

Devon County Council

CP1329-16

OJEU REF – 2017/S 042-076945

Specification for Lot 2 - Individualised Care and Support Open Framework Agreement

CP1329–16 Supporting Independence.

(Schedule 4)

This document is for information only and must not be used for responding to this tender

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Definitions

Adult Social Care shall mean:	Adult Social Care includes a wide range of services to help people maintain their independence, be protected in vulnerable situations, maximise their health and wellbeing, and play a full part in society. The people we support with Adult Social Care services have extra needs arising from age, learning, physical or sensory disabilities or long-term physical or mental health conditions.
Assessed Need(s) shall mean:	An Eligible Need which is identified following a formal social care assessment.
Assistive Technology shall mean:	Assistive, adaptive and rehabilitative devices and services for people, including telecare, which support people's safety and independence in their own homes.
Authorised Officer(s) shall mean:	A member of DCC or DPT care management staff who is making a Referral and/or arranging a Package of Care and Support.
Available	When the Provider affirms that they are competent to and have availability to meet the needs of the Service User, including but not limited to the hygiene and medication requirements following their receipt of the Referral but before the Package of Care and Support has been awarded to them.
Call(s)/Called Off(s) shall mean:	The process used to purchase a Package of Care and Support by the Commissioner under CP1329-16 Supporting Independence. Lot 2 - Individualised Care and Support Open Framework Agreement without the need for open competition.
Care Direct Plus shall mean:	Care Direct Plus is based in three areas covering Devon (CDP Eastern, CDP Southern, CDP Northern) and comprises three areas of function. One section of staff in each area receives referrals from Care Direct commission services, and refers to Community Health and Social Care Teams. Another section of each team deals with hospital discharges, and referrals from Occupational Therapists. The third team is smaller and they review ongoing care packages.
Care and Support plan(s) shall mean:	Provider based tool which details their structured approach to supporting Service Users, according to the principles outlined in section 4.2 of this specification.
Carer(s) shall mean:	A paid, or unpaid, person who supports the Service User.
(the) Commissioner shall mean:	Either Devon County Council or Devon Partnership Trust, responsible for administering the budget in relation to social care services.
Community Health and Social Care	Where a person's needs are more complex and a face to face visit is needed, these cases are referred on from CDPs to Community Health and Social Care Teams, built around GP

Team shall mean:	practices or Integrated Mental Health Teams.
Community Mental Health and Social Care Team shall mean:	The team who carry out Community assessments within the non-urgent pathway which is intended to be an assessment of presenting need within a bio-psycho-social paradigm. The Assessed Need will be viewed through evidence, research and guidelines and may result in assessment for further treatment, advice and transfer back to primary care or sign-posting, or a combination of these things. A consequence of assessment will, where possible, be that the assessed individual has a better understanding of their experience, of the structures or understanding their experience and of what they may do to help themselves.
Core Competencies	The abilities of the Provider to deliver the Service User specific objectives described in the Referral and/or My Care and Support Plan (these objectives are described within sections 4.2.1 to 4.2.10 of this Specification.
Devon County Council shall mean:	Commissioning organisation and Provider of Social Care.
Devon Partnership Trust shall mean:	Commissioning organisation and Provider of specialist mental health services including services for people with eating disorders, older people with mental illness, dual diagnosis, early psychosis and rehabilitation to help people recovering from mental illness to develop new work skills.
Direct Payment(s) shall mean:	The allocated budget given to the Service User to arrange and pay for their own care and support services instead of receiving them directly from the DCC.
Eligible Need(s) shall mean:	There is a process by which a Service User's eligibility for social care services is determined, following an assessment of need. The national eligibility criteria set a minimum threshold to ensure that all local authorities meet the same minimum level of needs.
Enabling, Enablement or Re-ablement shall mean:	A support service which is focused on helping people retain, regain or improve their independent living skills through Personalised Support. The service may work with people in their own homes or in the community, for a time-limited period. It will support Service Users to achieve outcomes which are Recovery or Rehabilitation focussed. The intensive support that Service Users receive will lead to them needing less support or even no support in the future to live independently.

Flexible Package(s) Shall mean:	Where the Commissioner Calls Off a Package of Care and Support in volumes of hours to be delivered to the Service User by the Provider flexibly over a given period (e.g. 10 hours per week or 40 hours per month etc.). The Authorised Officer will determine if appropriate to use a Flexible Package in conjunction with the Service User and /or Carer and this will be indicated in any Referral and My Care and Support Plan.
Group Based Care and Support shall mean:	Non CQC regulated services where Service Users with Assessed Need and Eligible Need participate in group based activities. Group Based Care and Support is where two, or more, Service Users agree to participate in a shared activity and all benefit from the shared support.
Individualised Care and Support shall mean:	Support that is arranged, and delivered, to meet the specific, and changing, requirements of each Service User. Service delivery is organised to achieve the outcomes set out in this specification and the My Care and Support Plan, and may be delivered in the home or in the community.
Individual Service Fund(s) shall mean:	This is where all or part of the Service Users Personal Budget is held by a provider of their choice under the terms of a contract held between the council and the provider – this can be a framework contract, a spot purchase or a cost and volume contract.
Invitation to Tender (ITT) shall mean:	The ITT for CP1329-16 Supporting Independence.
Mental Health Assessment Team shall mean:	A team that following referral makes an assessment, this helps the Commissioner to establish Service User needs and the type of support the Service User requires. The assessment may be offered in one of DPT's new Health and Wellbeing Clinics which will be available in Exeter, North Devon and Torbay. The assessment will provide the Service User with a care plan and further appointments as required.
My Care and Support Plan(s) shall mean:	For DCC a document which contains personal information, the individual needs of the Service User and what Outcomes need to be achieved through the provision of a Package of Care and Support. For this purpose DPT use a Community Care Plan instead of a My Care and Support Plan, however for the purposes of the Specification, ITT or this schedule shall be referred to as a My Care and Support Plan.
Multiple Hour Discount(s) Shall mean:	Regarding Scheduled Packages, a discount of 15% will be applied to the price detailed by the Provider in Section E3 – Pricing Schedule – Lot 2 Individualised Care and Support for the appropriate Zone. The 15% discount will not apply to the first hour of each scheduled visit and will only apply to any

	subsequent hour(s) (or part thereof) within that scheduled visit. (e.g. for example –a Package of Care and Support is provided on Monday for 1 hour and Tuesday for 2 hours, the first hour on Monday and Tuesday will be priced at the price detailed in Section E3 – Pricing Schedule – Lot 2 Individualised Care and Support for the appropriate Zone and the subsequent hour on Tuesday shall be subject to a 15% discount).
New Business shall mean:	A Service User who has not had a Package of Care and Support purchased on their behalf for the last 30 days at the time of Referral will be classed as a new Referral and their package as New Business, even though they may have had other types of support commissioned. This includes people who have been in hospital for more than 30 days.
Outcome(s) Based Commissioning shall mean:	This is a way of paying for health and care services based on rewarding the outcomes that are important to the Service User. It typically involves the use of a fixed budget for the care of a particular population group, with aligned incentives for Providers to work together to deliver services which meet outcomes. It aims to achieve better outcomes through more integrated, person centered services and ultimately provide better value for every pound spent on health and care.
Personal Brokerage shall mean:	A process which is used to commission long-term, respite and emergency care packages for people with complex, unstable and unpredictable needs and risks.
Personal Budget(s) shall mean:	The monetary sum allocated via social care eligibility assessment. For more information on assessment and eligibility see: https://new.devon.gov.uk/adultsocialcareandhealth/assessments-for-care/ For more information on Personal budgets see: https://new.devon.gov.uk/adultsocialcareandhealth/assessments-for-care/after-your-assessment/personal-budgets/ .
Package(s) of Care and Support shall mean:	The services required by a Service User(s) following social care assessment to determine if there is Eligible Need. A Package of Care and Support can be either a Flexible Package(s) or Scheduled Package(s).
Performance Indicator(s) shall mean:	As defined in Appendix E of the ITT.
Personalised Support shall mean:	Support that is arranged, and delivered, to meet the specific, and changing, requirements of each Service User. Service delivery is organised to achieve the outcomes set out in this specification and the Service Users My Care and Support Plan, and may be delivered in the home or in the community.
Provider(s) shall mean:	The organisation that has successfully passed selection and quality standards as defined in the ITT and any Associated Documents and has been approved to supply Lot 2 – Individualised Care and Support Open Framework Agreement

