

Devon County Council

CP1329-16

OJEU REF – 2017/S 042-076945

Specification for Lot 1 – Group Based Care and Support Open Framework Agreement

CP1329–16 Supporting Independence.

(Schedule 1)

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

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Definitions

Adult Social Care shall mean:	Adult social care includes a wide range of services to help people maintain their independence, be protected in vulnerable situations, maximise their health and wellbeing, and play a full part in society. The people we support with Adult Social Care services have extra needs arising from age, learning, physical or sensory disabilities or long-term physical or mental health conditions.
Assessed Need(s) shall mean:	An Eligible Need which is identified following a formal social care assessment.
Assistive Technology shall mean:	Assistive, adaptive and rehabilitative devices and services for people, including telecare, which support people's safety and independence in their own homes.
Authorised Officer(s) shall mean:	A member of DCC or DPT care management staff who is making a Referral and/or arranging care and support.
Available shall mean:	When the Provider affirms that they are competent to and have availability to meet the needs of the Service User, including but not limited to the hygiene and medication requirements following their receipt of the Referral but before the Package of Care and Support has been awarded to them.
Call(s)/Called Off(s) shall mean:	The process used to purchase a Package of Care and Support by the Commissioner under CP1329-16 Supporting Independence Lot 1 – Group Based Care and Support Open Framework Agreement without the need for open competition.
Care Direct Plus shall mean:	Care Direct Plus is based in three areas covering Devon (CDP Eastern, CDP Southern, CDP Northern) and comprises three areas of function. One section of staff in each area receives referrals from Care Direct, commission services, and refers to Community Health and Social Care Teams. Another section of each team deals with hospital discharges, and referrals from Occupational Therapists. The third team is smaller and they review ongoing care packages.
Care and Support Plan shall mean:	Provider based tool which details their structured approach to supporting service users, according to the principles outlined in section 4.2 of the specification.
Carer(s) shall mean:	A paid, or unpaid, person who supports the Service User.
(the) Commissioner	Either Devon County Council or Devon Partnership Trust, responsible for administering the budget in relation to social care services.

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

Individual Service Fund(s) shall mean:	This is where all or part of the Service Users Personal Budget is held by a provider of their choice under the terms of a contract held between the council and the provider – this can be a framework contract, a spot purchase or a cost and volume contract.
Individualised Care and Support shall mean:	Support that is arranged, and delivered, to meet the specific, and changing, requirements of each Service User. Service delivery is organised to achieve the outcomes set out in this specification and the My Care and Support Plan, and may be delivered in the home or in the community.
Invitation to Tender (ITT) shall mean:	The ITT for CP1329-16 Supporting Independence
Mental Health Assessment Team shall mean:	A team that following referral makes an assessment, this helps the Commissioner to establish Service User needs and the type of support the Service User requires. The assessment may be offered in one of DPT's new Health and Wellbeing Clinics which will be available in Exeter, North Devon and Torbay. The assessment will provide the Service User with a care plan and further appointments as required.
My Care and Support Plan(s) shall mean:	For DCC a document which contains personal information, the individual needs of the Service User and what Outcomes need to be achieved through the provision of a Package of Care and Support. For this purpose DPT use a Community Care Plan instead of a My Care and Support Plan, however for the purposes of the Specification, ITT or this schedule shall be referred to as a My Care and Support Plan.
New Business shall mean:	A Service User who has not had a Package of Care and Support purchased on their behalf for the last 30 days at the time of Referral will be classed as a new Referral and their package as New Business, even though they may have had other types of support commissioned. This includes people who have been in hospital for more than 30 days.
Outcome Based Commissioning shall mean:	This is a way of paying for health and care services based on rewarding the outcomes that are important to the Service User. It typically involves the use of a fixed budget for the care of a particular population group, with aligned incentives for Providers to work together to deliver services which meet outcomes. It aims to achieve better outcomes through more integrated, person centered services and ultimately provide better value for every pound spent on health and care.
Package(s) of Care and Support shall mean:	The services required by a Service User(s) following social care assessment to determine if there is Eligible Need.

