



## DORSET COMMISSIONING PARTNERSHIP

# DORSET CARE

**DORSET CARE, SUPPORT, HOUSING  
AND COMMUNITY SAFETY  
FRAMEWORK OVERARCHING  
SERVICE SPECIFICATION – VERSION  
2 AUGUST 2022**

<b>Release</b>		Version 2 16.8.22
<b>Version Control</b>		
<b>Version No</b>	<b>Date Updated</b>	<b>Details of Change</b>
2	16.8.22	<p>Entry criteria for Lots 23, 25 and 27 amended as follows:</p> <p><u>Lot 23</u></p> <p>Deleted requirement for Financial agents will be registered with the FSA. All other criteria remain unchanged.</p> <p><u>Lot 25</u></p> <p>Declaration required from providers who will provide Day Opportunities that are provided within a non-registered community setting that they will ensure that <b>all registered Care and Support activities are conducted by an appropriately registered organisation</b>. Highlighted text amended to read: all Care and Support activities are undertaken by suitably trained staff who will carry out these duties safely and should the legislation change we expect providers on this lot to be registered within 12 months”</p> <ul style="list-style-type: none"> <li>• Please refer to the Care Quality Commission guidance <a href="http://www.cqc.org.uk/">http://www.cqc.org.uk/</a></li> </ul> <p>All other criteria for this lot remain the same.</p> <p><u>Lot 27</u></p> <p>Service description and entry requirements amended with additional wording shown in italics on pages 49 and 50.</p>

# Contents

1.	Introduction and context .....	4
3.	Commissioning Priorities .....	8
4	Key Provider Competencies .....	11
5	Service aims and outcomes .....	14
6	Service User Involvement and Empowerment .....	15
7	Policies, Procedures and Records .....	16
8	Workforce .....	18
9	Data and intelligence .....	19
10	Business Continuity .....	20
11	Subcontracting .....	20
12	Safeguarding .....	21
13	Mental Capacity Act 2005 and Liberty Protection Safeguards (LPS) .....	23
14	Fair Access, Diversity and Inclusion .....	26
15	Legal proceedings .....	26
16	Appendix 1 List of Lots.....	26

## **1. Introduction and context**

- 1.1 The commissioning partners seeks to provide high quality, personalised care and support services (taking a strengths based approach) which focus on meeting the outcomes of those individuals using the services, whilst ensuring they are delivered and financed in a sustainable way.
- 1.2 In order to achieve this Dorset Council's Adults and Housing Directorate is opening a new Framework; this will act as a vehicle to procure a range of care and support, housing and community safety services. It will replace the existing Frameworks.
- 1.3 The Dorset Care, Support, Housing and Community Safety Framework will be established by utilising the flexibilities of the Light Touch Regime under the Public Contract Regulations 2015. These enable Public Sector Bodies, in terms of health and social care, to adapt and innovate procurement and contracting models to best meet service requirements.
- 1.4 The Framework will be in place for up to 10 years and will enable providers to join at any time (as long as specific criteria is met) instead of fixed opening periods (as is the case with the existing Frameworks)

### **Principles Underpinning the Framework and Service Delivery**

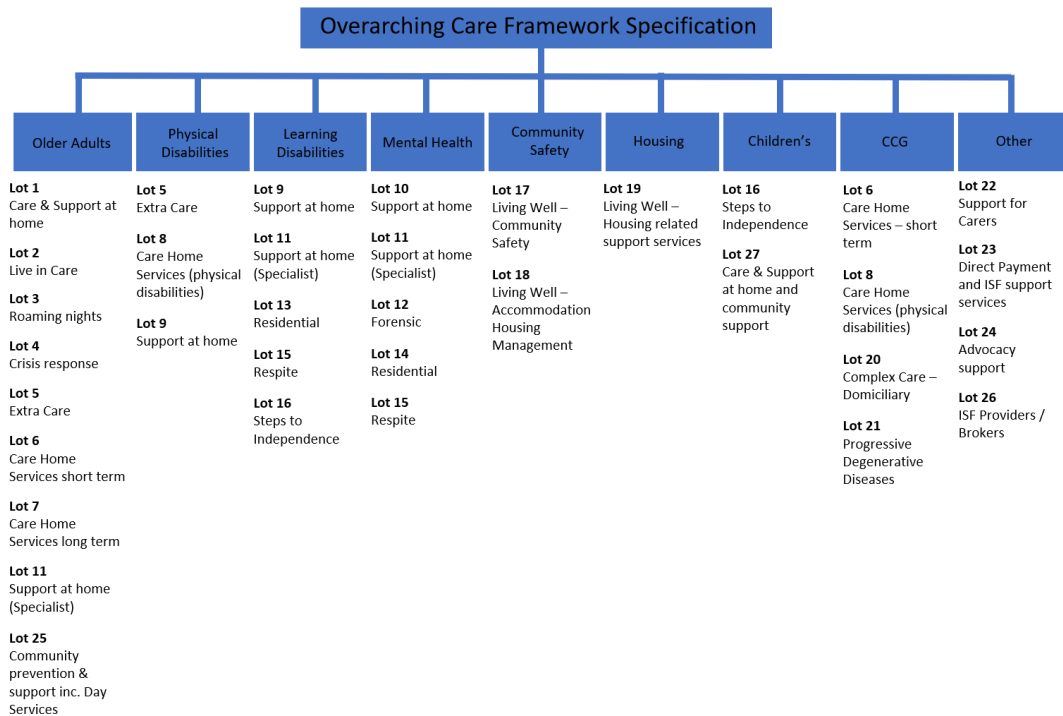
- 1.5 Dorset Council has adopted a strengths based approach to supporting people in their community, focusing on what people can do for themselves, through their own social networks and communities, with flexible commissioned services filling in the gaps and providing the 'safety net' for individuals. There will be emphasis on supporting people in their own homes, reducing time spent in hospital and maximising independence.
- 1.6 Dorset Council wants to work with the providers for people from all client groups and within all lots on this framework it supports, to maintain independence for as long as possible, recover from physical and mental illnesses and progress in terms of learning new skills in order to become more independent. This will be achieved through support being organised and provided in line with the above principles and approaches, with the person at the centre, always working towards desired outcomes and amending support packages appropriately.

## **2. How the Framework will work?**

- 2.1 Part I: The overarching 10 year framework will open and detail specific lots. At this stage providers need to meet the minimum entry criteria, this is detailed when the framework is open. At this stage providers will be asked to complete

minimum entry criteria for the Lots they may in future wish to participate in further competitions for.

The Lots are listed in **Diagram One – Overarching Framework and Lots**



2.2 In Part 2 providers will be asked to provide evidence of being able to meet the requirements of the Lots they have indicated they wish bid for and undertake any further quality/ price evaluation processes for the “specific call off”. This process is expected to commence from April 2022.

The information within this document applies to the whole Dorset Care, Support, Housing and Community Safety Framework and should be read in conjunction with the Commissioning Intentions document, underlying specifications and additional information provided within the appendices.

2.3 This overarching framework specification provides the requirements by the commissioning partners of any provider, irrespective of which client group or lot/s are applied for. Individual lots have specific requirements listed, dependent on the client group, specific skills and knowledge associated, and outcomes aimed for by that lot. The Commissioning Partners, through the development of the wider care framework want to emphasise quality, safety, person centredness and best value from all commissioned provision.

2.4 This framework is designed to be in place for 10 years from commencement April 2022 and will be the only mechanism used by the Commissioning Partners to purchase services. Under call off or mini tender opportunities it

shall be possible to establish contractual arrangements that exceed the terms of the framework.

- 2.5 The framework is an open framework meaning that providers can apply to join, increase or reduce the lots they choose at any time, as long as the relevant criteria are met.
- 2.6 Underneath the overarching framework there are 9 segment specifications for Older Adults, Physical Disabilities, Learning Disabilities, Mental Health, Community Safety, Housing, Children's, CCG and Other. These documents describe how the commissioning partners want providers to work with those specific client groups. They list the best practice within that area of support and the expectations by the Council of providers applying for lots with those client groups. For example, we would expect all MH providers to demonstrate an understanding of the concept of recovery within MH and how their practice reflects this.
- 2.7 Underneath the segment requirements are those specific for the individual lots. Not all lots will have specific requirements over and above those for the client groups, but some will. For example, the Forensic Mental Health lot providers will need to demonstrate how they will manage risk within the legislation applied to those people needing that support.
- 2.8 It is envisaged that during the term of this Framework agreement, referrals and therefore the brokerage function will move towards seven day working. Dorset Council is developing an E Brokerage system, it will be expected that providers will be on boarded to that system and future call offs will be electronic. Consequently, Service Providers shall be required to ensure that their business models are able to adapt appropriately to meet this demand.
- 2.9 Quality and Performance will be monitored and the Commissioning Partners will utilise this information in order to allocate packages of Care and Support and, where necessary, may remove Providers from the Framework. Providers removed from the Framework for quality and performance concerns will be supported to address these issues and given opportunities to rejoin the Framework. See Appendix 11, 12 and 13, along with the Framework terms and conditions.
- 2.10 The Framework shall allow a variety of procurement methods in order to support flexibly; opportunities to expand Providers' geographical reaches and to respond to the needs of Service Users in receipt of Direct Payments or Personal Health Budgets. These shall include but are not limited to:
  - Brokerage of individual packages
  - Fixed term block contracts
  - Individual Service Funds (ISF). See Appendix 3: Individual Service Funds

- 2.11 The Commissioning Partners wish to implement a Framework which delivers flexibility and the opportunity to innovate. All specifications relating to the Lots will be outcome focussed.
- 2.12 The Association of Directors of Adult Social Services (ADASS) describe a systems approach to Health and Social Care based on six fundamental outcomes. It is the intention of the Commissioning Partners that any intervention or service procured as part of this Framework must contribute to these outcomes.
- 2.13 The first three address what should be offered to people and the remaining three address how this should be delivered.