	under the contract CP1329-16 Supporting Independence.
Provider Guidance shall mean:	A detailed manual of the Commissioners' operational processes relating to Call Off and other business processes, points of communication etc., which will be made available at award of contract to the Provider.
Recovery shall mean:	A term used in mental health services, whereby the Provider enables the Service User to take responsibility for their own wellbeing. Recovery will actively support Service User's aspirations for financial security, employment, education, and decent accommodation, as well as for relationships and social engagement.
Referral(s) shall mean:	A Referral gives information about the Service User and will provide enough information to enable the Provider to be able to make a decision on whether they have the Core Competencies to meet the needs of the Service User and enable the Service User to achieve their outcomes.
Regulated Care shall mean:	A support service where the provider will have to undertake tasks or activities which will require oversight by and registration with the CQC http://www.cqc.org.uk/
Replacement Care shall mean:	Care arranged by the Commissioner with the Service User, to enable a Carer to take a break from their caring role.
Risk Assessment(s) shall mean:	A formal process whereby a hazard which might cause harm or negative impact is identified. A Provider has a responsibility to take action to make sure that the risk is acceptable / manageable, by putting appropriate control measures in place.
Scheduled Package(s) shall mean:	Where the Commissioner Calls Off a Package of Care and Support in volumes of hours to be delivered to the Service User by the Provider in a predetermined and scheduled manner (e.g. 1 hour Monday, Tuesday, Thursday and Friday and 4 hours on a Wednesday). The Authorised Officer will determine if appropriate to use a Scheduled Package in conjunction with the Service User and/or Carer and this will be indicated in any Referral and My Care and Support Plan. Scheduled Packages will be subject to a Multiple Hour Discount.
Sensory Teams shall mean:	This team provides services to people who are visually impaired, Deaf, have an acquired hearing loss, and those who are deafblind – sometimes known as a dual sensory impairment.
Service User(s) shall mean:	Any person using the service supplied by a Provider of Lot 2 – Individualised Care and Support Open Framework Agreement under the contract CP1329-16 Supporting Independence, irrespective of which Service User group they may be classified as.
Wellness Recovery Action Plan or WRAP shall	A plan to support participants to learn Recovery and self-management skills and strategies for dealing with mental health issues.

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1. Overall aims for the service

The service will provide Individualised Care and Support offers for Service Users with disabilities, where their needs do not require them to receive Regulated Care.

Unregulated support is currently commissioned through a number of separate arrangements by Devon County Council (DCC) and Devon Partnership Trust (DPT). DCC and DPT, the Commissioners, will be bringing all unregulated commissioning through one contract and no longer commissioning by Service User group.

The Commissioner is seeking to procure Individualised Care and Support Services that provide personalised, community based support for Adults with Eligible Needs as assessed by the Commissioner.

For this specification Individualised Care and Support is defined as a non CQC (Care Quality Commission) regulated services where Service Users with Assessed Needs are supported, normally on a one-to-one basis, either in their own home or in a community setting.

Individualised Care and Support constitutes one of two lots for Supporting Independence. Most of the outcomes described below (section 3) can be achieved by either the Group Based Care and Support (lot 1) or Individualised Care and Support (lot 2). Prior to the call off process, Authorised Officers will support Service Users to explore the best way to achieve their personal outcomes, taking into account their preferences for either Group Based Care and Support or Individualised Care and Support.

The aims of the service are to offer a range of benefits to Service Users with Eligible Needs, including:

- Promote, maintain and maximize their independence, and reduce reliance on long term care.
- Maintain and extend social relationships and networks.
- Access mainstream roles and activities.
- Access and engage in work, training, education or volunteering.
- Make use of facilities or services in the local community.
- Develop and maintain family or other personal relationships.
- Manage and maintain their health and well-being.
- Reduce their loneliness and isolation.

Providing Individualised Care and Support to Service Users can also provide a break (respite) from caring for Carers.

The Provider will support the Commissioner in the delivery of the NHS and social care outcomes framework:

- To ensure that Providers have a workforce that is 'proud to care', well trained and supported, well-motivated and paid fairly.
- To ensure that services are designed and delivered with the Service Users involvement and are personalised to them.
- To promote a diverse range of Providers and service models

2. Scope of the service

This specification describes the broad outcomes the Commissioner will purchase in relation to commissioned, Individualised Care and Support (non CQC regulated).

This specification is for Individualised Care and Support (non CQC regulated) and will encompass a number of similar types of support previously commissioned under separate arrangements. The current service types which we will be delivered under this service include:

- Community Based Support (non CQC regulated) – previously known as type 1 under the Framework Agreement
- Spot 'Enabling' contracts (non CQC regulated)
- Community Opportunities for People with Mental health needs –previously commissioned in the form of block contracts
- Enablement services – time limited interventions

This service will not include the following:

- Support for non-social care eligible needs.
- Care and Support plans consisting of any element of Regulated Care or where it is probable that unplanned, CQC Regulated Care may be required at any stage.
- The core offer of support associated with supported living.
- Group Based Care and Support where two, or more, people agree to participate in a shared activity and all benefit from the shared support.
- Support delivered via Direct Payments, through Personal Assistants, and self- funded support

The Care Act isn't overly prescriptive and gives Providers a wide scope in terms of the ways in which a Service User's needs and outcomes might be met. However, the Commissioner would not expect the provision of housing or food to be included in this type of support.

2.1 People

The service will be available for any new Service User (New Business) presenting to the Commissioner who is over 18 years of age with appropriate Eligible Needs that can be addressed through Individualised Care and Support **and** existing Service Users currently using an Individualised Care and Support service at the point of review.

The service is 'generic' in design, and in becoming an approved Provider of Lot 2 - Individualised Care and Support Open Framework Agreement, Providers will have demonstrated core competencies relevant to the delivery of unregulated support which may include Service Users described below:

Any Service User who is aged 18 and above who meet the Commissioner's eligibility criteria and has one or more of the following conditions or needs:

- Older people including older people with mental health needs (for example dementia);
- People with a learning disability;
- People with Autism
- People with mental health needs
- People with a Dual Diagnosis (Drug/Alcohol and mental health need)
- People with an acquired brain injury or neurological condition;
- People with a physical and/or sensory disability;
- People with different communication needs: for example, people who are deaf, visually impaired, deafblind, and/or people do not communicate verbally.
- People with health needs including long term conditions
- People providing Care supporting the above people who need support to continue with their caring role (Carers).

Any Provider, before declaring itself Available to deliver a Package of Care and Support in accordance with Schedule 5 of the ITT, a Provider must ensure it is competent to meet the assessed social care needs / outcomes for that individual Service User.

The Provider must apply safe, reasonable and informed judgement to the degree to which their attainment of Core Competencies, required for the overall contract award, is used to develop areas of strength and experience that may be new to them. The Commissioner will therefore apply the Performance Indicators within this contract as one of the mechanisms that will make sure that reasonable and informed judgements are being made by the Provider in this respect.

Service Users will have a range of needs arising from the complexity of their health or social care conditions. The complexity of those conditions may result in variations in the amount, or intensity, of care and support provided in each individual circumstance. However, Packages of Care and Support which are solely comprised of care and support, which is non CQC regulated, would be met by the service described in this specification. The majority of the Service Users will have needs which will, on the whole, be predictable and manageable with the correct staffing, equipment, skill or support in community setting.

In addition to the delivery of the Package of Care and Support to Service Users, Carers will also be supported (e.g. allowing the Carer to take a break, engaging the Carer in the development of

the My Care and Support Plan, keeping the Carer informed about any matters related to the delivery of services and signposting the Carer to other sources of support i.e. Devon Carers Centre <http://www.devoncarers.org.uk>)

For those Service Users who require care and/or support beyond that described in this service specification, e.g. any element of CQC Regulated Care, alternative commissioning arrangements will be made.

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2.2 Geographic area

The catchment of this specification will be the administrative boundary of the Commissioner.

The catchment area will be divided into Zones (matching the current 8 Living Well at Home (LW@H) boundaries) as described in diagram 1 below.