Personal Brokerage shall mean:	A process which is used to commission long-term, respite and emergency care packages for people with complex, unstable and unpredictable needs and risks.
Personal Budget(s) shall mean:	The monetary sum allocated via social care eligibility assessment. For more information on assessment and eligibility see: https://new.devon.gov.uk/adultsocialcareandhealth/assessments-for-care/ For more information on Personal budgets see: https://new.devon.gov.uk/adultsocialcareandhealth/assessments-for-care/after-your-assessment/personal-budgets/
Personalised Support shall mean:	Support that is arranged, and delivered, to meet the specific, and changing, requirements of each Service User. Service delivery is organised to achieve the outcomes set out in this specification and the Service Users My Care and Support Plan, and may be delivered in the home or in the community.
Provider(s) shall mean:	The organisation that has successfully passed selection and quality standards as defined in the ITT and any Associated Documents and has been approved to supply Lot 1 – Group Based Care and Support Open Framework Agreement under the contract CP1329-16 Supporting Independence.
Provider Guidance shall mean:	A detailed manual of the Commissioners' operational processes relating to Call Off and other business processes, points of communication etc., which will be made available at award of contract to the Provider.
Recovery shall mean:	A term used in mental health services, whereby the service enables the Service User to take responsibility for their own wellbeing. Recovery will actively support Service User's aspirations for financial security, employment, education, and decent accommodation, as well as for relationships and social engagement.
Referral(s) shall mean:	A Referral gives information about the Service User and will provide enough information to enable the Provider to be able to make a decision on whether they have the Core Competencies to meet the needs of the Service User and enable the Service User to achieve their outcomes.
Regulated Care shall mean:	A support service where the provider will have to undertake tasks or activities which will require oversight by and registration with the CQC http://www.cqc.org.uk/
Replacement Care shall mean:	Care arranged by the Commissioner, with the Service User, to enable a Carer to take a break from their caring role.
Risk Assessment(s) shall mean:	A formal process whereby a hazard which might cause harm or negative impact is identified. A Provider has a responsibility to take action to make sure that the risk is acceptable / manageable, by putting appropriate control measures in place.

Sensory Teams shall mean:	This team provides services to people who are visually impaired, Deaf, have an acquired hearing loss, and those who are deafblind – sometimes known as a dual sensory impairment.
Service User(s) shall mean:	Any person using the service supplied by a Provider of Lot 1 – Group Based Care and Support Open Framework Agreement under the contract CP1329-16 Supporting Independence, irrespective of which Service User group they may be classified as.
Shared Lives Service shall mean:	Open to anyone who needs care and support during the day. Day services are delivered by Shared Lives Carers in their family home, but may include trips out and activities in the community
Targeted Hour(s) shall mean:	An additional priced hourly rate to be added to a Package of Care and Support in order to meet higher level / more complex needs. Targeted Hours cannot be used to build a Package of Care and Support, they can only be used to supplement the Units of Service described in section 2.3 of this specification.
Wellness Recovery Action Plan or WRAP	A plan to support participants to learn Recovery and self-management skills and strategies for dealing with mental health issues.

1. Overall aims for the service

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

The Commissioner is seeking to procure Group Based Care and Support that provides a range of appropriate, stimulating and enjoyable activities and opportunities for adults with Eligible Needs and Assessed Needs as determined by the Commissioner.

For this Specification Group Based Care and Support is defined as a non CQC (Care Quality Commission) regulated services where people with Assessed Needs participate alongside other people in group based activities.

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

Group Based Care and Support will help Service Users to:

- Promote, maintain and maximize their independence, and reduce reliance on long term care.
- Maintain and extend social relationships and networks.

- Access mainstream roles and activities.
- Access and engage in work, training, education or volunteering.
- Make use of facilities or services in the local community.
- Develop and maintain family or other personal relationships.
- Manage and maintain their health and wellbeing.
- Reduce their loneliness and isolation.