### **1. Prevention**

“I am not forced into using Health and Social Care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.”

### **2. Recovery**

“When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.”

### **3. Continued support**

“If I need continued support I will be given a personal budget and I will be able to choose how to spend this to meet my needs. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.”

### **4. Efficient process**

“The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need.”

### **5. Partnership**

“The organisations that support me work together to achieve these outcomes. These organisations include Health and Social Care, other functions in statutory bodies such as councils or government, and the independent sector.”

### **6. Contributions**

“I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal Care and Support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes.”

- 2.14 As this is a 10 year framework quality standards and specific requirements may change during that time, The Council reserves the right to review and amend the Appendices during the term of the contract, including without limitation, to reflect changes to legislation and policy. Changes will be dealt with in accordance with the terms of the contract.

### **3. Commissioning Priorities**

- 3.1 Services and interventions need to be developed to tackle social isolation and loneliness, as well as to promote healthy lifestyles, physical exercise and self-care. These are all factors in precipitating a need for social care.

#### **3.2 Targeting more resources towards preventative and early intervention**

Good quality, timely services can significantly reduce or delay someone's need for Social and/or Health Care. We are seeking to broaden the scope of services available locally and promote higher levels of self-care, which will reduce the key drivers for people wanting to move out of their own homes i.e. loneliness and isolation.

#### **Increase efficiency and performance**

- 3.3 The Commissioning Partners envisage the increased use of digital recording, electronic monitoring systems, assistive technology, reporting mechanisms and other forms of digital/online innovation and communication. Providers will need to evidence that they are utilising assistive technology to enable people to live an independent life as possible.
- 3.4 The Commissioning Partners are intending to establish contractual arrangements under a ten year framework agreement, which will offer both sustainability and certainty for Providers and the flexibility to commission service enhancements and interventions as required during the lifetime of the contract.
- 3.5 Increased efficiency and performance are essential elements to all commissioned activity through this Framework.

#### **Support the Commissioning Partners' commitment to the improvement in staff pay and to grow the local economy**

- 3.6 Providers will ensure that employed staff achieve at least the National Minimum Wage / National Living Wage, as well as payment for their travel costs and other necessary and associated expenses.
- 3.7 The Commissioning Partners wish to work with Providers who recognise their Health and Social Care commitment to providing regular training for all Care and Support Workers to the necessary standard in order to provide a quality



service, at no cost to the individual Care and Support Worker and during work time. Training requirements will be detailed in the individual service specifications when mini competitions are released.

- 3.8 The Commissioning Partners recognise that nationally, many Care and Support Workers are paid the minimum wage and that zero hours contracts are applied. We also recognise that this in turn adversely affects recruitment and retention. In response we are working nationally, regionally and locally to raise the profile of care and support and increase capacity within the sector. As a result, we request that providers support us in addressing the recruitment and retention issues identified, through their policies and practices.
- 3.9 Providers will be required to demonstrate that employees pay and benefits is maintained in line with sector benchmarks, national legislation and increases in rates through the Dorset Care, Support, Housing and Community Safety Framework.
- 3.10 The Health and Social Care market is an important part of the local economy and predicted to grow as Health and Social Care needs increase. The number of people being cared for in their homes is increasing and this trend is set to continue. Providers will need to demonstrate through their local recruitment processes how they support social value.
- 3.11 The challenges of Dorset's rurality and the availability of staff can create problems in accepting and maintaining packages of care. The Commissioning Partners wish to work with Providers that will explore opportunities to work together to develop innovative solutions to local issues.

### **Social Value and Social Enterprise**

- 3.12 Providers will demonstrate how the service will meet objectives set out within the Social Value Act 2012 and benefit the wider local community i.e. what social value they will add through their management of the contract. Examples may include community engagement programmes, investment in the social care workforce, the provision of apprenticeships and work experience placements to local people, including those with disabilities.

<https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources>

- 3.13 The Commissioning Partners will want to work with Providers in order to promote employment opportunities and caring as a profession, by engaging with local education / training Providers.

### **Underpin choice, control and Personal Budgets**

- 3.14 There is a strong commitment to delivering Direct Payments and Personal Health Budgets across the Commissioning Partnership, which is aligned to a

clear understanding that they will only deliver improved choice, control and outcomes for Service Users if they are underpinned by good quality assessment and Care and Support planning. This is based upon the identification, expression and communication of Service User outcomes.

- 3.15 It is therefore crucially important that local people can access a range of Care and Support services in a timely way, which will enable them to continue living independently, irrespective of their source of funding.

### **All commissioned Services will Focus on Outcomes**

- 3.16 Care and Support Providers have a key role in delivering the four outcomes within the Performance Management for Adult Social Care. These are:
- Enhancing the quality of life for people with Care and Support needs
  - Delaying and reducing the need for Care and Support
  - Ensuring that people have a positive experience of Care and Support
  - Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

Outcomes will be identified in partnership with the individual who uses services through strength based assessment and care planning. Providers must ensure through their care and support planning process that services are delivered specifically to meet outcomes.

Providers must report to the referring social worker/case manager if outcomes are not being met.

### **Providers and Partnership working with the Voluntary Sector.**

- 3.17 There needs to be a focus on pathways that cross organisational boundaries. An individual who uses services should have access to a broad range of services that support delivery of outcomes. This will often include access to voluntary and community based services.

When developing care and support plans providers must consider the best use of resources and establish if access to other services will support improved outcomes.

Following the strengths based approach, care and and Support Providers are responsible for making sure the individuals they support are accessing community based resources as part of their wider care and support package, This approach maximises independence, maintains and improves the connection with the community and ensures bese value, it also needs to consider the benefit of local services such as libraries, swimming pools and

parks, as well as services provided by the voluntary sector. This will require strong links and good partnership working which will be facilitated and nurtured by the Commissioning Partners across Dorset.

### **Providers and Partnership working with Health**

- 3.18 Care and Support services have a key relationship and interdependencies with other professionals and organisations. These are sectors that help to support, oversee and regulate care provision and in themselves contribute to support and care across Dorset.

Providers must ensure they act responsibly and in a timely manner in ensuring individuals who use services have access to appropriate health interventions when required. This will include but is not exclusive:

- GP
- Dentistry
- Podiatry
- Specialist Nursing Input
- Mental Health Support
- Dietary

- 3.19 Wellbeing is central to all commissioned services, therefore Providers should ensure that their services can contribute to Public Health Outcomes (see <http://www.phoutcomes.info/>) and initiatives such as Making Every Contact Count (<http://www.makeeverycontactcount.co.uk/>).

## **4 Key Provider Competencies**

- 4.1 The competencies required of Providers are detailed below:

- All interventions will focus on the individuals strengths in order to develop skills, confidence and independence.
- Providers will demonstrate a commitment to ensuring equality of access for marginalised communities;
- The Provider will have clear operational guidelines and procedures for managing demand in place;
- Providers will have appropriately trained staff available to undertake risk assessments when a Service User's needs change and to put remedial actions as appropriate.

- Providers will have the capacity to provide a weekly snapshot of their available capacity and any other management information required by the Commissioning Partners;
- Where required the provider will complete the National Capacity Tracker
- Clear operational guidelines and procedures for identifying and managing risk need to be in place;
- Providers will demonstrate Service User involvement in service design, review, improvement and monitoring and will be able to evidence how services are co-produced.
- Providers will demonstrate how the interests and voice of the Service User is reflected in all aspects of service design and delivery;
- Providers will demonstrate social value in the development of all services and policies;
- Providers will take a person or family-centred approach;
- Providers will employ a differentiated approach to individual Service User;
- Providers will comply with the Equality Act 2010 and ensure that individuals who use services are not discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- Providers must take positive action if individuals report they are experiencing discrimination or harassment.
- Providers will have an understanding of outcome based approaches to Care and Support Planning; strength and asset based assessment/planning; and shall disseminate this through training and supervision to its workforce

### **Partnership Working**

- 4.2 Robust and detailed evidence of having successfully worked in partnership with a range of organisations.

### **Safeguarding people**

- 4.3 Able to demonstrate a good understanding and consistent application of procedures and processes for the protection of children and vulnerable adults; Appendix 2
- 4.4 Confident in the appropriate management of risk within services, where necessary as part of an inter-agency individual safeguarding plan;

- 4.5 Ability to proactively safeguard children, adults and families. See Appendix 2 for policies and procedures around safeguarding.

