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| Somerset County Council and Somerset Clinical Commissioning Group |
| Disabled Children and Young People with Complex Health and Social Care Needs |
| **Homecare Framework Lot 5 - Service Specification** |

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| Somerset County Council  June 2018 |

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**Section 1**

**Background**

* 1. **Introduction**

This document sets out the service specification and standards which apply to the provision of family-centred specialist Homecare services for children and young people with disabilities who have complex health and social care needs in Somerset via this initial 3-year Somerset County Council Homecare Framework, Lot 5.

The provision of Homecare supports children and young people with disabilities with complex health and social care needs within their own homes and local communities who might not otherwise be able to do so safely. It allows children and young people with disabilities and their families to be given personalised care and support that promotes choice and control in all aspects of daily living, and also helps give families a short break from their caring responsibilities. This provision enables children and young people with disabilities with complex health and social care needs to stay inclusively within their local communities and family networks, and it also helps to keep them out of high cost care placements.

This service is for;

* Children and young people with disabilities with assessed complex health and social care needs, who are living in Somerset and registered with a Somerset GP, aged 0-18 requiring specialist care and support.

This service will provide;

* Children and young people with disabilities and their parents/carers with care and support that is personalised to their individual needs (as specified in their individual care and support plans, ranging from providing personal care in their own homes to supporting them to access local community and leisure opportunities.

**1.2 Background**

There are an increasing number of children and young people who live with conditions described as ‘complex and continuing health care’. The reasons for this include: the number of babies who can now survive premature birth; lower gestational age at which survival is possible, and through biomedical and technical advances.

Although infants and children can survive life-threatening events and situations in ways which were previously not possible, this can mean that they require medical and technical treatment or intervention for many years and sometimes for their entire life.

There are developments in medical practice that are leading to an increase in severe childhood disability, in particular:

* The increase in the prevalence of cerebral palsy; cerebral palsy is the commonest cause of severe multiple disabilities in children.
* The increase in survival rates associated with advancing medical techniques.
* The increase in the prevalence of Downs Syndrome.
* The increase in the diagnosis of Autism.

The provision of these services in part, help SCC and the CCG to meet their statutory responsibilities, as required by the Children’s Act (1989), Children and Young Person’s Act (2008), The Breaks for Carers of Disabled Children Regulations (2011) and Children and Families Act (2014).

**National Definition of Short Breaks;**

“Short breaks are part of a broad continuum of services which support children and young people in need and their families. They include the provision of day, evening, overnight and weekend activities for the child or young person and can take place in the child’s or young person’s own home, the home of an approved carer, or in residential or community settings.”

**Section 2**

**Service Scope**

* 1. **Key Aims and Objectives**

Somerset County Council (SCC) and the Somerset Clinical Commissioning Group (CCG) continue to raise the participation and inclusion of, alongside the choices available to disabled children and young people and their families, and are looking to commission via the SCC Homecare Framework Lot 5, a range of homecare services that offer choice and accessibility in order to meet the on-going needs of disabled children, young people with complex health and social care needs and their families in Somerset.

Services may be delivered to the child/ young people in their own home or short break residential setting to support the family, for example with a sitting service or bedtime routine etc. and/or in their local community to support access to universal and specialist activities.

Alongside the need to deliver high quality outcomes and demonstrating value for money, all service provision will need to make a significant contribution to prevention, increased choice, control and independence as well as enhancing the quality of life for the whole family.

* 1. **Service Requirements**

This service operates within a clear outcomes focused framework. Referrals for the provision will be made with clarity about what the service is expected to achieve for that child or young person with disabilities and complex health and social care needs and their family and how it will measure those individual outcomes. This will be set out in the Package Request Form (please see Appendix 1).

Services are to be provided, wherever possible, at times which meet the needs of the children and young people, their carers or family members. Service Providers will need to work in a flexible way and consider the family’s choice of venue, considering the families’ personal circumstances.

**2.3 Service scope**

* Day (7:00am – 10:00pm), evening, overnight (10:00pm – 7:00am) and weekend care and support that takes place in the child or young person’s home and/or community setting. Available 365 days of the year.
* Provision that can last for up to a few hours, either on a consistent daily, weekly or monthly or ad-hoc basis depending on individual need.