It will also provide Carers with an essential break from caring responsibilities.

The aim of the service is to ensure that any Service User with Eligible Needs is able to choose a Group Based Care and Support service from a range of Providers and to ensure that all services are delivering good quality care and support. By so doing, the Provider will support the Commissioner in the delivery of the NHS and social care outcomes framework:

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

2. Scope of the service

This specification describes the service the Commissioner will purchase, in relation to commissioned, Group Based Care and Support, to support Services Users to achieve the outcomes set out in their My Care and Support Plan.

This specification for Group Based Care and Support will encompass a number of similar types of support previously commissioned under separate arrangements. See section 11.2 for full transition details.

The current service types which will be delivered under this contract in the future will include:

- Community Opportunities for Service Users with mental health needs –previously commissioned in the form of block contracts
- Services previously commissioned under the 'Buildings Based' Day Opportunities Select Supplier List, for all adult Service User groups (Physical, Sensory, Learning disability, Older People).

This specification of this service does not include the following:

- Group Based Care and Support delivered to people who have not received a social care assessment which has identified Eligible Needs.
- Any element of Regulated Care or where it is probable that unplanned Regulated Care may be required at any stage on a regular basis

- The core offer of support associated with supported living and extra care housing.
- Personalised Support delivered on a 1:1 basis (to be known as Individualised Care and Support).
- Support delivered via Direct Payments, through personal assistants, and self-funded support (Direct Payment policy can be found at¹)
- People with Eligible Needs who wish to attend an open access group (i.e. a photography group open to all). Such people could do so utilising their Direct Payment, but such groups would not form part of the framework)

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

2.1 People

The service will be available for any new person (New Business) presenting to the Commissioner who is over 18 years of age with appropriate eligible social care needs that can be addressed through Group Based Care and Support **and** existing people currently using a Group Based Care and Support service at the point of review.

The service is 'generic' in design, and in becoming an approved Provider of Lot 1 Group Based Care and Support Open Framework Agreement, Providers will have demonstrated core competencies relevant to the delivery of unregulated support which may include Service Users described below:

Any Service Users who are aged 18 and above who meet the Commissioner's eligibility criteria and are:

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

Any Provider, before declaring itself Available to deliver a Package of Care and Support in accordance with Schedule 2 of the ITT, a Provider must re-appraise whether it has in place sufficient competencies at that time; to meet the assessed social care needs for that individual Service User. The Provider will be expected to apply safe, reasonable and informed judgement to the degree to which their attainment of core competencies required

¹ <https://new.devon.gov.uk/adultsocialcareandhealth/assessments-for-care/after-your-assessment/direct-payments/>

for the overall contract award, is used to develop areas of strength and experience that may be new to them.

The majority of the Service Users will have needs which will, on the whole, be predictable and manageable with the correct staffing, equipment, skill or support in community setting.

Some Service Users may require personal care whilst attending the group based activity to maintain their hygiene and welfare, such as assistance with personal hygiene tasks or assistance to use toilet facilities. See section 13.3 for full details of Personal Care requirements.

It is recognised that some Service Users will have **additional needs** which have a significant impact on the level of support which they require i.e. additional specialist equipment, skill or time on a regular basis. These needs are predominantly focussed in the following areas; the person's behaviour, mood, memory and moving and handling requirements. These needs are regular and routine but may require additional staff and worker time to support those needs and add complexity to the provision of Package of Care and Support.

The Service Users My Care and Support Plan will be the primary indicator for additional needs and will be made available to the Provider. Refer to section 2.3 (Units of Service) for information on pricing for Service Users attending who may require additional support.