### **Resource Management**

- 4.6 An ability to use resources effectively, planning for capacity throughout the year.

### **Organisation and Employer**

- 4.7 A strong history of ethical behaviour;
- 4.8 Able to demonstrate excellence in financial management and contingency planning;
- 4.9 Proven track record in the management of information, innovation, people, performance, quality, and risk;
- 4.10 A record of delivering excellent customer service over a sustained period;
- 4.11 Able to demonstrate a good awareness of their current employee skill sets and those needed for this contract;
- 4.12 A proven commitment to continuous professional and personal development of its workforce;
- 4.13 A commitment to avoiding the utilisation of “zero hours contracts” unless doing so meets the needs of the employee;
- 4.14 A commitment to developing the role of Care and Support Workers as a career choice and as part of a development pathway to other Health and Social Care roles;
- 4.15 A realistic understanding of the balance of skills and qualifications required to deliver their proposed service model;
- 4.16 A proven track record of timely and high quality reporting on outcomes and financial management.

### **Community empowerment, social entrepreneurship and creating Social Capital**

- 4.17 An understanding of the need for individuals, communities and families to develop their own supportive networks;
- 4.18 A track record in Service User and Carer engagement and participation in design and delivery of services;

- 4.19 An awareness of, and the ability to link with, community based opportunities that may improve outcomes for the Service User.

### **Quality and Performance**

- 4.20 A proven history of effective self monitoring of the organisation's quality and performance of service delivery with a developed quality monitoring and reporting system.
- 4.21 A willingness to work in partnership with the Commissioning Partners and other Framework Providers to support the quality and performance of the Framework;
- 4.22 A full commitment to engaging with the Commissioning Partner's quality and monitoring standards and procedures where appropriate Appendix 11,12 & 13l.

### **Information technology**

- 4.23 A proven ability in the use of IT systems that support their work and facilitate the sharing of data with the Commissioning Partners;
- 4.24 Relevant experience of information governance.
- 4.25 Comply with National Legislation and local protocol requirements regarding confidentiality and information sharing between partner organisations and General Data Protection Regulations (GDPR 2018).

## **5 Service aims and outcomes**

- 5.1 This specification aims to support individuals who use services and those with Direct Payments or Personal Health Budgets to keep well and maximise their independence by providing the highest quality of Care and Support at home and in the community.

To support this aim, Providers will ensure that Individuals who use services are:

- Supported by their package of care to feel physically and emotionally safe in their own home and environments where Care and Support Services are provided
- Supported to have a reassessment of their needs where there is a risk that their outcomes will not be achieved or change and/or their condition and wellbeing deteriorates.
- Fully involved and consulted in the delivery of their care and support and that families, friends or a wider circle of support and included as required.

- Have clearly defined opportunities made available to them to engage in community leisure and social activities of their choice
- Supported and capable to continue in their role as a Carer or parent if appropriate.

5.2 Providers working with children would adopt and adhere to the inclusion vision of Dorset Council which includes:

- All children who are disabled and their families shall be empowered to live the lives they choose to live and shall be supported to achieve their full potential within the communities they live.
- To achieve this vision Dorset Council works towards removing the barriers to inclusion imposed by society which may prevent families and children who are disabled in achieving their full potential.
- All providers shall have clearly defined working practices and goals that effectively work to break down the barriers to inclusion experienced by children and young people who are disabled and their families.

## **6 Service User Involvement and Empowerment**

6.1 Service Users will have a central role in the management of their service including access to online care records, where available, kept by Provider, by the Service User and Advocates, Carer, family friend or Circle of Support as agreed by the Service User.

6.2 People wanting access to a service will be able to make an informed decision before accepting an offer and know about the Quality and range of services and support available to meet their needs and aspirations

6.3 There will be a commitment to empowering Service Users, building their confidence and supporting their independence.

6.4 Providers will ensure that a range of communication methods are utilised to ensure people who use services are well informed; can communicate their needs, aspirations and views and make informed choices.

6.5 Individuals who use services will be consulted about the services provided by the Provider and will be offered opportunities to be involved in their management. Providers will be expected to demonstrate how individuals have influenced the services being provided by the organisation as a whole.

6.6 Individuals who use services will be empowered to engage in the wider community and to develop social networks if that is their wish.

- 6.7 Individuals who use services will be consulted on all proposals which affect their service, including day to day changes and their views will have pre-eminence.
- 6.8 Providers will develop their service delivery for children with the input of service users who shall be encouraged and enabled to participate in the planning and development of their short breaks. Providers will be expected to adhere to the following principles:
- Provide a range of effective opportunities for children and young people, parents and carers to become involved in; service planning, design and delivery, to readily access and influence the decision-making structures of the service/organisation and to ensure that their contributions are fully recognised, valued and celebrated.
  - Provide and promote effective and timely training and development opportunities where relevant at all levels of the Provider's organisation, to develop staff skills around the active and influential participation of children and young people, parents and carers.

## **7 Policies, Procedures and Records**

- 7.1 All staff should be informed, understand and have access to all policies and procedures relevant to their service area.
- 7.2 The Provider maintains all records required for the protection of individuals, the Carers, Health and Safety and the efficient running of the business. These may be held in paper or secure digital format and should be made available to the Commissioning Partners at no additional cost.
- 7.3 The Provider must have appropriate recruitment and selection policy and procedures. The procedure will safeguard the Individuals and their relatives by ensuring that only competent, reliable and trustworthy staff are employed in the service and that they understand and have empathy with the varying needs of the client groups whom they are to serve.
- 7.4 New staff are confirmed in post only following completion of satisfactory checks and disclosures at an enhanced level in line with current legislation. These verification checks will include two written references (one should normally be from the immediate or last employer), POVA list / ISA, and the Disclosing and Barring Service (DBS). All staff should have valid DBS checks, or Enhanced DBS in the case of services being delivered to children and young people.
- 7.5 All staff must be supplied with written job descriptions, the organisation's grievance and disciplinary procedures and a staff handbook. The Provider must ensure that it follows the Commissioning Partners' equal opportunity



policy statement in the recruitment process of its workforce. This means Providers must recognise the impact of discrimination and take actions to reduce them and also ensure fairness towards colleagues and others in the community.

- 7.6 The Provider will provide suitable induction and training programmes for all staff in accordance with the service standards or any other relevant regulation or guidance and will identify and provide for on-going training needs.
- 7.7 The Provider will have in place staff Training and Development plans which shall support the delivery of services. Providers shall have access to a variety of training sources including those of the Commissioning Partners. Different lots in the framework will have different training requirements and this will form part of the quality and performance monitoring.
- 7.8 The Provider must have appropriate policies, procedures and systems in place:
- To ensure cover for staff sickness and other emergencies.
  - To ensure staff follow best practice guidance and be able to access “records” in the Individuals home when the Care and Support Worker helps with medication. There should also be a reporting audit so that Carers can inform the Provider if other people are helping the Service User with their medication in the Carer’s absence.
  - For the receipt of gifts. The Provider and their staff must not accept financial inducements, seek to be made the beneficiary of a will or obtain any other financial benefits from Service Users.
  - For the safe handling of Individuals money and property including payment of bills, pension collection, reporting the loss or damage to a Service User’s property whilst providing the Care and Support. All financial transactions undertaken on behalf of the Service User is recorded appropriately in the diary records at the Service User’s home or on the organisation’s own financial transaction sheet used for this purpose. All records must be signed and dated by Care and Support Worker(s) and by the Service User, if able to do so. The Provider must maintain duplicate records in the office.
  - To respond to and investigate any allegations of misconduct by staff that are detrimental to the well-being of the Service User.
  - Whistle blowing policy. Such misconduct or whistle blowing can be so serious that they could be deemed to be an allegation of Adult abuse. The Provider’s Adult Safeguarding procedure(s) must be compatible with the Pan Dorset Multi-Agency Safeguarding Procedures.
  - Ensure that consultation data and information is made available to Dorset Council and other partners.

7.9 The Provider's procedures must include responsibilities:

- To report suspected, alleged or observed abuse to the Safeguarding Team, Quality Monitoring Officer and relevant social work team immediately and follow the Pan Dorset Multi-Agency Safeguarding Policy and Procedures Appendix 2
- To co-operate fully with an Adult Safeguarding investigation; and
- To take measures to ensure the safety of other Vulnerable Adults when an allegation is made about a member of staff.