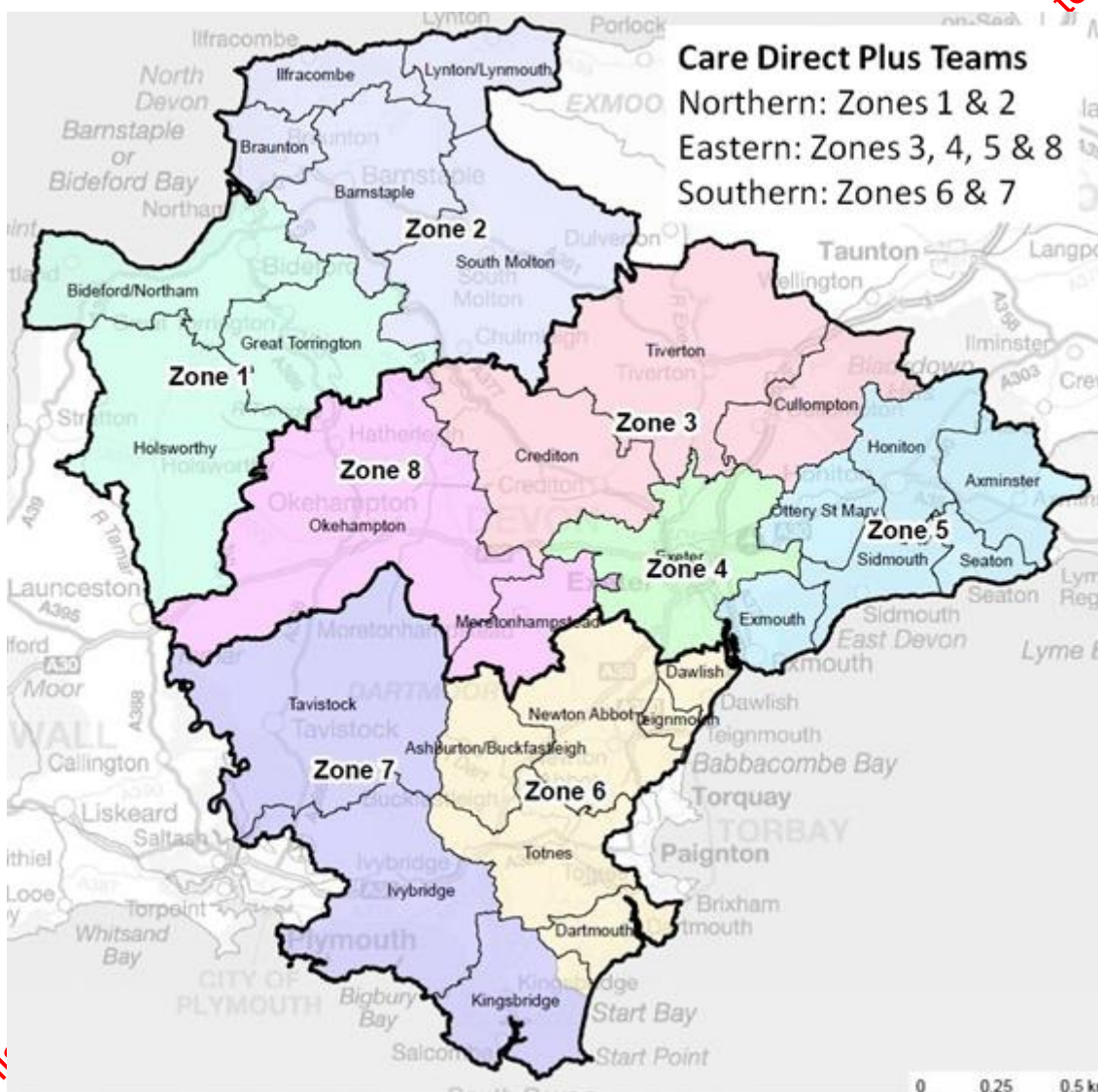


Diagram 1: Supporting Independence Contract Zones

Zone	Description
1	Bideford/Northam, Great Torrington and Holsworthy
2	Ilfracombe, Lynton/Lynmouth, Barnstaple, South Molton

3	Tiverton, Crediton, Cullompton
4	Exeter
5	Honiton, Sidmouth, Exmouth, Seaton
6	Newton Abbot, Totnes, Dartmouth
7	Tavistock, Ivybridge
8	Okehampton, Moretonhampstead

Providers will be expected to select which Zone(s) they can operate; if a Provider can only operate in part of a Zone they should still select that Zone. The Commissioner will only Call Off from those Providers that have bid for a certain Zone.

Providers will not be expected to supply services outside the Zones in which they operate.

2.3 Units of Service

An hour will equal the standard or basic unit of support, for which the Commissioner will pay an inclusive hourly rate. The Commissioner does not wish to be prescriptive about what is included or not included in the inclusive support hour, as the intention is to move to an Outcome Based Commissioning approach in the future. However, the Commissioner requires the hourly rate to include the cost of staff and workers getting to the location where support is to be delivered, whether that be in Service User's home or in a community based setting. Contract monitoring will address the amount of direct support which has been provided for the inclusive hourly rate.

The full range of support tasks will normally be delivered in sessions, by arrangement with the Service User, with the minimum support session length being fifteen minutes.

These sessions may be daily, weekly or fortnightly, according to the Service Users' My Care and Support Plan. Other than by agreed exception, activity would normally take place between 7am and 11pm, 7 days a week, 365 days per year.

The Provider will be required to offer flexibility in how support is delivered to Service Users. This might involve offering greater flexibility, where appropriate, in relation to:

- the timings of support sessions
- the length of support sessions
- the activities undertaken

The approach taken will need to allow for flexibility, whilst still ensuring that the Package of Care and Support delivered remains within the scope of Eligible Needs/outcomes, and the Personal Budget.

3. Outcomes to be delivered by the service

3.1 Outcomes to be delivered at a service contract level

- Delaying or preventing the use of more intensive, community based care and support or residential care
- Delaying or preventing Carer breakdown

3.2 Outcomes to be delivered at an individual level

The Commissioner wishes to develop an outcome based approach to the commissioning of Individualised Care and Support in partnership with Providers but recognises that My Care and Support Plans, at present, are still very service and task orientated.

The Provider will be required to evidence a consistent and structured approach to working with each Service User on areas of their life that are directly relevant to their quality of life, level of independence and personal safety as defined by the Care Acts eligibility outcomes¹.

The following Service User and Carer outcomes are examples of outcomes tested with representative groups of Service Users and their Carers who use similar services. All Providers of Individualised Care and Support will ensure these outcomes are achieved with all Service Users within the parameters of their My Care and Support Plan.

The Commissioner will also use information coming out of Service User reviews to monitor the degree to which progress on the following Re-ablement 'I' statements have been made:

- I have maintained and developed my independence and control of my life
- I am more confident and need less support than I did
- I am supported to do as much as possible for myself and make decisions about my life
- I am supported and know how to stay safe and free from abuse.
- I feel stronger and healthier
- I feel I need less help from those around me
- As a Carer I am valued and listened to and supported to continue in my caring role

In delivering any Package of Care and Support, the Provider will enhance the quality of these Service User's lives, whilst protecting them from avoidable harm. At this stage, the Commissioner is not requiring the adoption of any specific brand or tool that defines or supports the delivery of outcomes, but may choose to do so in future. The Provider will be required to evidence a consistent and structured outcome based approach to working with each Service User on areas of their life that are directly relevant to their quality of life, level of independence and personal safety.

¹ http://www.legislation.gov.uk/uksi/2015/313/pdfs/ukxi_20150313_en.pdf

For example, diagram 2 below illustrates ten key outcome areas that are based upon the Triangle Consulting 'Life Star'. The outcome areas are:

- Your health
- How you spend your time
- Being responsible
- Being safe
- Money and letters
- Living skills
- Communicating
- Feeling good
- People you know
- Mental health and other conditions

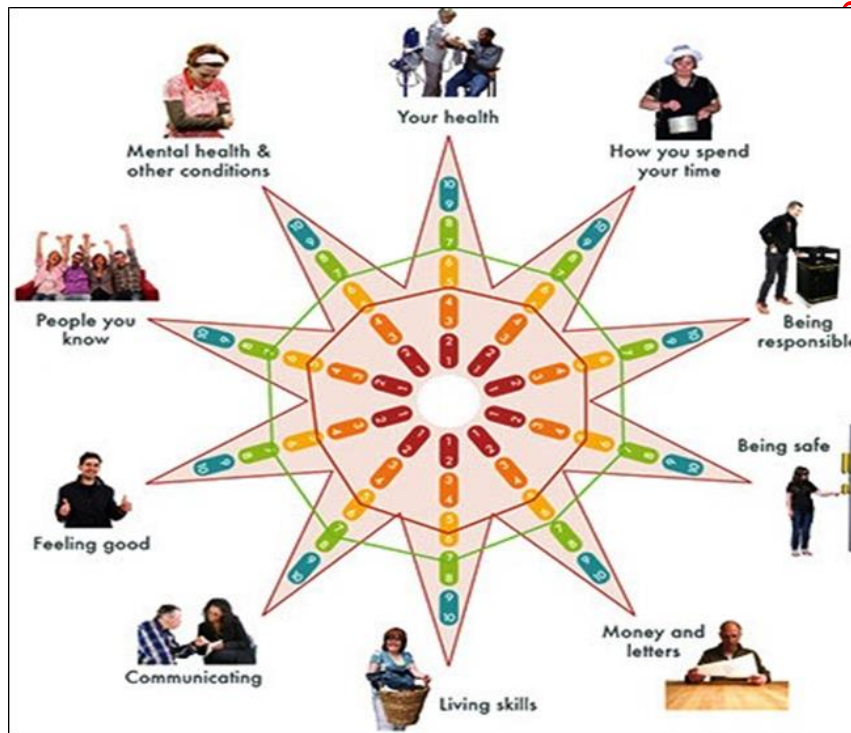


Diagram 2: 'Life Star' - Triangle Consulting

4 Service description

4.1 Method of delivery

In successfully delivering Individualised Care and Support, the Provider will be required to apply an Enablement approach that brings about greater independence for Service Users whilst helping them stay healthy and safe. Research evidence demonstrates that Enablement improves wellbeing and independence, increases Service User's ability to live at home and

removes or reduces the need for commissioned care hours. A Re-ablement or Enablement approach is one in which the Provider will:

- Help the Service User learn or maintain or regain control of their life
- Help the Service User to recover after a crisis or deterioration, for example after a stay in hospital
- Involve the Service User fully in planning and setting goals to help them gain confidence and independence
- Provide practical help, advice, skills and knowledge to enable the Service User to support themselves to live as independently as possible in their own home
- Promote the Service User's choices and build on their strengths
- Enable the Service User to carry out their own daily living tasks
- Promote the benefits of employment or self-employment and provide morale and practical support to assist the Service User to gain or maintain employment or self-employment
- Implement creative solutions including the use of technological solutions to sustain independence and building and sustaining unpaid Carer relationships
- Liaise with the circle of support including GP, Carer, friends, voluntary agencies, employers, and others in the community where appropriate and with the Service User's consent
- Help the Service User re-integrate back into their social environment and provide them with links to voluntary groups who could also assist them with this
- Provide good information to the Service User about the services they provide
- Provide consistency of support during Re-ablement or Enablement.