In addition to the delivery of the Package of Care and Support to Service Users, Carers will also be supported (e.g. allowing the Carer to take a break, engaging the Carer in the development of the My Care and Support Plan, keeping the Carer informed about any matters related to the delivery of services and signposting the Carer to other sources of support i.e. Devon Carers Centre)

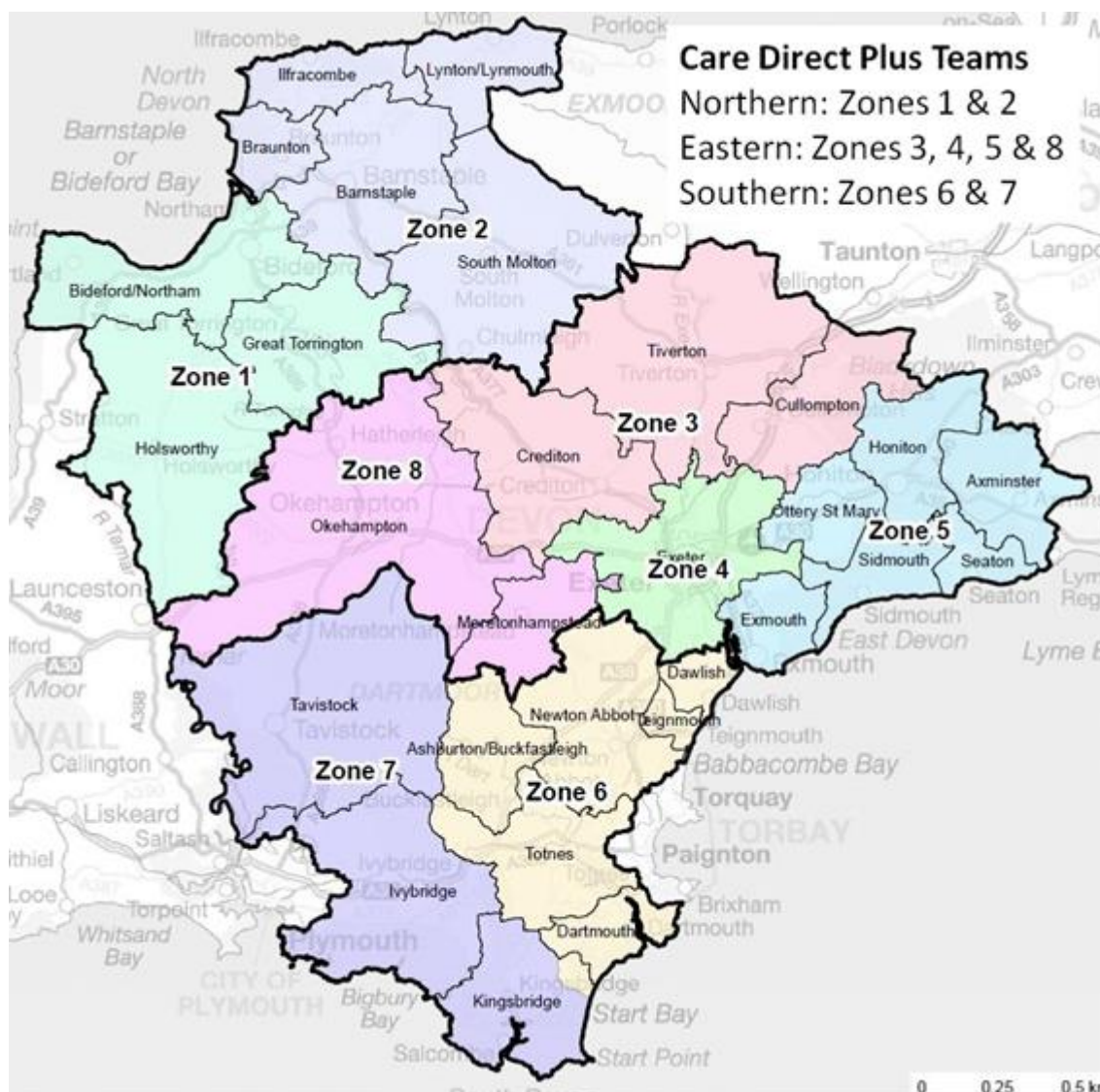
For Service Users who require support beyond that described in this specification alternative commissioning arrangements will be made.

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2.2 Geographic area

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

The catchment area will be divided into Zones matching the current 8 Living Well at Home (LW@H) boundaries.