7.10 The Provider must be familiar with the Pan Dorset Multi-Agency Safeguarding Policy and Procedures. **See Appendix 2 Pan Dorset Multi-Agency Safeguarding Policy and Procedures.**

## 8 Workforce

8.1 Whilst not an exclusive list, Care and Support Workers will be expected to demonstrate the following:

- An ability to positively engage with people who are using the service and their families
- Communicate in an open, and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers
- An ability to work collaboratively with others where an individual's Care and Support Plan involves a number of differing roles and contributions to a Service User's care;
- An understanding of basic infection control and hygiene to minimise the risk of cross contamination and spread of infection, e.g. Covid 19
- Utilise Personal Protective Equipment where appropriate
- Willingness to listen to and act upon feedback received including from the individual about how they would like to be supported;
- To welcome training and development opportunities and be able to take responsibility for their own learning, including raising the need for training and support where an individual's care would be affected;
- Ability to recognise risk, report concerns and work with Individual to positively manage the risks in their lives;
- To understand safeguarding and the balance between keeping people safe within the promotion of active and engaged lifestyles and the role that the Commissioning Partner has;

- Understand the core principles of dignity, respect, choice and control and their role in these;
  - Understanding of behaviour which may be considered 'strange' or 'unusual' or that which may challenge personal beliefs and norms;
  - Understanding of the Mental Capacity Act (2005), Deprivation of Liberty Standards (DoLS) or other relevant statutory guidance Liberty Protection Safeguards (LPS) ;
- 8.2 Providers will identify within recruitment process the extent to which potential Care and Support Workers evidence:
- Caring
  - Kindness
  - Observant
  - Diligence
- 8.3 Providers delivering Care and Support Services, as defined by the Care Quality Commission, must ensure that they have the appropriate registration in place.

## **9 Data and intelligence**

- 9.1 Service Providers shall at all times ensure that their data and information governance is compliant with national Data Protection laws, GDPR, this is covered in detail in the Framework Terms and Conditions.
- 9.2 The Service Provider shall register, where appropriate, with the Skills for Care National Minimum Data Set for Social Care (NMDS-SC) and complete the following:
- The NMDS-SC organisational record and update this data at least once per financial year.
  - Fully complete the NMDS-SC individual staff records for a minimum of 90% of the staff, including updating these records at least once per financial year.
  - Apply for funds to support workforce development from Skills for Care. The Service Provider shall retain records that ensure they can demonstrate their performance under this contract.
  - Records will show resource inputs, organisational processes and outcomes related to the Service and Service Users.

- The Service Provider must participate in any survey of Adult Social Care employees organised by the Authority or Skills for Care.
- The Service Provider will be required to provide to the Authority, as required and within reason, additional workforce related data not covered by the NMDS-SC and other established methods of data collection.

## **10 Business Continuity**

10.1 The Service Provider must have a business continuity plan in place to ensure the delivery of the service is continuous and consistent for the benefit of Service Users. A copy of the business continuity plan should be sent to the Commissioning partners. The Service Provider must ensure that the business continuity plan is able to deal with the following non-exhaustive list of issues that could impact upon the delivery of the service:

- Staff absences
- Financial resource management
- Administration and management
- Core IT system failure
- Adverse weather conditions e.g. snow, flooding and storms
- Pandemic
- Complaints and regulatory intervention
- Business transfer or sale.

10.2 Service Providers must ensure that they have systems in place to maintain service delivery in the event that their own premises are inoperable. These systems must include access to Service User records and care plans; and any required equipment and supplies.

10.3 Providers should encourage all staff to have an annual flu vaccination for their own protection and that of service users.

## **11 Subcontracting**

11.1 Sub-contracting arrangements may not be entered into in respect of the services detailed within this specification without the prior agreement of the Commissioning Partners. Where a Provider sub-contracts the provision of all or part of the service(s), it remains the responsibility of the Provider to ensure that the same standards of enabling, outcome focused and person centred support are maintained by any sub-contractor and their staff.

11.2 Temporary and agency staff are considered to be directly employed by the Provider for the purposes of this specification.

## **12 Safeguarding**

12.1 The Care Act 2014, Chapter 14 Sections 42 – 46 sets out guidance on how local agencies should work together to ensure a coherent policy exists for the protection of vulnerable adults. N.B. Details regarding the safeguarding and protection of young people and children are contained within Appendix 2.

12.2 Commissioning Partners have the responsibility for coordinating the response to Adult Safeguarding alerts locally. Adult Abuse is nationally defined as:

- Physical abuse including hitting, pushing, rough treatment, misuse of medication, restraint;
- Any type of sexual exploitation;
- Psychological abuse including intimidating behaviour, humiliation, blaming, controlling, harassment, verbal abuse, threats to withdraw Services;
- Financial or material abuse including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- Neglect of the Service User's Care needs, safety and comfort; and
- Discriminatory abuse including racist, sexist, that is based on a person's disability and other forms of harassment, modern slavery, slurs or similar treatment.

12.3 It is the policy of the Commissioning Partners and of all of its partner agencies to take a robust approach to the elimination of the abuse of Vulnerable Adults, including the involvement of the police in situations where a possible crime has been committed.

12.4 Providers should follow the new interagency procedures and staff should be trained on these as they contain detailed instructions on Provider responsibilities and sanctions.

12.5 There may be periods of time during which all activities with a particular agency may be suspended pending Adult Safeguarding inquiries, notwithstanding the terms of the Framework Agreement.

12.6 The Providers are to encourage Service Users to provide information as and when necessary in any instance that they feel they are being mistreated or abused.

- 12.7 The Provider must ensure that robust arrangements are in place to safeguard Service Users from any form of abuse or exploitation as detailed in Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including physical, financial, psychological or sexual abuse, neglect, discriminatory abuse, self-harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance.
- 12.8 The Provider has a responsibility to safeguard Service Users in accordance with CQC Essential Standards Outcome 7 and the Care Act 2014, and comply with the government guidance: Working Together to Safeguard Children 2015. The Service Provider must have in place policies and procedures for identifying and dealing with the abuse of vulnerable people which are complementary to the Pan Dorset Policies and Procedures for Safeguarding Adults and Children.
- 12.9 The Provider must also comply with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 – Duty of Candour to ensure its safeguarding practice promotes openness, transparency and trust.
- 12.10 The Provider must ensure that policies and procedures are covered in employee induction and fully understood by staff. All staff must be given an initial understanding of their safeguarding duties within their first week of employment.
- 12.11 Comprehensive training on awareness and prevention of abuse must be given to all staff as part of their core induction within three months and updated at least annually. In addition, update training will be provided in light of new policies and procedures introduced either locally or nationally.
- 12.12 The Service Provider will minimise the risk and likelihood of incidents occurring by:
- Ensuring that staff and Service Users understand the aspects of the safeguarding processes that are relevant to them
  - Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed
  - Ensuring that Service Users are aware of how to raise concerns of abuse
  - Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern
  - Having effective means of receiving and acting upon feedback from Service Users and any other person
  - Having a whistleblowing policy and procedure in place

- Taking action immediately to ensure that any abuse identified is stopped and suspected abuse is addressed by:
  - having clear procedures that are followed in practice, monitored and reviewed, and take account of relevant legislation and guidance for the management of alleged abuse
  - separating the alleged abuser from Service Users and others who may be at risk or managing the risk by removing the opportunity for abuse to occur, where this is within the control of the Service Provider
  - reporting the alleged abuse to the appropriate authority
  - reviewing the Service User's Care and Support Plan to ensure that they are properly supported following the alleged abuse incident
- Using information from safeguarding concerns to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance
- Working collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and having safeguarding policies that link with local authority policies
- Having clear procedures followed in practice, monitored and reviewed in place about the use of restraint and safeguarding
- Taking into account relevant guidance set out by the CQC
- Ensuring that those working with Service Users wait for a full Disclosure and Barring Service disclosure before starting work
- Training and supervising staff in safeguarding to ensure they can demonstrate the necessary competences.

See <https://www.dorsetforyou.gov.uk/dorsetsafeguardingadultsboard>, for information about the Dorset Safeguarding Adults Board including policy and procedures.

## **13 Mental Capacity Act 2005 and Liberty Protection Safeguards (LPS)**

- 13.1 Where appropriate, providers must at all times, comply with the requirements of the Mental Capacity Act and Liberty Protection (Safeguards legislation and follow the guidance within the Code of Practice. Copies of the Code of Practice should be available for staff to reference at all times. The legislation provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. It makes it clear who can take

decisions in which situations, and how they should go about this. It also allows Service Users to plan ahead for a time when they may lack capacity.

- 13.2 It covers major decisions about Service User's property and financial affairs, Health and Social Care, medical treatment and where the Service User lives, as well as everyday decisions about personal care such as what the person eats, where the Service User lacks capacity to make those decisions themselves.
- 13.3 The following are the five key statutory principles:
- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
  - A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
  - Just because a Service User makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
  - Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
  - Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.
- 13.4 Providers must evidence that they have followed the legal procedures whenever a decision needs to be made by:
- carrying out the single clear test for assessing whether a person lacks capacity to make a particular decision at a particular time, if there are doubts about their capacity to do so
  - following a non-exhaustive checklist of factors that decision-makers must work through in deciding what is in a person's best interests.
- 13.5 Providers must be aware that the Mental Capacity Act offers statutory protection from liability where a person is performing an act in connection with care or treatment of someone who lacks capacity, providing they have reasonable belief that the Service User lacks capacity in relation to the matter in question and that they have reasonable belief that the action they have taken is in the person's best interests.
- 13.6 Providers must make every effort to ensure the Service User is aware of their rights to plan ahead by considering the appointment of an Attorney to act on their behalf if they should lose capacity in the future and consideration of making an advance decision to refuse treatment should they lack capacity in the future. The Act sets out clear safeguards for the making and application of



an advance decision and it would be advisable to involve the person's medical practitioner.