Care provision includes a range of standard procedures within the [National Framework for Children and Young People’s Continuing Care Domains,](https://www.nhs.uk/CarersDirect/guide/practicalsupport/Documents/National-framework-for-continuing-care-england.pdf) but not limited to;

1. **Breathing**
2. **Eating and Drinking**
3. **Mobility**
4. **Continence or Elimination**
5. **Skin and Tissue Viability**
6. **Communication**
7. **Drug Therapies and Medication**
8. **Psychological and Emotional** (beyond what would be typically expected from a child or young person of their age)
9. **Seizures**
10. **Challenging Behaviour**

**2.4 Example Care Needs (please note this list is not exhaustive):**

* **Apnoea**
* **Administration of medication (excluding intravenous drug therapy)**
* **Care and maintenance of Naso-gastric / Gastrostomy tubes**
* **Choking episodes**
* **Continence care (excluding Peritoneal / Haemodialysis)**
* **Diabetes care and monitoring**
* **Management of seizures**
* **Manual handling**
* **Oxygen therapy (including Life Enhancing Ventilated patients)**
* **Support of nutrition and hydration, including PEG feeding (excluding Total Parental Nutrition)**
* **Tracheotomy care and management**
* **Oral suction**
* **Care and support during transportation, assessed on a case by case basis**
* **Ostomy care**

**2.5 Service Exclusions**

The service is not available to Service Users whose needs are assessed as sitting outside of the scope of the service or whose health care needs present complications or risks which require more specialised services or expertise, including those services users with the following needs:

(Please note, this list is not exhaustive)

* **Intravenous drug therapy**
* **Newly diagnosed diabetics with syringe pumps**
* **Total Parental Nutrition**
* **Peritoneal / Haemodialysis**
* **Life Supporting Ventilated patients**
* **Children, young people and their families that are not living in Somerset and registered with a general practitioner outside Somerset**
* **The service does not provide support for attendance of children and young people at medical appointments**
* **The service does not normally provide carers for family holidays (assessed on a case by case basis, limitations/exclusions apply)**

**2.6 Target groups**

Service Providers will work with children and young people with disabilities with complex health and social care needs who have one or more of the following conditions:

* **Communication, Behavioural, Emotional and Social Needs**
* **Learning Disabilities**
* **Autistic Spectrum Disorders (ASD)**
* **Challenging Behaviour**
* **Sensory Impairment**
* **Physical Disabilities**
* **Other long-term medical conditions**
* **Multiple Disabilities**

Service Providers must ensure equality of access to this service for children and young people who are most likely to be disadvantaged; this will include those with a wide range of disabilities, those who are from minority groups and those living in rural locations.

**2.7 Eligibility**

The service is available to children and young people, aged 0 – 18 years and their parents/carers who are living in and registered with a General Practice in Somerset. The service is only to be provided for children and young people referred via the Somerset Children’s Continuing Care Panel which meets monthly.

Currently there are 42 families in Somerset who meet the eligibility criteria for this service.

**2.8 Service volume**

The maximum anticipated number of Care Packages to be annually tendered via this Framework is 20.

In 2016/17, a total of 1,778 Day Care hours were delivered and 324 Waking Nights hours.

The above numbers should not be relied upon as a guaranteed future level or volume.

**2.9 Service rates**

This Framework Lot 5 Specification operates within SCC’s Framework Terms and Conditions for Domiciliary Care, and therefore the inclusive normal hourly rates (which are also benchmarked against national and local pricing indicators for domiciliary care) are as follows;

|  |  |  |
| --- | --- | --- |
| Min | Max | |
| 5 | Homecare: Children’s Services | Mon – Fri Day: Between 07:00 – 22:00 | £15 | £29 |
| Mon – Fri Evening: Between 22:00 – 07:00 | £15 | £29 |
| Sat – Sun Day: Between 07:00 – 22:00 | £15 | £29 |
| Sat – Sun Evening: Between 22:00 – 07:00 | £15 | £29 |
| Waking Nights: 22:00 – 07:00 | £15 | £29 |
| Bank Holiday Rate: up to £35 | | |

Please note that every package will have bespoke needs and will vary in complexity and therefore pricing will be individualised. Framework Providers bidding for work will be expected to justify all quotations and demonstrate value for money.

**Section 3**

**Service Standards**

**3.1 Service Standards**

The Supplier shall provide these services with the skill, care and diligence to be expected of a competent Supplier of services of this type.

The Supplier shall ensure that sufficient numbers of people of appropriate ability, skill, knowledge, training or experience, are available so as to properly provide and to supervise the proper provision of the service and to meet the assessed needs of Service Users.

The Service Provider will be registered with the Care Quality Commission (CQC).

The Service Provider must comply with the regulations made under the Care Standards Act (2000).

The Service Provider must safeguard and promote the welfare of children and young people in accordance with the Children Act (1989); the Children Act (2008); Working Together to Safeguard Children statutory guidance (DCSF, 2010); and the Somerset Safeguarding Children’s Board (LSCB) Policies and Procedures.

