tender clarification event on 11 April 2017.
- Bidders will be notified of the intention to award no later than 25 August 2017.
- There will be a two month period for the Commissioning Partners and Providers to work closely on the transition and planning of the new service which will commence on 1 December 2017.
- Commissioning Partners envisage the coproduction of innovative and creative solutions through close working with Providers.
- Segment 2: Community Innovation will commence on 1 December 2017.

Segment Three: Care and Support in a Care Home with or without Nursing

Care and support in a care home with or without nursing will provide accommodation, care, support and stimulation to those Service Users for who it is not appropriate, either in the short or longer term, to live in their own homes. This includes those requiring nursing interventions or management of mental health conditions which may affect older people such as dementia. Bidders will offer Service Users the opportunity to enhance their quality of life by providing a safe, manageable and comfortable home environment.

Effective care and support positively impacts on the demand for a range of services including those commissioned by Health, notably supporting appropriate strategies to reduce inappropriate admissions to acute hospital services, as well as timely discharge through improved effectiveness of all services within the spectrum of care and support and by promoting wellbeing and healthier lifestyles.

Current commissioning arrangements for care and support in a care home with or without nursing for older people, adults with physical disabilities and older people with mental health issues have been in place since 2014 and are due for retender. **Segment three: Care and Support in a Care Home with or without Nursing** will replace existing contractual residential and nursing home provision.

Current commissioning arrangements expire at 30 November 2017 and the Commissioning Partners wish to engage Providers registered with the Care Quality Commission (CQC).

The Commissioning Partners are seeking Providers of care and support in a care home with or without nursing to work in partnership in the provision of care and support in a way that maintains Service User's independence and choice in their care in as many aspects of daily living as possible. Assisting and encouraging Service Users to do something for themselves (self-care) rather than providing direct care, or working alongside the Service User to enable them to maintain control of their own domestic environment, physical appearance, hygiene etc. The services must also be built around the Service User's need and desired outcomes.

The Commissioning Partners wish to develop services to meet the needs of Service Users who have dementia and or mental health issues. This includes providing innovative respite solutions, recreational and vocations activities for Service Users to support the wellbeing of unpaid Carers, reducing instances of carer breakdown.

Market Engagement and Tender Timeline

- Providers were invited to attend a special event held during January 2017.
- Two events were held during January 2017. Both events were well attended. Feedback from Provider events has been considered and forms part of the overarching service where possible.
- The Tender will close on 5 May 2017 followed by evaluation which is scheduled to be completed by 28 July 2017.
- The Commissioning Partners are intending to hold a tender clarification event on 11 April 2017.
- Bidders will notified of the intention to award no later than 29 September 2017.

- The Commissioning Partners will start a dialogue with Providers to develop and plan the future development and enhancements to the revised service which will commence on 1 December 2017.

Dorset Care Objectives

To award contractual agreements to a number of bidders for each of the Segments under the Dorset Care framework to commence from 1 December 2017 for a period of 5 years which will:

- Provide high quality, personalised Care and Support services which focus on meeting Service User outcomes and are delivered and financed in a sustainable way.
- Provide a clear strategic model to manage demand, placements and costs including blocks, self-funders, standardised pricing structure, provider incentives to come onto the framework, improved contractual monitoring.
- Work towards a full outcomes based model and improved customer experience through a whole system approach which is forward thinking rather than reactionary.
- Support Providers with recruitment and retention, training, quality issues, improved payment terms, framework flexibility, Trusted provider status
- Improve support and engagement with Providers.
- Prepare for Local Government Reorganisation (LGR), with flexibility to take any changes to boundaries into account, as well as recognise difficult to provision areas
- Enhance partnership working with Providers, sharing risks and ensuring they have the skills and resources to diversify.
- Align the Commissioning Partners with Care Act, putting up standard wages in line with National Living Wage (NLW), pension requirements.
- Increase the utilisation of Assistive Technology as opposed to physical interventions.
- Collect and share data, improve integrated working with quality monitoring and performance, closer working with Health gives strategic view of data that allows trends and future planning, single version of the truth.
- Improve communication with people who are already self-funders, share data ensuring self-funders are more knowledgeable, clear message that people will be moved if funds run out.
- Encourage better payment conditions and standard pricing schedule.

Dorset Care Procurement Route

The project will be implemented in adherence to the council's Contract Procedure Rules¹⁶. The maximum value of the new contractual arrangement will be up to £500 million over the course of the agreement and is therefore above the EU threshold and subject to EU regulations.

- There will be a one-step procurement process with no Pre-Qualification Questionnaire (PQQ) stage, in order to encourage as many providers as possible to submit a tender.
- The new framework will commence from 1st December 2017. An iterative approach will be taken with the aim in year one to ensure standard “must have” services are delivered with minimal or no disruption.
- The strategy is to implement other services at future dates as outlined in the Suite of Service Specifications for Dorset Care.
- There will be a phased mobilisation for services commissioned under the framework, which may include transfer of packages upon review.
- Existing Service Users in receipt of care and support at home (domiciliary care) will be moved to new providers on their review date. It is planned to complete this by December 2018. Existing residential and nursing care Service Users will remain with their providers, but the providers will be moved to the new terms and conditions.

Project Budget

The development of a new contractual agreements for Segments under the Dorset Care framework will commence from 1 December 2017 for a period of to 5 years through a tender process. The maximum value will be up to £500 million over the course of the contractual agreement funded through Adult Social Services budgets, Children's Directorate or arrangements with the Dorset Clinical Commissioning Group.

Impact of the proposal

Our Commissioning approach includes a number of changes to the way care and support services are commissioned which will ensure efficient use of available resources and will support personalisation by ensuring that services support and enable take up of personal budgets, including personal health budgets and individual service funds, by developing:

- a) A more outcome based approach, with a move away from ‘time and task’, which would give Providers greater responsibility and Service Users greater flexibility from week to week about how and when their care and support needs might be met;
- b) New framework arrangements to encourage closer working relationships with Providers and potential for greater integration in localities and with the CCG;
- c) A consistent approach to commissioning practices, improved transparency across the market within a single framework and rates applied by all commissioners;

¹⁶ <https://documents.dorsetcc.gov.uk/Policies/Contract%20Procedure%20Rules%202013%20v1.pdf>

- d) Engagement with Service Users, Carers, Providers and other key stakeholders arising from this new approach.

In terms of the legislative framework, the Care Act (2014) outlines specific requirements to deliver sufficient diversity and choice and supply of care and support services in the local community. We will continue to maintain active communication with all stakeholders and affected parties throughout the tender programme.