- 13.7 Providers need to be aware that the Mental Capacity Act introduced two new criminal offences of ill treatment and wilful neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for up to five years.
- 13.8 Providers need to ensure they refer for an Independent Mental Capacity Advocate (IMCA) as required under the legislation. An IMCA is someone appointed to support a person who lacks capacity but has no one to speak for them, such as family or friends. IMCAs must be involved when there are decisions about serious medical treatment or a change in the person's accommodation where it is provided by the NHS or a Local Authority, but may be involved where there are safeguarding issues or when it is seen to be beneficial at Care and Support reviews.
- 13.9 Providers must ensure that they comply with Section 6 of the Mental Capacity Act should they need to restrict or restrain a resident who lacks capacity to understand the need to protect themselves from harm, in their best interests. The person taking the action must:
- reasonably believe that the restriction or restraint is necessary to prevent harm to the person who lacks capacity, and
  - the amount or type of restriction or restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm.
- 13.10 If the Provider believes that the restrictions and / or restraints placed on a resident who lacks capacity to understand their need for this level of intervention amount to a deprivation of their liberty, then they must follow the legal process as defined within the Deprivation of Liberty Safeguards legislation, with reference to the guidance in the Code of Practice. Within the legislation, care homes and hospitals are referred to as Managing Authorities and Local Authorities and Primary Care Trusts as Supervisory Bodies.
- 13.11 Care and Support Plans must be regularly reviewed to determine whether the cumulative result of any necessary restrictions and restraints in the Care and Support Plan, made in the Service User's best interests, amount to what might be thought to be a deprivation of liberty.
- 13.12 Care and Support Plans must be reviewed regularly to consider whether there are less restrictive measures which could be in place whilst maintaining the necessary safeguards which are proportionate to the risk of harm. An approach will need to be made to the Court of Protection if the Service User is living at home or within a supported living environment or to the relevant Supervisory Body should they be admitted to a care home or hospital.

13.13 The Provider must ensure that a Senior Manager is always available to take responsibility for this legal process or that responsibility has been delegated to a staff member who fully understands the process so that resident's rights can be safeguarded at all times.

## **14 Fair Access, Diversity and Inclusion**

14.1 Providers will demonstrate a commitment to fair access, fair exit, diversity and inclusion, and will ensure Service Users are well-informed about their rights and responsibilities under legislation.

## **15 Legal proceedings**

15.1 The Provider is expected to be cooperative in all legal proceedings and enquiries that may be related to this specification terms at all times. The Provider must also inform the responsible Commissioning Partners of any information it might have that may lead to further inquiries by control authorities. The Provider must ensure that the responsible Commissioning Partners are aware of any legal proceeding it may have at any point in time.

Appendix 1

LOTS Number	Name of Lot	Service Description	Entry Requirements
1	<b>Care and support at Home</b>	<p>Includes but not limited to all aspects of regulated care and support delivered in an Individual’s home or specialist accommodation setting, on a planned or unplanned basis. Care and support can range from short term, rapid and crisis response, home based intermediate care to long term care and support. All care and support will be delivered in a strengths-based way ensuring that the Individual’s outcomes are met. We are moving away from time and task models to more flexible outcomes-based models giving Individuals the opportunity to improve their confidence and independence. The care and support will include personal care and the provider will ensure that their staff are suitably trained to meet the needs of all Individuals.</p> <p>Dorset wish to develop the role of ‘Trusted Practitioner’* whereby the provider will risk assess and review the needs of the Individual and look to reduce the need for formal care and support. The ‘Trusted Practitioner’ will have sufficient training to ensure they have the skills required.</p> <p>*Details of training required for ‘Trusted Practitioner’ will be detailed in the further competition documents.</p> <p>It is envisaged that Providers will already have a registered office in neighbouring authorities or within 20 miles of Dorset, however, if you are successful in coming on the framework and onto the Lot the commissioning partners will expect you to find office space in neighbouring authorities or within 20 miles of Dorset within 6 months.</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> </ul>
2	<b>Live in Care DC &amp; CCG</b>	<p>Includes but not limited to all aspects of regulated care and support delivered in an Individual’s home on a planned or unplanned basis. Care and support can range from short term, rapid and crisis response, home based intermediate care to long term care and support. All care and support will be delivered in a strengths-based way ensuring that the Individual’s outcomes</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> </ul>

		are met. Carers will be expected to reside in the Individual's home and be able to deliver personal and other care and support throughout the day. The night provision will be a sleeping night where the carer will not be expected to be awoken more than twice in any one night. The carer is entitled to two hours break every day where they can leave the home. Carers should work with the Individual to support them to improve their confidence and independence.	
--	--	--	--

3	<b>Roaming Nights</b>  <b>DC &amp; CCG</b>	<p>Providers will be able to mobilise workers to cover Dorset and to react to calls from the Council, SWAST, 111 and / or other System Partner. Providers will ensure that the vehicles have mobile lifting equipment for non-injury falls, and other appropriate equipment or assistive technology as deemed necessary. The staff will be suitably trained in the use of such equipment. Care and support from this service will include but not limited to welfare checks, toileting, catheter adjustments, helping up from a fall and turning to ensure skin viability etc.</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated 'good' or 'outstanding'</li> </ul>
4	<b>Crisis Response to support hospital discharge and admission avoidance</b>  <b>DC &amp; CCG</b>	<p>This service will be a short-term intervention for Individuals who are at risk of hospital admission and/or discharged from hospital. These services must accept Individuals within two hours of referral and care and support will be delivered in a strengths-based way. These services will be time- limited and it is expected that individuals will either not require on-going care and support or it will be at a reduced level by the end of the intervention. There will be an element of 'Trusted Practitioner' whereby the provider will risk assess and review the needs of the Individual and look to reduce the need for formal care and support. The 'Trusted Practitioner'*will have sufficient training to ensure they have the skills required.</p> <p>*Details of training required for 'Trusted Practitioner' will be detailed in the further competition documents</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated 'good' or 'outstanding'</li> </ul>
5	<b>Extra Care</b>  <b>Dorset Council only</b>	<p>In Dorset a scheme is defined as extra care accommodation if it contains self-contained apartments and communal facilities, offers hot meals on site, and has an on-site care team available 24/7. The schemes are designed to accommodate people</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC 'good' or 'outstanding'</li> </ul>

		<p>with a wide range of care needs, up to and including end of life care, it can also include people with a Learning Disability or Mental Health issue, and can cater for adults of all ages where the Extra Care environment is deemed appropriate</p> <p>This service will provide care and support within the Extra Care settings. Includes but not limited to all aspects of regulated care and support delivered in an Individual's home, on a planned or unplanned basis. Care and support can range from short term, rapid and crisis response, home based intermediate care to long term care and support. All care and support will be delivered in a strengths-based way ensuring that the Individual's outcomes are met. We are moving away from time and task models to more flexible outcomes-based models giving Individuals the opportunity to improve their confidence and independence. The care and support will include personal care and the provider will ensure that their staff are suitably trained to meet the needs of all Individuals. There will be a core support element which will include day and night-time cover as well as individual care and support.</p>	
6	<p><b>Care Home Services – short term services, all adults including older people - planned and emergency respite care; bed-based intermediate care;</b></p>	<ul style="list-style-type: none"> <li>• For all adults, including older people, in residential care homes with and without nursing, with specialisms and the capability to care for people with dementia, general frailty, behaviours that challenge and complex needs</li> <li>• Planned and emergency respite care - ability to provide short stays that give a restorative break and lend assurance to both the service user and</li> </ul>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated 'good' or 'outstanding'</li> </ul>

	<p><b>DC &amp; CCG</b></p>	<p>their family / Next of Kin (NOK) /informal carers, or to cover gaps in paid support at home in an emergency. Personalised care and a service model that adapts to the short-term nature of placement and the needs of the person, essential.</p> <ul style="list-style-type: none"> <li>• Bed-based intermediate care - personalised care, a strengths-based approach and a service model that adapts to the short-term nature of placement and the needs of the person, essential. Care homes need to demonstrate understanding of the nature and purpose of intermediate care, commitment to supporting and enabling people to return home / maximise independence and the willingness and ability to work collaboratively with other health and social care professionals towards this aim.</li> </ul> <p>Please note-this lot does not include LD and Mental Health refer to lot no 13 and 14</p> <p>Providers to note, whilst predominantly these services will be needed for older people, for some people whose care is commissioned by NHS Dorset Clinical Commissioning group they could be all age adults.</p>	
7	<p><b>Care Home Services – long term placements, all age adults aged over 65</b></p> <p><b>Not LD &amp; MH</b></p>	<ul style="list-style-type: none"> <li>• For older people, in residential care homes with and without nursing, with specialisms and the capability to care for people with dementia, general frailty, behaviours that challenge and complex needs</li> <li>• Ability to provide permanent placements, including trial periods where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated ‘good or outstanding’*</li> </ul>