4.2 Details of tasks to be carried out as part of the service

The Provider will be carrying out tasks that are led by the Service User specific objectives described in each Service User's My Care & Support Plan, and the overarching outcomes for the service:

- Protecting people from harm
- Choice, Control and Independence
- Improving physical health and wellbeing
- Improving emotional wellbeing and mental health
- Maintaining and developing activities of daily living
- Improving social wellbeing
- Keeping people safe
- Supporting Carers
- Increasing the use of technological solutions
- Improving opportunities for employment

If a Provider indicates it is Available for delivering a Package of Care and Support, it is required to ensure it has the necessary Core Competencies to deliver the Service User specific objectives described in the My Care and Support Plan. These objectives are described within sections 4.2.1 to 4.2.10 of this specification.

Where a Service User has been referred to a Provider, the My Care and Support Plan will detail the support hours required.

The Provider must create and maintain a dynamic, personalised Care and Support Plan for every Service User to which they are providing a Package of Care Support (see diagram 3 below). This Care and Support plan must be developed in consultation the Service User and where relevant, multi-agency partners. The plan will facilitate all Provider staff and workers knowing exactly how they are working with every Service User at all times. The Care and Support Plan will become the basis for evidencing how support hours are being used to achieve the outcomes described at section 33 of this specification.

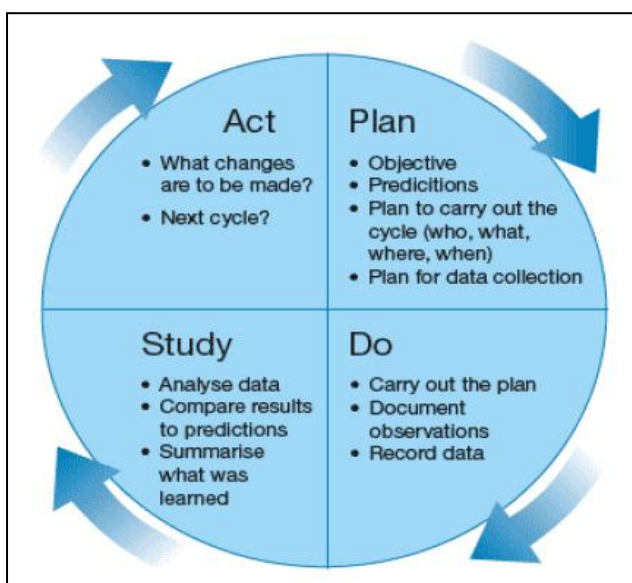


Diagram 3: Care and Support Planning

4.2.1 Protecting Service User's from harm

At the point of accepting a Referral in accordance with Schedule 5 of the ITT the Provider must undertake a full Risk Assessment of the Service User. Where necessary the Provider will seek additional information from other agencies involved with the Service User. This assessment must include any contingency plans that it would be reasonable to expect, mitigating any major risks (serious harm to the Service User or community) that the Risk Assessment identified.

Whilst the Provider will not be expected under this specification to deliver CQC regulated tasks, it is the Provider's responsibility to assure itself that they are fully compliant with CQC guidance in relation to 'regulated activities'. Where any clarification or change in a Service User's need introduces or risks introducing noncompliance, the Provider must immediately liaise with the relevant Authorised Officer to arrange for a review of the Service User's My Care and Support Plan.

The Provider will give reasonable consideration to the arrangements for how Service Users will be enabled to keep, spend and control their own money. This consideration must be within a

formal risk management framework, which must review the need for and appropriateness of appointments.

4.2.2 Choice, Control and Independence

The Commissioner expects that Service Users will wish to retain as much choice, control and independence as possible. Consequently any support provided to all Service Users will support and encourage them to maintain regain or develop self-care skills.

The Provider will work in partnership with NHS clinicians and members of Rehabilitation or Enablement teams as appropriate to support the delivery of Recovery and rehabilitation outcomes.

The Provider must ensure that Service Users (and where appropriate their informal Carers) are consulted and give informed consent on all matters concerning their care and how it is delivered to them. Where appropriate (the requirements of the Mental Capacity Act must be observed where the Service User is unable to make decisions), options/choices about the care and how it is delivered should be offered which reflects Service Users personal preferences. The Provider will support Service Users to access independent advocacy and other advisory services where required.

4.2.3 Improving physical health and wellbeing

Providers will enable Service Users to:

- Maintain good health and wellbeing through the provision of appropriate information and support about healthy lifestyles and access to health and wellbeing screening
- Remain alert and active – through exercise and by staying physically active
- Access health Services when health needs are causing concern (such as smoking, obesity, and diabetes)
- Access general medical and clinical services when required including the annual health check
- Communicate effectively, for example where a Service User has a sensory disability or there is a language/ cultural issue, be supported to access a range of tools and aids to support them with their communication needs.
- Act upon and adhere to information, advice and treatment given for any health intervention, treatment plan or healthy living and wellbeing guidance
- Improve their engagement with treatment interventions including attending health care appointments
- Gain more independence in meeting their own health and wellbeing needs (including nutrition and healthy eating and self-care) and managing long-term health conditions

4.2.4 Improve Emotional Wellbeing and Mental Health

Providers will enable Service Users to:

- Maintain and improve their quality of life
- Develop more confidence in their own ability and thereby gain greater choice and control and/or involvement, either at a service level or within the wider community

- Exercise choice and control over their lives, in a way that reflects their Individual preferences and diverse needs but acknowledges that they are part of a household
- Make informed decisions about the management of their care and treatment, using appropriate information, including risks and benefits
- Make informed choices about risks they wish to take in their lives
- Use and implement the Wellness Recovery Action Plan (WRAP), where applicable – see www.recoverydevon.co.uk
- Develop, maintain and self-manage their mental wellbeing, based on Recovery principles
- Access mainstream employment, training or adult education
- Develop the skills and strategies to achieve and maintain wellbeing and develop resilience to stressful life experiences
- Access clinical/support Services for emotional wellbeing/mental health, including early diagnosis, where required
- Meet their spiritual, cultural and faith needs
- Remain alert and active – keep their minds active

4.2.5 Maintaining and developing activities of daily living

Providers will support Service Users to:

- Feel motivated and more independent, and recover to recover self-management skills where applicable
- Follow programs of rehabilitation, Reablement/Enablement and Recovery
- Manage their own tenancy (or any other occupancy agreements) and to access specialist accommodation advice if needed
- Acquire the skills and confidence to manage their own affairs and daily living tasks such as budgeting, shopping, cooking, cleaning, and correspondence.
- Use equipment in their own home, including IT and other technology that supports friendships and relationships, and maintains their home environment
- Feel motivated and able to maintain self-care and personal hygiene

4.2.6 Improving social wellbeing

Providers will enable Service Users to:

- Manage their own finances, and access specialist advice if needed
- Participate in and/or access local mainstream community activities (including leisure and recreational facilities) and Services
- Improve their own community access and integration
- Maintain and develop friendships and relationships, so establishing and sustaining effective social support networks and reducing isolation and social exclusion

4.2.7 Keeping people safe

The Provider will ensure that it and its partners, have systems and procedures in place to safeguard adults, as defined by the Care Act and its Statutory Guidance (Chapter 14) and The Commissioners' Safeguarding Adults Multi Agency Policy and Procedures

(<https://new.devon.gov.uk/devonsafeguardingadultsboard/policy>) and Safeguarding Children Policy and procedures (<http://www.devonsafeguardingchildren.org/>);

- Code of Conduct for staff and workers
- HR policy procedures that relate to staff and workers guilty of misconduct likely to lead to abuse, exploitation or neglect
- 'Whistleblowing' policies
- Care and Support Plans which reflect the requirements of Deprivation of Liberties & Mental Capacity Act
- Safeguarding training at all relevant levels i.e. awareness, alert and investigation
- Applying Think Family principles to identify and report potential risks to children

The Provider must ensure that all its staff and workers receive training in and are compliant with the Safeguarding Policy and Procedures and any other policies relating to the mistreatment of adults or children that may be developed.