Services will be delivered in line with the key principles of the National Framework for Children and Young People’s Continuing Care (2016) and the vision of Better Care: Better Lives for improving outcomes and experiences for children, young people and their families with life-limiting and life-threatening conditions (2008).

Service Providers will need to meet a diverse range of needs and are required to be culturally appropriate and reflect the needs of children within minority ethnic communities with disabilities and complex health and social care needs.

All Service Providers must be competent in working with children and young people with complex health and social care needs / communication difficulties. The workforce will have the skills and knowledge to;

* Effectively communicate and engage with children and young people with complex needs (and their families) including those with non-verbal communication;
* Understand the safeguarding and welfare needs of children and young people with disabilities;
* Support children and young people with disabilities with life-limiting illnesses or receiving palliative care or who are technology dependent and have moving and handling needs;
* Safely support children and young people with disabilities who may have challenging behaviours associated with other impairments which could cause injury to themselves and others;
* Support the development needs children and young people with disabilities
* Support children and young people with disabilities through transitions e.g. changes of school
* Work in an open and flexible multi-agency way, sharing information clearly and transparently.

The Supplier will have their own complaints system for managing complaints regarding the Service they deliver and will share the contents of any complaints including responses, with SCC and CCG Commissioners.

**3.2 Service Response**

Following Contract Award, the required response times are:

* The Service Provider will acknowledge the package award within 1 working day
* The Service Provider will contact the family within 2 working days
* If the agreed package of care cannot be put in place immediately, an interim care plan will be agreed with the commissioner and family together with a time table to move to the agreed care package
* The agreed care package will be in place within three calendar months from the date of decision by the Somerset Children’s Complex Health and Social Care Needs panel

It is the responsibility of all Providers to ensure that there are always sufficient numbers of suitably qualified staff available to meet the needs of the Service User as detailed in their individual support agreement (Package Request Form).

All Providers will ensure that there is a consistent staff member/team allocated to the service user where possible to support the continuity of care to the service user and families.

There is a general expectation that there will no more than 3 members of staff allocated by the Service Provider to a family (for 1:1 support packages), and that where not possible e.g. due to staff sickness, both the commissioner and family concerned will receive notification in advance of any service delivery.

**3.3 Referral Route**

Referrals to the Service will be made via Somerset County Council’s Homecare Framework Lot 5 (Proactis) and all referrals will have a completed Package Request Form (Appendix 1) detailing the requirement. Service users may not self-refer to the Service.

**3.4 How will individual care packages be commissioned (call-off)?**

Individual care package requirements will be sent via SCC’s Placements Team to all providers registered for Lot 5. These requirements **will only go** to successful providers who have joined SCC’s Homecare Framework Lot 5. Providers already registered for Lots 1-4 and/or 6, **must** register for Lot 5\* to receive notifications for package opportunities.

Lot 5 will operate on a county-wide basis and will not be restricted by geographical areas.

All registered providers will receive notification for **all** packages electronically (via Proactis) and will be invited to bid if they are able to meet the needs and outcomes as set out in the Framework Referral Form.

The award of packages will be based on a quality determination in accordance with the Evaluation Methodology; ability to meet start date required, ability to meet stated needs and outcomes and pricing (best value).

In the event of a tie between providers, packages will be awarded as based upon current inspection rating (where applicable) and/or historical customer feedback.

SCC reserves the right to alter the criteria for awarding packages via this Framework in line with service requirements. However, any changes to this system will be communicated to all providers in line with fairness, openness and transparency, 28 days in advance of any bid being evaluated in line with any updated evaluation criteria.

\*Any provider registered for Lot 5 prior to August 2018 **must** also re-register

**3.5 Safeguarding**

It is recognised that the vulnerability of disabled children can lead to:

* + Increased likelihood of being abused
  + Increased susceptibility to mental health disorders
  + Increased risk of being bullied
  + Higher family stress levels
  + Lower levels of parental wellbeing
  + More family poverty

All Providers will have a robust policy and procedure in place to ensure that the welfare of children and young people is promoted and that they are protected from harm, in accordance with the South West Child Protection Policies and Procedures. In addition, the provider will have a lead professional for safeguarding children who will ensure that there is representation and/or clear links to the Somerset Safeguarding Children Board, and will participate in serious case reviews as set out in Chapter 8 of Working Together to Safeguard Children 2010, as required. Providers will ensure that all their staff are trained in their safeguarding children policy and practice as detailed below.