	<b>DC &amp; CCG</b>	<p>Personalised care and a strengths-based approach that adapts to the needs of the person, essential.</p> <p>Providers to note, whilst predominantly these services will be needed for older people, for some people whose care is commissioned by NHS Dorset Clinical Commissioning group they could be all age adults.</p>	
8	<p><b>Care Home Services – long term placements, adults aged under 65 with physical disabilities and / or sensory impairment(s)</b></p> <p><b>DC only, exception is any nursing care placements where CCG contribute Funded Nursing Care</b></p>	<ul style="list-style-type: none"> <li>• For adults aged under 65, in residential care homes with and without nursing, with specialisms and the capability to care for people with physical disabilities and / or sensory impairments</li> <li>• Ability to provide permanent placements, including trial periods where appropriate. Personalised care and a strengths-based approach that adapts to the needs of the person, essential.</li> </ul>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’*</li> </ul>
9	<p><b>Support at home – learning disability, physical disability, and autism</b></p> <p><b>DC &amp; CCG</b></p>	<p>The provider will be skilled and experienced in supporting adults with a learning disability, physical disability and/or autism.</p> <p>Support includes but is not limited to all aspects of regulated and non-regulated care and support delivered in an Individual’s home or specialist accommodation setting, on a planned or unplanned basis. Support can range from short term, respite or crisis response to long term care and support arrangements, and may include elements of night</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• *Providers to note if your service is not registered with the CQC you can also apply to join this lot*</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> <li>• Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>



		<p>cover, and delivery of core or group hours where appropriate.</p> <p>The provider will be expected to work in a strengths-based way which focuses on individual outcomes, personal choice and promoting independence.</p> <p>The provider will be required to ensure staff are trained and experienced in meeting the needs of the individual, which may include:</p> <ul style="list-style-type: none"> <li>- Managing medication</li> <li>- Supporting people with complex health conditions for example epilepsy and PEG feeding</li> <li>- Supporting people with behaviour which may challenge others or property</li> <li>- Supporting people with communication needs for example adults who are non-verbal or who may have a sensory impairment</li> <li>- Developing and delivering positive behavioural support plans</li> <li>- Knowledge of the legal frameworks including mental capacity act and Liberty Protection Standards (LPS).</li> <li>- Understanding of just enough support and promoting individual progression</li> </ul> <p>There will be an expectation that the service provider will utilise assistive technology to increase independence and reduce the need for staff intervention, build a culture and ethos which encourages independence and growth without compromising safety, and a commitment managing</p>	
--	--	--	--

		<p>staff time creatively and flexibly to meet the needs of the individual being supported.</p> <p>It is envisaged that Providers will already have a registered office in neighbouring authorities or within 20 miles of Dorset, however, if you are successful in coming on the framework and onto the Lot the commissioning partners will expect you to find office space in neighbouring authorities or within 20 miles of Dorset within 6 months.</p>	
10	<p><b>Support at home – mental health and autism</b></p> <p><b>DC &amp; CCG</b></p>	<p>The provider will be skilled and experienced in supporting adults with mental illness, personality disorder and/or autism.</p> <p>Support includes, but is not limited to, all aspects of regulated and non-regulated care and support delivered in an Individual’s home or specialist accommodation setting, on a planned or unplanned basis. Support can range from short term, respite or crisis response to long term care and support arrangements, and may include elements of night cover, and delivery of core or group hours where appropriate.</p> <p>The provider will be expected to work in a strengths-based way which focuses on individual outcomes, personal choice and promoting independence. Dorset Council is embedding a recovery focused approach and providers will be expected to have demonstrable experience in this approach</p>	<ul style="list-style-type: none"> <li>• CQC registered*</li> <li>• *Providers to note if your service is not registered with the CQC you can also apply to join this lot*</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> <li>• Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>

		<p>The provider will be required to ensure staff are trained and experienced in meeting the needs of the individual, which may include:</p> <ul style="list-style-type: none"> <li>- Supporting people with complex mental health presentation, including personality disorder, dissociative disorder, and psychosis</li> <li>- Managing medication</li> <li>- Supporting people with behaviour which may challenge others or property</li> <li>- Supporting people with specific communication needs</li> <li>- Supporting people who may disengage from services</li> <li>- Developing and delivering positive behavioural support plans</li> <li>- Knowledge of the legal frameworks including mental capacity act and LPS</li> <li>- Understanding of just enough support and working in a recovery focused model</li> </ul> <p>There will be an expectation that the service provider will utilise assistive technology to increase independence and reduce the need for staff intervention, build a culture and ethos which encourages independence and growth without compromising safety, and a commitment managing staff time creatively and flexibly to meet the needs of the individual being supported.</p> <p>It is envisaged that Providers will already have a registered office in neighbouring authorities or within 20 miles of Dorset, however, if you are successful in coming on the framework and onto the Lot the commissioning partners will expect you to find office</p>	
--	--	--	--

		space in neighbouring authorities or within 20 miles of Dorset within 6 months.	
11	<p><b>Support at home – bespoke and specialist</b></p> <p><b>DC &amp; CCG</b></p>	<p>The provider will be skilled and experienced in supporting adults with very specialist support needs, who may have a learning disability and/or mental illness and/or autism; and who may be at risk of hospital admission, have a significant history of placement breakdown or being discharged from a hospital setting.</p> <p>Support includes, but is not limited to, all aspects of regulated care and support delivered to an individual in their own home, which will often be a specialist environment. Support will most often be on a long-term basis with the expectation that support packages will reduce over time and will include both day and night- time cover.</p> <p>The provider will be expected to work flexibly and creatively in a strengths-based way which focuses on individual outcomes, personal choice, and independence, whilst managing proactively managing risk. Need to work in a Multi-disciplinary team (MDT) approach with other stakeholders.</p> <p>The Support provider will be skilled at recruiting and retaining experience staff offering comprehensive training and supervision. The provider will be able to develop and deliver positive behavioural support plans with staff trained in positive behavioural support and identified leads within the organisation. Staff will be able to work in a solution focused way, with</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’</li>   <li>• Providers will make a declaration of their staff being trained to a Minimum PBS level 3 and to have been trained and have the ability to manage behaviour that challenges, including de-escalation and physical intervention where required. (validated at point of preferred provider status following further competition).</li> </ul>

		<p>experience of working with people who may have communication needs and a clear understanding of the relevant legal frameworks including mental capacity and LPS.</p> <p>Training around communication approaches such as Makaton or Easy Read</p> <p>Delivery training for staff</p> <p>It is envisaged that Providers will already have a registered office in neighbouring authorities or within 20 miles of Dorset, however, if you are successful in coming on the framework and onto the Lot the commissioning partners will expect you to find office space in neighbouring authorities or within 20 miles of Dorset within 6 months.</p>	
12	<p><b>Forensic</b></p> <p><b>DC &amp; CCG</b></p>	<p>This community social care service provider will support people who may have a mental health condition, learning disability and/or autism alongside forensic histories. They will work in partnership with specialist mental health and learning disability services and statutory agencies to deliver accommodation based or outreach support, which is safe and responsive support. The service provider may be required to support people leaving secure settings.</p> <p>The support provider will need to demonstrate experience of working with this client group safely whilst facilitating the achievement of individual outcomes for people. The provider will ensure staff are appropriately trained and experienced to meet needs of the client group (e.g. risk management)</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated 'good' or 'outstanding'</li> <li>• Providers will make a declaration of their staff being trained to a Minimum PBS level 3 and to have been trained and have the ability to manage behaviour that challenges, including de-escalation and physical intervention where required. (validated at point of preferred provider status following further competition).</li> </ul>

		<p>The provider will support the recovery and progression to maximise independence whilst working within the legal framework applicable</p> <p>It is envisaged that Providers will already have a registered office in neighbouring authorities or within 20 miles of Dorset, however, if you are successful in coming on the framework and onto the Lot the commissioning partners will expect you to find office space in neighbouring authorities or within 20 miles of Dorset within 6 months.</p>	
13	<p><b>Residential – LD and autism</b></p> <p><b>DC &amp; CCG</b></p>	<p>This service will provide care and support in terms of personal care, emotional and behavioural support for clients with LD / PD / Autism within residential care settings. Residential care should form part of an intervention and not be the long-term solution. All care and support will be delivered in a strengths-based way ensuring that the Individual’s outcomes are met. We are moving away from time and task models to more flexible outcomes-based models giving Individuals the opportunity to improve their confidence and maximise independence. The care and support will be provided to people with a range of learning and physical disabilities, and or autism so the provider will ensure that their staff are suitably trained to meet the needs of all individuals in a person-centred manner. The provider is expected to work with the resident, their families and support networks to develop and adapt support as required, e.g. progression planning and crisis management.</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> </ul>