The Provider will ensure that all its staff and workers are aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The Provider is required to participate in any safeguarding adult investigations or ensure participation from partners as directed by the investigation. This can include attendance at strategy and planning & monitoring meetings and any review meetings.

The Provider must demonstrate a proactive approach to safeguarding adults and safeguarding children within its own service and that and partners. This will be evidenced through a range of robust policies and procedures that minimise the potential for abuse, and embed understanding and responsibility throughout.

4.2.8 Supporting Carers

The Provider will be required to assist The Commissioner in the delivery of the Joint Carers Strategy². This will include, where appropriate, the identification of Carers (including Children and Young People), signposting Carers to information and advice as well as community and voluntary sector support services.

Incidental to the delivery of the service to Service Users, the Providers will also support Carers (e.g. providing support enabling the Carer to take a break, engaging the Carer in the development of the My Care and Support Plan, keeping the Carer informed about any matters related to the delivery of services and signposting the Carer to other sources of support i.e. Devon Carers Centre)

The Provider will also have the opportunity to play a key role in the provision of Replacement Care, to support Carers to manage their caring role and avoid crisis. The vision for Replacement Care involves diversifying the offer, moving away from a narrow range of bed based or place based solutions, to more creative and innovative community based, personalised solutions for Service User's, delivered via the voluntary and community sector, as well as Personal Budgets or Direct Payments. We anticipate that the Supporting Independence market will be a key player in this strategy.

² <http://www.newdevonccg.nhs.uk/your-ccg/carers/carers-in-devon-joint-strategy-201419/100859>

4.2.9 Increasing the use of technological support solutions

The Provider will assist the Commissioner in finding and establishing the use of technological support solutions for Service Users, to help reduce Service Users reliance on commissioned social care packages. Providers will not be limited in the type of solutions in Assistive Technology that they help introduce, and should help investigate the full range of new and innovative technologies available from the wider market, wherever they may be suitable for meeting Eligible Needs, and increasing the independence of a Service User.

4.2.10 Improving opportunities for employment

The Provider will be required to provide support in relation to employment outcomes where this is identified in the My Care and Support plan.

In order to achieve the above, Providers will need to forge relationships and work in partnership with employment services to enable the Service User to seek and maintain paid employment or maintain self-employment.

In particular, but not exclusively, the Provider will seek and develop opportunities for Service Users to access supported work placements to increase their chances of accessing paid work.

4.3 Key Interfaces

The Provider must interface and work collaboratively with the following health and social care agencies and partner organisations, but not limited to:

- Adult Social Care services including Community Health and Social Care Teams and Sensory Teams
- Health care professionals.
- Care or Recovery Coordinators
- Devon County Council's Social Care Reablement and Community Enabling Services and Time for Life Service.
- Care Direct and Care Direct Plus
- Devon Partnership Trust's Mental Health Assessment Team and Community Mental Health & Social Care Teams
- Employment Services

4.4 Packages of Care and Support - Flexible Packages and Scheduled Packages

The Definitions section of this specification includes descriptions for Scheduled Packages and Flexible Packages of care and support.

For Flexible Packages, the Authorised Officer in conjunction with the Service User and /or Carer will determine whether there is a need to deliver individualised care and support in a way that is not fixed to an agreed schedule. In some circumstances the use of a Flexible Package could provide the best opportunity to achieve the Service User's outcomes because their needs are such that a Scheduled Package would not be appropriate or that the Service User would find it

difficult to engage with a Scheduled Package. Where a Flexible Package is commissioned, the Provider will agree with the Service User how the Flexible Package is deployed in order to meet the outcomes within the My Care and Support Plan. The Provider will use the Flexible Packages to work proactively and creatively with the Service User (and others supporting the overall care arrangements) to deliver the outcomes of the My Care and Support plan. Providers will adopt an Enabling approach when working with the Service User.

For Scheduled Packages, the Authorised Officer in conjunction with the Service User and /or Carer will determine a schedule for delivering the Schedule Package (e.g. 1 hour Monday, Tuesday, Thursday and Friday and 4 hours on a Wednesday). Unless the daily timings of the visits are critical to enable the Service User to achieve the outcomes of their My Care and Support Plan Providers will be given scope to agree the actual daily timings with the Service User and / or their Carer. Providers will adopt an Enabling approach when working with Service Users.

5. Delivery of support

5.1. Eligibility Criteria

Eligibility for referral into a commissioned and contracted Individualised Care and Support service is triggered through the normal assessment and Personal Budget pathways that will be used for any other form of Adult Social Care provision. These are determined through the national eligibility criteria that set a minimum threshold to ensure that all local authorities meet the same minimum level of needs.

Eligibility is therefore based upon a care needs assessment that shows:

- a Service User's needs arise from, or are related to, a physical or mental impairment or illness
- as a result of the Service User's needs, they are unable to achieve two or more specified outcomes in the Care and Support (Eligibility Criteria) Regulations 2014
- as a consequence there either is or is likely to be a significant impact on the Service User's wellbeing

An assessment of a Service User's needs and outcomes will be undertaken prior to securing a service by the Authorised Officer. Social care assessment could be an individual assessment or a combined assessment with a Carer and the Service User they care for. Where relevant, it could be undertaken jointly with other organisations, including the NHS. An assessment will be carried out over an appropriate and reasonable timescale, taking into account the urgency of the Service User's needs and any changes in those needs. A copy of the assessment will be sent to the Service User. This will clearly state whether they are eligible for support.

Where a Service User is eligible for support, the Authorised Officer will work with them (and their Carer if appropriate) to create a My Care and Support Plan which describes what the needs / outcomes are. The Commissioner will use a Resource Allocation System (RAS) to work out an estimated budget.

As soon as the assessment, My Care and Support Plan, Resource Allocation System and Estimated Budget have been applied to create a final Personal Budget the Authorised Officer

will either arrange to make this available as a Direct Payment so the Service User can buy their own services, or use it buy services for the Service User from contracted providers. Some Service Users may not be able to have - or may not want - a Direct Payment. Where this is the case the Commissioner will help the Service User to arrange their services through providers that the council has contracted to provide care.

5.2. Referrals and Placement offers

Please see Schedule 5 of the ITT (Call Off Schedule for CP1329-16 Supporting Independence. Lot 2 - Individualised Care and Support Open Framework Agreement).

5.3. Provider Response in an Emergency

When an emergency situation is identified, the Provider will take sufficient and appropriate action to ensure the immediate health, safety and comfort of the Service User prior to their being left alone.

The Provider must ensure that whenever a Service User is found by support workers to be in need of emergency medical care, that the accident and emergency services are contacted immediately, and the Service User's relatives and the Commissioner are informed as soon as possible. In such circumstances documentary record must be made by the Provider, which may be requested by the Commissioner.

Where the Provider deems it necessary that a Service User needs additional services on an emergency basis and the Commissioner cannot be reasonably contacted, then the Provider should deliver the additional service in line with the Provider's best judgment. The Commissioner will pay for any reasonable period of emergency service provided in accordance with the agreed hourly rate.

The Provider must notify the Commissioner in writing as soon as is reasonably practicable if it becomes aware that a Service User has been admitted to hospital or if there has been a significant change in the Service User's health condition. Full details of contact points will be made available to providers in the Provider Guidance.

5.4. Review and monitoring of Service User needs

The Authorised Officer will need to undertake a review of the Service User's needs and presenting risks relating to the provision of the Package of Care and Support. The review is of the entirety of the Service Users My Care and Support Plan and therefore may address issues beyond the remit of the Provider. The purpose of the review is to ensure that the services being delivered continue to address the presenting needs and risks in the view of Service User and where appropriate their Carer, the Authorised Officer or other key worker.

The Provider will monitor the achievement of, and progress towards, individual outcomes within the agreed timescales identified in the My Care and Support Plan. The Provider will alert the Authorised Officer in writing as soon as practicable when outcomes have been met, particularly

where this could result in a reduction in the care and support required. Full details of contact points will be made available to providers in the Provider Guidance.

The Provider must signal the need for review of the My Care and Support Plan to the Authorised Officer as soon as practicable, where there is any significant change to the Service User's needs particularly where that might lead to any reduction or increase in care or support delivered, or where any long term change is indicated in the way the Service User would prefer to have their service provided.

Reviews will be arranged by the Authorised Officer in a timely manner.

The Authorised Officer may, if appropriate, invite the Service User to be accompanied by any Carer/family/advocate and any other significant professional working with the Service User. A suitable staff or worker from the Provider must also attend the review to promote suitable feedback. Reviews will be proportionate to the circumstances and may take place face to face or over the phone, dependent on the Service User's needs.

Any changes to the My Care and Support Plan arising from such a review will be confirmed in writing by the Authorised Officer in a revised My Care and Support Plan and forwarded to the Provider prior to the commencement of the change (unless an emergency).