Providers will ensure that all staff working directly with children and young people, parents/carers and families are:

* Subject to enhanced DBS checks (including Protection of Children Act and Protection of Adults list checks);
* Asked to disclose any convictions exempt under the Rehabilitation of Offenders Act (1974)
* Required to provide confirmation of their identity;
* Required to provide proof of any qualification they hold.

Providers will ensure there are systems in place, which are known and understood by all staff, to promote the safety and welfare of children or young people and to ensure that children and young people are protected from abuse. All staff must know what action to take if they observe, or have reported to them, possible evidence of abuse.

Providers shall ensure that all staff and any volunteers are aware of and familiar with the organisation’s child protection policies and know what to do if they observe or suspect that a child is being abused.

All Provider policies and procedures for responding to any concern for the welfare and safety of children and young people must be compliant with the Somerset Safeguarding Children Board Procedures.

Providers will have in place an incident reporting policy in line with the National Patient Safety Agency National Framework for reporting and learning from serious untoward incidents 2010. All serious untoward incidents (including child protection concerns) should be reported to the service commissioner with 24 hours or the within the next working day. A full investigation will then be agreed and timescales for this.

Confidentiality will be maintained at all times, providing this is consistent with maintaining the welfare of the child or young person, compatible with the management of any identified child protection issues and does not place the child or young person at risk, in accordance with Caldicott principles / Data Protection requirements. The Service Provider will sign up to the Somerset Children’s Information Sharing Protocol to ensure that information about children and young people is shared appropriately and in a timely way.

Providers must ensure that the processing of personal data will have adequate data protection procedures in operation as outlined in the General Data Protection Regulation (*(EU) 2016/679*) (unless and until the GDPR is no longer directly applicable in the UK) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK and then any successor legislation to the GDPR or the Data Protection Act 1998.

Furthermore, the Service Provider policies and procedures must take into account:

* Working Together to Safeguard Children A guide to integrated working to safeguard and promote the welfare of children (March 2010);

<https://www.education.gov.uk/publications/>

* The local information sharing protocol ‘What To Do If You’re Worried A Child Is Being Abused – best practice guidance’ (2006)

<http://www.somersetsafeguardingchildrenboard.org.uk/>

* Domiciliary Care National Minimum Standards (2000) - Record Keeping

<http://www.age-platform.eu/images/stories/uk_minimumcarestandarts_athome.pdf>

**3.6 Quality and Performance Measures**

The Supplier will be required to evidence how the service objectives and outcomes as stated within the Referral Form are met. Specific information will be required as detailed below:

**Activity Measures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Baseline activity | Quarter 1 | Quarter 1 | Quarter 3 | Quarter 4 |
| Sessions attended |  |  |  |  |
| Sessions cancelled |  |  |  |  |
| Hours delivered |  |  |  |  |
| Number of active cases at end of reporting period |  |  |  |  |
| Numbers ceasing Service and reason |  |  |  |  |
| Any serious/ untoward incidents, including child protection incidents |  |  |  |  |
| All Complaints and lessons learned for improvement[[1]](#footnote-1) |  |  |  |  |

**Evidence of the Delivery of Outcomes**

|  |
| --- |
| How care and support delivered demonstrates that the assessed health and social care needs are adequately met. |
| Recorded logs and information (including observations) detailing how service users have had their care and support needs met, and what improvements/difference this has made to the child/young person and their families. |
| All training and development undertaken by staff involved in the direct delivery of care and support packages. |

**3.7 Contract Monitoring**

All Individual Care Package contracts will be monitored by the child or young person’s Social Worker on a quarterly basis and monitoring will be based on the information submitted against the criteria above and outcomes identified in the Package Request Form. Any concerns or issues will be reported to the monthly Somerset Children’s Continuing Care Panel or Operational Leads sooner if urgent. Any care provision that is also funded by the CCG through Lot 5 will have the oversight of a Community Children’s Nurse (CCN).

Additionally, the Supplier is expected to respond to any request for information by Somerset County Council and/or Somerset Clinical Commissioning Group as required.

Robust monitoring of the delivery of both the service objectives and outcomes will be used to evaluate the effectiveness of the Services delivered. The views of the Service Users, Social Workers and Professionals working with the families will be sought. Commissioners will review the utilisation and efficacy of Lot 5 on an annual basis.

**Appendix 1: Framework Disabled Children and Young People with Complex Health and Social Care Needs Package Request Form**



1. All providers will be expected to provide summary (anonymised) information to Somerset County Council and Somerset Clinical Commissioning Group about any organisational complaints and incidents, not just those relating to clients in receipt of services purchased via this Framework [↑](#footnote-ref-1)