		<p>Providers to note, for specific people there may need to be occasional long-term placements, this service may not be required for the Council but for NHS Dorset Clinical Commissioning group</p> <p>Dorset Council may choose to commission residential placements via the SWADASS agreed protocol for residential placements</p> <p>Providers to work with people, where feasible, to step down from this type of care to their own tenancy.</p>	
14	<p><b>Residential – mental health and autism</b></p> <p><b>DC &amp; CCG</b></p>	<p>This service will provide care and support in terms of personal care, emotional and behavioural support for clients with Mental Health issues within residential care settings. Residential care should form part of an intervention and not be the long-term solution. All care and support will be delivered in a strengths-based way ensuring that the Individual’s outcomes are met. We are moving away from time and task models to more flexible outcomes-based models giving Individuals the opportunity to improve their confidence and maximise independence. The care and support will be provided to people with a range of mental health conditions, and or autism so the provider will ensure that their staff are suitably trained to meet the needs of all individuals in a person centred manner whilst focusing on a recovery approach. The provider is expected to work with the resident, their families and support networks to develop and adapt support as required, e.g. recovery planning and crisis management.</p> <p>Focus for providers is crisis prevention, recovery and move on.</p>	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> </ul>

		Providers to note, for specific people there may need to be occasional long-term placements, this service may not be required for the Council but for NHS Dorset Clinical Commissioning group	
15	<b>Respite (adults with a Learning Disability, Mental Health or Autism)</b>  <b>DC &amp; CCG</b>	As Lot 13 and 14, but emphasis on support around the individual maintaining and developing their social network and skills outside of the respite setting. Respite should be part of the continuous pathway that supports individuals to develop the skills and confidence to live as independently as possible. Respite provision must continue to build on the work in place by other provision. Respite can include overnight stays pre booked or in an emergency. It will also include short breaks in the day.	<ul style="list-style-type: none"> <li>• CQC registered</li> <li>• CQC rated 'good' or 'outstanding'</li> </ul>
16	<b>Steps to Independence (transitions – all ages)</b>  <b>DC &amp; CCG</b>	The Steps 2 Independence (S2I) Pathway supports adults with learning disabilities to become more independent. The pathway provides time limited support and is aimed at delaying or reducing requirements for care and support. Improving independence by developing life skills, so less help is needed. People supported are engaged and connected in local communities and have increased independence this could be making new friends, getting fit or active, or travelling independently. There is a focus on increased use of technology where appropriate. If ongoing support is required, it will be "right size" a package of support that provides just the right amount of support to enable a good life.	<ul style="list-style-type: none"> <li>• Provider not undertaking regulated activity will not be required to be registered with CQC.</li> <li>• For regulated activity the provider must be CQC registered and be CQC rated 'good' or 'outstanding'</li> <li>• Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>
17	<b>Living Well – Community Safety</b>	The Community Safety Team at Dorset Council works with a wide range of services and partners to tackle	



	<b>DC only</b>	key community safety issues. Those include things like modern slavery, sexual violence and domestic abuse, amongst others. From time to time the team may commission services that aim to help tackle these issues and likely to require the provision of helplines, advice, information and guidance, referral to other appropriate services, provision of support and safe accommodation, pattern changing and other relevant workshops, training, education and awareness raising.	<ul style="list-style-type: none"> <li>Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>
<b>18</b>	<b>Living Well- Accommodation Housing Management</b>  <b>DC Only</b>	<p>To support the provision of ‘hostel’ style supported accommodation, we will at times need to commission housing management services that may also include a support option, but will need to include the following landlord support and health and safety services:</p> <ul style="list-style-type: none"> <li>• carrying out repairs and maintenance</li> <li>• tenancy related support</li> <li>• housing management costs</li> <li>• rent setting</li> <li>• void management and costs</li> <li>• gas safety checks</li> <li>• electrical safety checks</li> <li>• CCTV</li> <li>• fire risk assessments</li> <li>• provision and/or replacement of white goods and furniture</li> <li>• security</li> <li>• water sewerage</li> <li>• water safety testing</li> </ul>	<ul style="list-style-type: none"> <li>Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>

19	<p><b>Living Well – Housing related support services</b></p> <p><b>Housing lot</b></p> <p><b>DC Only</b></p>	<p>Housing related support services have traditionally provided tenancy-related support to vulnerable people. This includes:</p> <p><b>supported accommodation</b> such as housing for vulnerable people who are homeless or insecurely housed and for those escaping domestic violence and abuse</p> <p><b>floating support</b> providing short term crisis intervention for people at risk of losing their home, and people facing multiple exclusions</p> <p><b>Community Resource Centres</b></p> <p>This includes but is not limited to:</p> <p>Supported accommodation such as hostels and refuges/safe accommodation which would include housing management and supportive key working provision</p> <p>Community based resource centres – advice and support hubs in key areas of need</p> <p>Housing First – dedicated holistic wraparound support for people facing multiple exclusions who do not thrive in shared accommodation, funding linked to the person</p> <p>Supported Tenancies – holistic support for people facing multiple exclusions who do not thrive in shared accommodation, funding linked to the accommodation</p> <p>Outreach support to those sleeping rough</p> <p>Floating support offering tenancy related support to start up or maintain tenancies</p>	

20	<p><b>Complex care – Domiciliary CCG</b> CCG only</p>	<ul style="list-style-type: none"> <li>• The service will be provided for both adults and children who are currently Continuing Health Care eligible and will be in accordance with the Agreed Health Care Outcome Plan.</li> <li>• The provider is required to provide domiciliary care for children and adults whose packages need a Registered nurse either to provide the care or oversee the care. Some packages may need a paediatric specialist or mental health specialist. All staff must be appropriately qualified.</li> <li>• The service is to be provided 24 hours a day 7 days a week.</li> <li>• The provider shall support the individual to make informed choices about their care as per the NHS constitution</li> <li>• The provider must be CQC registered and in the relevant service band(s) for working with children</li> <li>• Pricing: The provider will have to complete a blank template and the CCG will first approach those providers who are best value for money.</li> <li>• The provider will sign the NHS Terms and Conditions</li> </ul>	<ul style="list-style-type: none"> <li>• The provider will need to complete and pass an Organisation Assessment form</li> <li>• The provider must employ Registered general nurses.</li> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> </ul>
21	<p><b>Progressive Degenerative Diseases CCG</b> CCG Only</p>	<ul style="list-style-type: none"> <li>• The service will be provided for both adults and children who are currently Continuing Health Care eligible and will be in accordance with the Agreed Healthcare Outcome Plan.</li> <li>• The provider will offer care at the individual’s home and will be expected to increase provision as the needs of the individual increases due to the progressive nature of the</li> </ul>	<ul style="list-style-type: none"> <li>• The provider will need to complete and pass an Organisation Assessment form.</li> <li>• CQC registered</li> <li>• CQC rated ‘good’ or ‘outstanding’</li> </ul>

		<p>disease and have the necessary qualified staff to provide the service at the different stages (E.g. commencement with Health Care Assistant support moving over time to RGN support). Such diseases are Motor Neurone Disease, Parkinson’s disease, Huntingdon’s disease. This list is not exhaustive.</p> <ul style="list-style-type: none"> <li>• Initially the individual will require a low level of need, but this can quickly escalate, and the provider must be able to adapt and provide for the varying level of needs by an appropriately qualified health professional,</li> <li>• The individual will require visits of agreed duration at various times of the day including Waking or Sleeping Night care or, in some cases, care is provided over a full 24-hour period.7 days a week.</li> <li>• The provider shall support the individual to make informed choices about their care as per the NHS constitution</li> <li>• The provider must be CQC registered</li> <li>• The provider will sign the NHS Terms and Conditions.</li> </ul>	
22	<p><b>Support for Carers</b></p> <p><b>DC only</b></p>	<p>This lot will provide strength-based and holistic support services for Carers regardless of age and where they are on their Carers journey. This involves: understanding the range of support offers available to carers, developing strong referral networks, understanding the pressures carers face, understanding safeguarding approaches,</p>	<ul style="list-style-type: none"> <li>• Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>

		<p>understanding flags indicating carer wellbeing, preventing carer breakdown, and intervening in a timely way.</p> <p>The successful bidder would need to be able to deliver community based floating support.</p>	
23	<p><b>Direct Payment and Individual Service Fund Support services including CCG PHB's</b></p>	<p><b>Direct Payment/Personal Health Budget Lot</b></p> <p>Impartial, non-judgemental, and non-discriminatory service. These services will include a range of provision to support people (including Children) and Adult Social Care/Personalised Health Care operational staff. Enabling easier take up of Direct Payments/Personalised Health Budget's or Individual Service Funds supporting people to exercise choice and control over their care and support.</p> <p>Services may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Advice Guidance and Support.</li> <li>• Expert financial support which may include a Holding Account, Payroll Prepaid Cards.</li> <li>• Expert HMRC and employment knowledge and advice to support people to employ directly or recruit self-employed Personal Assistants.</li> <li>• The operation of a PA register</li> </ul>	<p>We would expect providers to have the following policies:</p> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• DBS</li> <li>• Equality, Diversity, and Inclusion</li> <li>• Risk Assessment</li> <li>• Direct Payment and Personal Health Budgets Policy</li> <li>• Information Sharing Protocols</li> </ul> <p>Complaints Policy and Procedure</p>