In the event of a sudden and significant change in need the Provider will undertake an internal and urgent review of circumstances and if appropriate and if the My Care and Support Plan needs significant immediate change inform the Authorised Officer in writing that an urgent review is required. Full details of contact points will be made available to providers in the Provider Guidance.

5.5. Termination and notice of Package(s) of Care and Support

Any planned discharge of a Service User from the service (terminating of a Service User's Package of Care and Support) will be agreed with the Authorised Officer. Prior to discharge, the Provider must complete and send to the Authorised Officer within 7 days, a final summary of Service User outcomes achieved, to enable the Authorised Officer to make any necessary arrangements for on-going support if required.

The Provider must notify the Authorised Officer immediately in the event of any unplanned discharge (by telephone, with an email to confirm), clearly stating the reasons. Full details of contact points will be made available to providers in the Provider Guidance.

The Provider will work with the Authorised Officer to explore a resolution that might enable the Service User to continue to receive the Package of Care and Support.

However the Commissioner recognises that the Provider has the final veto on any Package of Care and Support provided to a Service User.

The Provider will advise the Service User in writing that they have terminated the Package of Care and Support once that has been agreed with the Authorised Officer.

6. Staffing requirements

The Provider must produce (or require a partner to produce) to the satisfaction of the Commissioner upon request:

- A detailed staffing structure of the Provider organisation, which clearly indicates line management relationships between staff and workers and how information will be effectively communicated throughout the organisation.
- A statement of delegated responsibility given to each member of staff and worker.
- A detailed set of procedures relating to the tasks to be carried out as part of the service, which will include the required level of competence and training of members of staff and worker to carry them out, and training plans to achieve this.
- A written policy and formal training plan relating to all mandatory and specialist training required by staff and workers in order to meet the presenting needs of Service Users currently using the service and include assessments and reviews of individual staff and worker training needs.
- A Disciplinary and Grievance Procedure compliant with the requirements of the Code of Practice set down by the Health and Care Professions Council that it makes available to all staff and workers.

The Provider must ensure that:

- All staff and workers are competent, skilled, qualified and have been appropriately vetted, including the undertaking of enhanced DBS (Disclosure Barring Service) checks as appropriate.
- All staff and workers are engaged in delivering any Package of Care and Support to Service Users must have a proficient written and spoken use of English Language. The Provider will make reasonable provision and adjustments for language systems that assist and enable greater understanding e.g. easy read documentation, BSL etc.
- They are following safe recruitment practices compliant with relevant national guidelines (i.e. Immigration, Asylum and Nationality Act 2006 and the Home Office Border and Immigration Agency Prevention of Illegal Working Guidance for Employers (Feb 2008)) and the requirements of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986.
- They are responsible for their own staff and worker recruitment, induction, training and supervision to ensure that all staff and workers are appropriately trained and supported to deliver the requirements of the specification. The Provider will monitor partners to ensure they also comply with this requirement.
- All its staff and workers have an awareness of (and work within) the care certificate standards and requirements of MCA (Mental Capacity Act 2005) DOLS (Deprivation of Liberty Safeguards) and have the appropriate skills, knowledge and access to qualifications necessary for their role and that partners also comply with this requirement.
- Its staff and worker training records must record the content of induction training and period it is delivered over and any subsequent training delivered and when delivered and

that partners also comply with this requirement. This record must be available for inspection by the Commissioner on request.

- The appropriate conduct of its staff and workers. Any misconduct, dishonesty or behaviour, which is detrimental to the welfare or wellbeing of the Service User, will be thoroughly investigated, initially by the staff and worker's employer. The Provider will ensure that any such matters are thoroughly investigated by itself or the staff and worker employer as appropriate. The Commissioner will be advised immediately, in writing, of any such investigation and its outcome. Full details of contact points will be made available to providers in the Provider Guidance.
- They will remove from any Service Users care arrangements any member of staff and worker who is deemed guilty of misconduct, dishonesty or negligence, is not medically fit to perform the work or does not treat the Service User, their Carer with due respect and courtesy.
- Staff and workers have good communication and listening skills and are sensitive and flexible when responding to issues relating to needs of Individuals and that they treat all people and Service Users with respect and dignity, irrespective of their race, disability age, gender, sexual orientation and religion.

7. Access arrangements

The Provider will ensure that a competent manager of the service is available during all hours when the service is being delivered. Details of the contact points will be made available to the Commissioner in writing. Full details of contact points will be made available to providers in the Provider Guidance.

8. Service Development / Plans for improvement

8.1. Individual Service Funds and Outcome Based Commissioning

The Commissioner is developing an Outcome Based Commissioning approach to commissioning and the Provider will be expected to work positively to support the development and design of Outcome Based Commissioning. Providers shall tender on the understanding that this is the intended future direction for the Service and that they accept the move to an outcomes based approach in the future.

In the future, Service users choosing an Individual Service Fund may wish to arrange their support with a Lot 2 - Individualised Care and Support Provider. To this end, the Provider may be required to work with the Commissioner to develop and test arrangements for both Outcome Based Commissioning and Individual Service Funds. Individual Service Fund Packages of Individualised Care and Support, delivered either as a Flexible Package or a Scheduled Package, may be subject to a Multiple Hour Discount

9. Quality Requirements

The Provider must have a statement of purpose which sets out the Provider's aims and objectives and describes the service to be delivered; and a business plan which sets out how the Provider intends to develop the service in order to ensure that the future needs of Service Users and requirements of the Commissioner are met.

The Provider must have arrangements in place for effective governance, leadership, management and supervision of the service, which ensure that a good quality, person-centred service is delivered which enables Service Users to achieve their desired outcomes. This must include:

- Policies and procedures which cover all aspects of the quality, safety and delivery of the service, which are regularly reviewed (annually as a minimum or where changes to legislation or good practice guidance require an earlier review) and which are notified to and understood by staff and workers, and applied by staff and workers in their delivery of the service;
- Sufficient staff and workers with the skills, knowledge and experience necessary to provide a good quality service, who are provided with induction, training, development opportunities, supervision and appraisal of a quality which ensure they are equipped to meet Service Users' Assessed Needs;
- Effective record-keeping;
- Good practice in Health and Safety, infection control, (and the administration of medications where applicable);
- Where applicable, safe and suitable premises which are appropriately decorated, non-stigmatising, and maintained in good condition and in accordance with legal requirements;
- Where applicable, safe and suitable equipment which is maintained in good condition and in accordance with legal requirements.

The Provider must have policies in place which cover all aspects of the quality and delivery of the service, which are reviewed regularly (and any changes notified to staff and workers), and which are understood and applied by staff and workers in their delivery of the service.

The Provider will ensure:

- that its staff and workers recruitment process complies with relevant legislation and good practice guidance for services delivered to vulnerable people;
- that staff and workers at all levels (including volunteers) have received comprehensive induction and training which equips them with the knowledge and skills necessary for effective and safe delivery of the service including an understanding of how the organisation's policies and procedures underpin day-to-day delivery of the service;
- that staff and workers are observed during the delivery of service in order to ensure that policies are being adhered to;
- that its staff and workers understand the principles of a person-centred service and are able to apply these principles in their day-to-day delivery of the service;

- that the findings of practice observation are discussed with staff and workers, and, where necessary, additional training and continuing professional development provided in order to ensure competence.

The Provider will ensure that Service Users are aware of any policies relevant to the service they receive, e.g. summarising these in a “welcome pack”, and to ensure that information is provided to Service Users in suitable formats regarding how to access relevant policies and procedures

The Provider must communicate effectively and appropriately to all Service Users the quality of service they can expect to receive, and to inform Service Users how to provide positive feedback or raise any concerns about the service through the procedure set out in section 9.1 below.

The Provider will have a robust quality assurance process in place which ensures that the following are regularly monitored and reviewed, with good practice being recognised and areas for improvement identified:

- Documentation about Service Users e.g. My Care and Support Plans; assessments; daily records; consent.
- How Packages of Care and Support is provided e.g. staff and worker practice, privacy, dignity, choice, daily life and activities, information supplied to the Service User, and strategies used and their successes.
- Medication management and administration (where applicable)
- General management of the service e.g. contingency plan; safeguarding and deprivation of liberty; quality assurance.
- Premises and equipment (where applicable) e.g. décor and condition; suitability; servicing and maintenance.
- Safe working practices e.g. health and safety; fire safety; water temperatures; legionella; environmental hazards; hygiene and infection control.
- Staffing e.g. staff and worker levels; induction; training needs; supervision and appraisal.

The Provider's quality assurance process must include periodic gathering of feedback from Service Users and / or their Carers or advocates and from professionals such as community health and social care workers and GPs, through surveys, questionnaires, meetings or other appropriate methods.

The Provider must have in place an ongoing service improvement plan which captures concerns and issues about the quality or delivery of the service and identifies what actions will be taken, by whom and by when. The service improvement plan will be made available to the Commissioner on request.

The Provider will demonstrate positive risk-taking while ensuring the safety of Service Users and staff and workers through a process of Risk Assessment which identifies risks and sets out how these will be managed and minimised.