		<ul style="list-style-type: none"> <li>• A DP Brokerage function to support people to find the right PA</li> <li>• Support with Disclosure and Barring Services (DBS checks)</li> <li>• End of Life account and payment of invoices facilities</li> </ul> <p>Advice Guidance and Support, financial support e.g Holding Account, Payroll, Prepaid Cards, HMRC. Excellent employment knowledge to support Direct Payment or Personal Health Care Budgets employ directly or recruit self employed Personal Assistants, supporting ASC staff with DP/ISF queries and guidance;</p> <p>Operate a PA register and Brokerage support; brokering support</p> <p>Holding account facilities</p> <p>Disclosure and Barring Services (DBS checks)</p> <p>End of Life account and payment of invoices facilities</p> <p>May include Children in this lot.</p>	
--	--	---	--

24	<p><b>Advocacy support</b></p> <p><b>DC &amp; CCG</b></p>	<p>Advocacy Services help people in the community to gain access to representation and support when they are vulnerable or in need of help.</p> <p>Services cover a range of support options for different vulnerable groups, some of which are a statutory requirement. Services fall into generic and care act advocacy, mental health advocacy and Individual Mental Capacity Advocacy/ Deprivation of Liberty support.</p> <p>Independent Mental Capacity Advocate (IMCA) advocacy will provide independent advocates who will represent and support vulnerable people as defined under the Mental Capacity Act who lack capacity and who are facing important decisions about serious life changing conditions</p> <p>The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and who lack the mental capacity to consent to their arrangements. The Liberty Protection Safeguards will introduce new mechanisms which will be included within this lot and will represent the new guidance.</p> <p><u>Advocates must have appropriate professional training in advocacy skills, IMCA advocacy, communication skills and advocacy experience prior to undertaking IMCA advocacy work.</u></p>	<ul style="list-style-type: none"> <li>• A declaration is required from providers for this lot that once appointed, all independent advocates under the Care Act should work towards the National Qualification in Independent Advocacy (City &amp; Guilds, level 3) within a year of being appointed, and achieve it in a reasonable amount of time thereafter.</li> </ul>
----	---	--	---

25	<p><b>Community Prevention and Support including Day Opportunities</b></p> <p><b>DC only</b></p>	<p>This lot provides for innovative short- and long-term responses to provide support within the community in order to improve and maintain independence and delay the development of the need for more formal care.</p> <p>This includes the provision of holistic and strength-based interventions that go beyond the presenting need of individuals or families to understand underlying causes. This includes but is not limited to developing resilience and self-advocacy skills.</p> <p>Examples of services include:</p> <ul style="list-style-type: none"> <li>Public facing Community front door</li> <li>Community Connector services</li> <li>VCSE infrastructure support</li> <li>Information, advice and guidance,</li> <li>Signposting</li> <li>Volunteer support</li> <li>Micro and SME development</li> <li>Wellbeing services</li> </ul> <p>This lot also includes day opportunities that enable Individuals to maximise their independence and avoid creating dependency.</p>	<ul style="list-style-type: none"> <li>• Light touch accreditation for Day Opportunities providers will be undertaken (at point of call off).</li> <li>• Declaration required from providers who will provide Day Opportunities that are provided within a non-registered community setting that they will ensure that all registered Care and Support activities are conducted by suitably trained staff that can undertake these duties safely. Please refer to the Care Quality Commission guidance <a href="http://www.cqc.org.uk/">http://www.cqc.org.uk/</a></li> <li>• Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>
26	<p><b>Individual Service Funds Providers/Brokers (ISFs)</b></p> <p><b>DC &amp; CCG</b></p>	<p>An Individual Service Fund (ISF) is <b>one way of managing a personal budget</b>, where someone who needs care and support (and/or their family, advocate or carer) chooses an organisation to manage the budget on their behalf and works with them to plan care and support services and activities that will help them to achieve their identified outcomes.</p> <p>As part of the personalisation agenda, the council is supporting, at the direction of the Individual to make</p>	<ul style="list-style-type: none"> <li>• Providers not registered with CQC or Ofsted will make a declaration of possessing a safeguarding and safer recruitment policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers. (validated at point of preferred provider status following further competition).</li> </ul>



		<p>an ISF payment to appropriate providers/Brokers who agree to provide a creative service to meet the outcomes of the individual as set out in their Support Plan.</p> <p>Providers will need to take a strength based and personalised approach to work collaboratively with the person they are supporting, and their circle of support where relevant, demonstrating transparent financial reporting.</p> <p>Please note to be on the ISF Register will require further accreditation with Dorset Council. The provider must give the Individual clear choice to commission Care and Support from other organisations. While Care and/or other support services may be offered to the Individual by the ISF Provider, the ISF Provider cannot insist that the entire plan is delivered by themselves. The Council recommend that a maximum of 80% of the ISF is provided directly by the ISF Provider, the remaining 20% is sourced from other suitable provision. Depending on how much of the plan they are asked to deliver, the ISF Provider may want to apply an administration charge for running the ISF. If the ISF Provider intends to charge an administration fee for providing the ISF Service this needs to be reasonable, transparent, and will be made clear to the Individual before signing ISF Agreements so they can make an informed choice about who provides their service.</p>	<ul style="list-style-type: none"> <li>• Declarations will be required from providers in this lot that they possess the following policies_(to be validated following further competition at the point a provider achieves preferred provider status): <ul style="list-style-type: none"> <li>- Management of funds policy ad procedure</li> <li>- Staffing Policy</li> <li>- Confidentiality Policy</li> <li>- Equality and Diversity Policy</li> <li>- Health and Safety</li> <li>- Environmental Management and Sustainability Policy</li> </ul> </li> <li>- Business Continuity Plan</li> </ul>
27	<b>CHILDREN'S CARE AND SUPPORT AT HOME</b>	The aim of the service is to provide care and support at home for children and young people who <i>have special educational needs and/or</i> are disabled, and	<i>Providers undertaking activity with children or young people that require Ofsted registration must be registered with</i>

	<p><b>AND COMMUNITY SUPPORT</b></p> <p><b>DC Only</b></p>	<p>opportunities for inclusion of children and young people with <i>special educational needs and disabilities</i> in their local community. <i>Children who have special educational needs and disabilities may include, but not limited to, children and young people who have learning disabilities, physical disabilities, mental health and emotional wellbeing needs and social interaction and communication needs including those who have a diagnosed Autistic Spectrum Condition. Providers should be able to support positive behaviour management approaches which prevent recourse to restrictive interventions.</i></p> <p><i>We are looking for providers that are able to continue to work with children and young people into their adulthood.</i></p> <p>The Care and Support at Home and Community Support service shall be provided by trained care and support workers who can enable children and young people to experience a Short Break from their family, enjoy and experience activities which might otherwise be difficult for them to enjoy and promote independent living skills.</p> <p><u>Care and Support at Home</u> Care and Support at Home includes services to support children and young people with disabilities as individuals in their own home and to minimize the barriers they face.</p> <p><u>Community Support</u></p>	<p><i>Ofsted (Office for Standards in Education, Children’s Services and Skills) and rated “Good” or “Outstanding”.</i></p> <p><i>Providers undertaking regulated activity with young people aged 16 and over must be registered with CQC (Care Quality Commission) and rated “Good” or “Outstanding”.</i></p> <p><i>*Providers to note if your service is not registered with the CQC or Ofsted you can also apply to join this lot.*</i></p> <p><i>Providers not undertaking regulated activity will make a declaration of possessing a Safeguarding Policy and Safer Recruitment Policy together with a declaration that Mental Capacity Act training has been undertaken by relevant staff and/or volunteers if working with young people aged 16 and over (validated at point of preferred provider status following further competition).</i></p> <p><u>Safeguarding</u> The Provider shall fully adopt and implement the Pan-Dorset Safeguarding Children Partnership Policies and Procedures; <a href="http://pandorsetscb.proceduresonline.com/contents.html">http://pandorsetscb.proceduresonline.com/contents.html</a>.</p> <p>The Provider shall follow and fully implement the prescribed procedures in relation to Safer Recruitment <a href="http://pandorsetscb.proceduresonline.com/g_safe_rec.html">http://pandorsetscb.proceduresonline.com/g_safe_rec.html</a>. The provider shall evidence compliance with these procedures.</p> <p>All staff (employed and volunteers) shall have enhanced Disclosure and Barring Service (DBS) checks.</p>
--	---	---	---

		<p>Community Support involves the inclusion of children and young people with disabilities into mainstream and universal activities, and targeted short break activities, of their choice and within their local communities.</p> <p>*It is envisaged that Providers will already have a work base in or within 10 miles of Dorset, however, if they are successful in coming on the framework and onto the Lot the commissioning partners will expect you to identify a work base in or within 10 miles of Dorset within 6 months.</p>	<p>Dorset Council will seek references, review policies and seek advice from the Local Authority Designated Officer to assist in ensuring safe practice.</p>
--	--	---	--