The Provider is encouraged to identify and utilise innovative solutions which support Service Users to achieve their outcomes and aspirations.

The Provider is expected to positively engage with the Commissioner to resolve any quality concerns that might arise. This will be a requirement if the Provider is in breach/default of contract.

Providers who fall below the quality requirements described in this section of the specification and/or are subject to whole service safeguarding reviews may, at the discretion of the Commissioner, be served with a Contract Default Notice and/or have placements suspended until such time as the Provider can satisfy the Commissioner that the areas of concern have been addressed.

The Commissioner's suspension policy can be found at <https://new.devon.gov.uk/devonsafeguardingadultsboard/policy>

9.1. Compliments and Complaints

The Provider must have in place a written compliments and complaints procedure which sets out the process by which a Service User (and / or their relatives, representatives or advocates) can make a compliment or complaint, which positively encourages feedback about their experience of using the service, and which sets out the timescales within which they can expect a response.

The Provider will make all Service Users (and / or their Carers, relatives, representatives or advocates) aware of the complaints and compliments procedure and provide it in a format appropriate to each Service User.

The Provider's compliments and complaints policy must provide the contact details for The Commissioner's customer relations team and should inform Service Users (and / or their Carers, relatives, representatives or advocates) that they are entitled to contact The Commissioners' customer relations team in the event that they are dissatisfied with the outcome of the Provider's investigation or wish to complain to the Commissioner directly.

Where concerns are raised about the quality or delivery of the service the Provider must ensure that such concerns are responded to within timescales set out within its compliments and complaints procedure.

The Provider must maintain a written record of all compliments and complaints received and their outcomes. The record must include compliments or complaints received by partners. The record will be made available to the Commissioner on request.

The Provider will notify the Commissioner of any complaint about the quality or delivery of the service in writing within 5 working days. Full details of contact points will be made available to providers in the Provider Guidance.

The Provider must ensure that feedback about the quality or delivery of the service is used to inform continual improvement to the service.

The Commissioner reserves the right in all circumstances to notify any regulatory body or other relevant agency of any issue of concern identified.

10. Advocacy

The Provider will ensure that they are familiar with the eligibility criteria and referral arrangements into Devon County Council's Advocacy contract –see Link to Devon Advocacy Consortium - <http://www.livingoptions.org/support-help/devon-advocacy-consortium>

The Provider will apply their understanding of the Devon Advocacy service eligibility criteria and referral arrangements to encourage and assist all appropriate referrals of Service Users to our advocacy provider, currently Devon Advocacy Consortium, whilst at the same time supporting positive, alternative resolutions to issues for Service Users that do not meet the eligibility criteria.

11. Volume of Service

The Commissioner has a duty under the Care Act to promote sufficiency and diversity and support services to the benefit of not only Service Users for whom the Commissioner directly commissions but also Service Users who receive a Direct Payment and Service Users who fund their own services. Consequently Service Users taking a Direct Payment or funding their own services are able to use the support commissioned through Lot 2 – Individualised Care and Support Open Framework Agreement via their own arrangements. To be clear Service Users using a Direct Payment or funding their own arrangements can make their own contractual arrangements with Providers outside Lot 2 - Individualised Care and Support Open Framework Agreement. The Provider must familiarise themselves with the Commissioners policy in relation to Direct Payments³.

11.1 Establishing volumes

Anticipated volumes have been informed by a Needs Assessment which can be found in Appendix B of the ITT. Needs Assessments are Service User group specific (mental health, learning disability, older people and Physical/sensory disability) but the outputs of those have been amalgamated to inform contract volumes.

11.2 Transitions

This Specification relates to New Business **and** existing people currently using a Group Based Care and Support service at the point of review will be purchased through it as detailed in the Call Off Schedule located in Schedule 5 of the ITT.

The Commissioner will not routinely require or facilitate transfer of packages of care and support that were already in place prior to the commencement of the Supporting Independence contract, where those prior arrangements continue to meet the Commissioner and Service User requirements. However, the Commissioner will reserve the right to transfer these historical packages of care and support into Lot 2 - Individualised

³ <https://new.devon.gov.uk/adultsocialcareandhealth/assessments-for-care/after-your-assessment/direct-payments/>

Care and Support Open Framework Agreement where Commissioner determine there are reasonable grounds to do so. These grounds may include:

- The outcome of any social care Service User review.
- The quality of service within the prior arrangement.
The value for money implications of leaving the Package of Care and Support under a prior arrangement, as opposed to transferring it to Lot 2 - Individualised Care and Support Open Framework Agreement.

The Commissioner will normally only consider the case for any transfer of historical packages of care and support into Lot 2 - Individualised Care and Support Open Framework Agreement, at the point of a Service User's care and support package being subject to a full social care review.

The Commissioner may also consider the need to transfer historical packages of care and support to Lot 2 - Individualised Care and Support Open Framework Agreement outside of Service User reviews, where there are reasonable grounds do so. These grounds may include:

- The successful conclusion of a negotiation in which a provider of historical care and support packages that has been accepted onto Lot 2 - Individualised Care and Support Open Framework Agreement and the Commissioner agrees to transfer historical care and support packages into Lot 2 - Individualised Care and Support Open Framework Agreement.
- Where the decision of the Commissioner was that leaving care and support packages under a historical arrangement would present an unacceptable risk to Service User well-being and safety or the continuity or quality of a package care and support.

With any transition of packages of care and support, the Commissioner will ensure the specific nature and timing of any transition are formalised into a written plan which will be made available to the Provider in advance of any transition. Upon finalisation of a plan, the responsibility for any communications to Service Users that are needed will be the responsibility of the Provider.

12. Calling off services and price

Services will be called off Lot 2 - Individualised Care and Support Open Framework Agreement via a consistent approach exercised by the Commissioner. The Call Off process is described at Schedule 5 of the ITT.

12.1. Multiple Hour Discount

Multiple Hour Discount will only apply to Scheduled Package(s).

A discount of 15% will be applied to the price detailed by the Provider in Section E3 – Pricing Schedule – Lot 2 Individualised Care and Support for the appropriate Zone. The

15% discount will not apply to the first hour of each scheduled visit and will only apply to any subsequent hour(s) (or part thereof) within that scheduled visit. (e.g. for example – a Package of Care and Support is provided on Monday for 1 hour and Tuesday for 2 hours, the first hour on Monday and Tuesday will be priced at the price detailed in Section E3 – Pricing Schedule – Lot 2 Individualised Care and Support for the appropriate Zone and the subsequent hour on Tuesday shall be subject to a 15% discount).

12.2. Multiple Hour Discounts for Scheduled Packages and Flexible Packages

Within the Definitions section of this specification the Commissioner has defined the terms Scheduled Package and Flexible Package to describe the two different ways that care and Packages of Care and Support could be requested by the Commissioner.

Flexible Packages may be commissioned where it is recognised that a Flexible Package provides the best opportunity to achieve the Service User's outcomes because their needs are such that a Scheduled Package would not be appropriate or that the Service User would find it difficult to engage with a Scheduled Package.

Each hour of a Flexible Package will be paid in full as per the price specified by the Provider in Section E3 – Pricing Schedule – Lot 2 Individualised Care and Support. However, providers should note that in determining whether a package is a Scheduled Package or a Flexible Package the Commissioner will apply the principles described in the table below:

Scenario	Description	Pricing determination
1	At Call Off the Commissioner describes the scheduling that will apply to the delivery of a Schedule Package.	The hourly rate would be subject to the Multiple Hour Discount
2	At Call Off the Commissioner describes the requirement that scheduling will apply to the delivery of the Scheduled Package, but this scheduling is left to the Provider and Service User to agree on an individual basis.	The hourly rate would be subject to the Multiple Hour Discount
3	At Call Off the Commissioner describes the requirement that flexibility is a required feature to the delivery of the Flexible Package and is to be arranged between the Provider and Service User on an individual basis.	The hourly rate would not be subject to the Multiple Hour Discount – at least until the package was reviewed

12.3 High Cost Packages

For any high cost packages of care and support, packages over £500 per week for DCC or £300 for DPT per week, the Commissioner reserve the right to utilise the Personal Brokerage function and not to use the Call Off arrangement as described in Schedule 5 of the ITT.

13. Specific Obligations

13.1 Time Limited Enablement

In the case of some Service Users, the Provider may be required to deliver a short-term, Enablement service to improve or develop Service Users independent living skills. This type of intervention would normally be time -limited, community-based and focussed upon the delivery of short-term, goal-oriented, Personalised support. The service will normally be limited to up to twelve weeks support in most cases. The Provider must ensure an Enabling ethos and a dynamic support planning process can be delivered that describes and achieves personal outcomes. The Provider will provide clear evidence of the personal outcomes that have been achieved or addressed within the time period. Some Service Users may require a further time-limited period of Enablement which could last a further 12 weeks.

13.2 Service Continuity and Contingency Planning

Contingency plans must be in place for the general continuation of the contracted service in the event of serious disruption or emergency. As a minimum the Provider contingency plans must cover major staff and worker shortages, IT failure and office / working environment disruption.

13.3 The Provision of Personal Care

Both Lots (1&2) of the Supporting Independence contract are for Service Users where the Social Care assessment has determined the need for a Package of Care and Support that doesn't require any activities regulated by CQC.

In the case of Lot 2 (Individualised Care & Support) this means referrals have no requirement for personal care activities as defined by CQC. (Packages that do involve any personal care into a Service User's own home are being purchased through the Living Well @ Home contract, from providers who are CQC registered).

Irrespective of whether a provider delivers Group Based Care and Support (Lot 1) or Individualised Care and Support (Lot 2), it is the responsibility of any non-CQC registered Provider to ensure that they are not carrying out regulated activities. Any Provider (individual, partnership or organisation) who provides regulated activity in England must be registered with CQC otherwise they commit an offence. Non-CQC registered providers should therefore familiarise themselves fully with the guidance available at <http://www.cqc.org.uk/>

If a Provider considers that a Service User already placed with them may require regulated activities to be undertaken as a result of a change in need or otherwise, they should immediately contact the Authorised Officer for advice and/or to arrange a review of the Service User's care and support package.

13.4 Assistance with Medication

13.4.1 Roles and Responsibilities

Supporting a Service User to manage their medication effectively and safely can be an important part of enabling a Service User to continue to live independently, and achieve their My Care and Support Plan outcomes.

Where a Service User lives independently in the community, responsibilities for medication rests primarily with the prescriber and the Service User. In delivering Packages of Care & Support, the Commissioner expects that Service Users are encouraged and supported to self-medicate and independently manage their own medication. The Commissioner role is therefore one of taking appropriate actions on behalf of Service Users to help prevent avoidable problems with medication occurring, and to manage any problems that do occur through working with the Service User, and/or their most relevant Authorised Officers.

In order to help providers perform their role and be clear about their responsibilities the Commissioner will:

- Make available (within the Service User Call Off documentation (Referral and My Care and Support Plan)) whatever information the Commissioner has about any 'assistance with medication needs', where these have been identified, in advance of a Provider being invited to declare they are Available to deliver the Package of Care and Support to the Service User.
- Make available the Commissioner's Medication Policy (Appendix H of the ITT) which includes clear guidelines to support the safe handling and in exceptional circumstances, the administration of medication by the Provider.

This document is for information only and must not be used for responding to this tender

Providers have a responsibility to contribute to the assessment of a Service User's need for support with their medication. Where a Provider's observations of a Service User lead them to the view that their organisation does not possess the necessary competencies to undertake or complete such an assessment or deliver the level of support necessary, their responsibilities would involve communication and agreement with the Commissioner (and/or other relevant professionals) as to how the assessment would be completed and their Package of Care and Support should be provided.

13.4.2 Duties and Requirements

'General support and the administration of medication' does not in itself fall into the definition of CQC activities that require CQC registration, unless these are delivered as part of a Package of Care and Support to a Service User which does involve other activities that must be regulated.

Providers will need to deliver Packages of Care and Support to Service Users who are likely to need assistance with medication, but who do not have personal care needs that fall into any category of CQC regulated activity. The Commissioner does not therefore require Providers to have any form of CQC Registration in order to legitimately deliver Packages of Care and Support.

Providers do not have to accept Packages of Care and Support. In order to protect the Service User's health and welfare, Providers must therefore take all reasonable steps to avoid declaring themselves Available to deliver a Service Users Package of Care and Support where it could have been foreseen that the level of the Service User's 'assistance with medication' needs would exceed the Providers ability to assess that need, or support the safe handling or administration of that Service User's medication.

When a declaring themselves Available to deliver a Service Users Package of Care and Support Providers have a duty to ensure that medication is appropriately handled, as an employer and Provider. In delivering that duty the Provider must:

- Ensure that an 'assistance with medication' policy and guidance has been made available to its staff and workers, which is clear and straightforward in its approach.
- Ensure that the training needs of its staff and workers in relation to the 'assistance with medication' policies and guidance are fully met.
- Ensure that no member of its staff and workers undertake any role or responsibility in the management and administration of medication unless they are trained and deemed by the provider as competent to do so.
- Ensure that its medication' policy and guidance includes an open, supportive reporting procedure for the management of errors.

13.4.3 Medication Policies

The Commissioner has provided an Individualised Care and Support Medication Policy as Appendix H of the ITT.

The Commissioner accepts that Providers that do not require Care Quality Commission registration may deliver 'assistance with medication' activities under their own organisation's

policies and procedures. It is not a requirement of the Commissioner that a Provider replaces its own medication policies and procedures with those of the Commissioner. However, if the Provider does not wish to adopt the Commissioner's Medication Policy, the Provider must be able to produce, on demand, a policy of its own that includes at least the following areas of guidance:

Consent and capacity in relation to any support with medication management. This must include consideration of a Service User's mental capacity to consent. (Mental Capacity Act 2005)

The process that will be used by the Provider to assess the level of support with medication that the Service User requires. Where a Provider uses its own internal processes for measuring this level of support, its processes must ensure that its staff and workers are able to communicate easily and effectively when working with the Commissioner and other relevant professionals.

The input of referring professionals into assessment and recording what type of support with medication is required. This must cover how any requests by referring professionals for support with medication are captured, recorded, and made available for reference by the Provider's staff and workers.

The involvement of any Carers or friends – and whether they are, or are not going to be involved in administering medication.

How any specific arrangements will be recorded and communicated E.g., arrangements for medication ordering, collection, storage, access and disposal. It should describe the individual medication needs or requirements for the Service User, e.g. ensuring that a Service User's inhaler is where they would expect it to be.

13.5 Transport

Transport provided as part of the activity programme delivered to Service Users must be reflected in the overall price charged.

Providers are not responsible for Service User transport to or from a Providers normal place of business.

Refer to Appendix C of the ITT for Transport Guidelines.

13.6 Social Value

The Public Services (Social Value) Act 2012 requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area. Social value is the added value that benefits the community, over and above what is commissioned and therefore must not cost the commissioning organisation more.

The Provider will need to demonstrate through delivery of this contract meaningful social value which aligns to Devon County Council's Better Together Principles of having communities that are **Resilient, Healthy, Prosperous, Connected and Safe**. The Provider will need to ensure any additional social value they offer is aligned to at least one of the following criterion:

- The use of volunteers, offering regular volunteering and involvement opportunities for local people.
- Involving local people in the governance of the service, planning or delivery.
- Providing opportunities for the community to engage and participate and for the community to enterprise.
- Providing activities and opportunities to improve the wellbeing of the wider community, e.g. (but not limited to) a guided walk, healthy luncheon club, exercise or mindfulness classes.
- Promoting healthy lifestyles to the wider community.
- Promoting supportive communities.
- Offering skills development, training, volunteering, employment or apprenticeship opportunities to local people and/or the wider community. Including those who traditionally may have been excluded from such opportunities, e.g. (but not limited to) people with disabilities, physical or mental health conditions or long term unemployed.

Providers are not required to offer additional social value for all of the criteria above, but must ensure any proposals are aligned to the above criteria. This will ensure that it is of real value to the communities of Devon and aid the Authority in meeting the outcomes requirements of Better Together, which are:

Resilient

- More services will be run locally in the way people want.

Healthy

- More people will enjoy good health and avoid preventable illness.
- More people will maintain their health and independence into older age.
- More people will feel valued, respected and included.

Prosperous

- More people will find employment, including those furthest from work.
- New ways of providing services at lower cost will flourish.

Connected

- Communities will be more cohesive and inclusive.

Safe

- More people will be empowered to live well and participate.

For more information on Devon County Council's Better Together principle, please see: <https://new.devon.gov.uk/bettertogether/>.

14. Reporting requirements

The Provider must cooperate with the Commissioner to meet the reporting requirements within the Performance Framework Appendix E of the ITT. Commissioner will monitor quality and performance and address any concerns raised.

The Provider will complete a twice a yearly self-assessment, using the self-assessment template provided in Appendix E of the ITT. The information provided will be securely held and only used for the purposes outlined.

Where a Provider self-assessment highlights potential issues, which may indicate a poor quality of service, the Commissioner will liaise with the Provider to agree an appropriate plan of action.

The Commissioner will assess what action is required and where safeguarding concerns are highlighted, and will act as appropriate to ensure that Service Users are safe.

The Provider must consent to the reporting requirements within the performance framework for this specification at Appendix E of the ITT.

15. Sub-contracting

Providers must ensure that any sub-contractor(s) it uses to deliver any aspect of the service stated in this specification meet all of the requirements stated in this specification. Providers must quality assure all sub-contractors before contracting with them and regularly throughout their contractual relationship. Providers must have suitable contracts with their sub-contractors. When a Provider uses sub-contractors the Providers will remain responsible to the Commissioners for the performance of its obligations and for the acts and omissions of its sub-contractors.

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