Zone	Description
1	Bideford/Northam, Great Torrington and Holsworthy
2	Ilfracombe, Lynton/Lynmouth, Barnstaple, South Molton
3	Tiverton, Crediton, Cullompton
4	Exeter

5	Honiton, Sidmouth, Exmouth, Seaton
6	Newton Abbot, Totnes, Dartmouth
7	Tavistock, Ivybridge
8	Okehampton, Moretonhampstead

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

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

2.3 Units of service

The unit of service will be described as a session.

A Full day Session. The session must last at least 6 hours not including transport to and from the place in which the Group Based Care and Support is being delivered. It usually takes place between 9-5pm but these timings are not fixed. The Group Based Care and Support can be offered on any day within the week 365 days per year. Typically the Service User will participate in a number of activities during the course of the day. The Service User will not have to pay any additional fee for any particular activity offered.

For Service Users attending for a full day session access to a meal and refreshments or facilities to prepare a meal and refreshments shall be provided as a part of the session. Please note the Service User attending Group Based Care and Support shall pay for any meal privately, the cost of the meal should not be included in the sessional price although the cost of refreshments can be included

A Half-day session This session will last at least 3 hours not including transport to and from the place in which the Group Based Care and Support is being delivered. Half day sessions usually take place between 9-12am or 1-4pm or 6-9pm but (i.e. usually avoiding meal times) these timings are not fixed. For half day sessions access to a meal or facilities to prepare a meal are optional, but refreshments shall be provided as a part of the session. Typically the Service User will participate in a number of activities during the course of the half-day session. The Service User will not pay any additional fee for any particular activity offered.

An Activity session. Some Group Based Care and Support will offer activities at a bespoke sessional length. These may take place at any time of day 365 days a year. In these cases the length of the session may vary considerably depending on the activity pursued, but refreshments shall be provided as a part of the session as appropriate. Providers choosing to offer an activity rate shall clearly indicate start and finish times.

For clarity a Provider may offer to deliver one, two or all three types of sessions and price accordingly;

- Full day session
- Half day session
- Activity session

Targeted Hour(s). Where a Service User accessing Group Based Care and Support has additional Assessed Needs (see 2.1 additional needs), and therefore a level of Personal Budget to reflect those needs, the Commissioner and Provider will have the option of meeting those needs through adding the necessary number of Targeted Hour(s), which will be in addition to the Full day session, Half day session or Activity session (which ever applies to the Package of Care and Support). Providers will be invited to tender a rate for Targeted Hour(s) to be applied in such cases in Section E3 – Pricing Schedule of the ITT. Single or multiple Targeted Hours cannot be used to build a Package of Care and Support for Lot 1 - Group Based Care and Support Open Framework Agreement.

Providers will not be able to resubmit their price(s) for Full day session, Half day session, Activity session or Targeted Hour other than at the predetermined entry points. Negotiation will not be permitted.

3. Outcomes to be delivered by the service

3.1 Outcomes to be delivered at a service contract level

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

3.2 Outcomes to be delivered at an individual level

The Commissioner wishes to develop an outcome based approach to the commissioning of Group Based Care and Support in partnership with Providers but recognises that care plans at present are still very service and task orientated.

The Provider will be required to evidence a consistent and structured approach to working with each Service User on areas of their life that are directly relevant to their quality of life, level of independence and personal safety as defined by the Care Acts eligibility outcomes².

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

- I have maintained and developed my independence and control of my life
- I am more confident and need less support than I did
- I am able to do as much as possible for myself and make decisions about my life
- I am safe and free from abuse.
- I feel stronger and healthier
- I feel I need less help from those around me

² http://www.legislation.gov.uk/ukxi/2015/313/pdfs/ukxi_20150313_en.pdf

- As a Carer I am valued and listened to and supported to continue in my caring role

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

For example, diagram 3 below illustrates ten key outcome areas that are based upon the Triangle Consulting 'Life Star'. The outcome areas are:

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

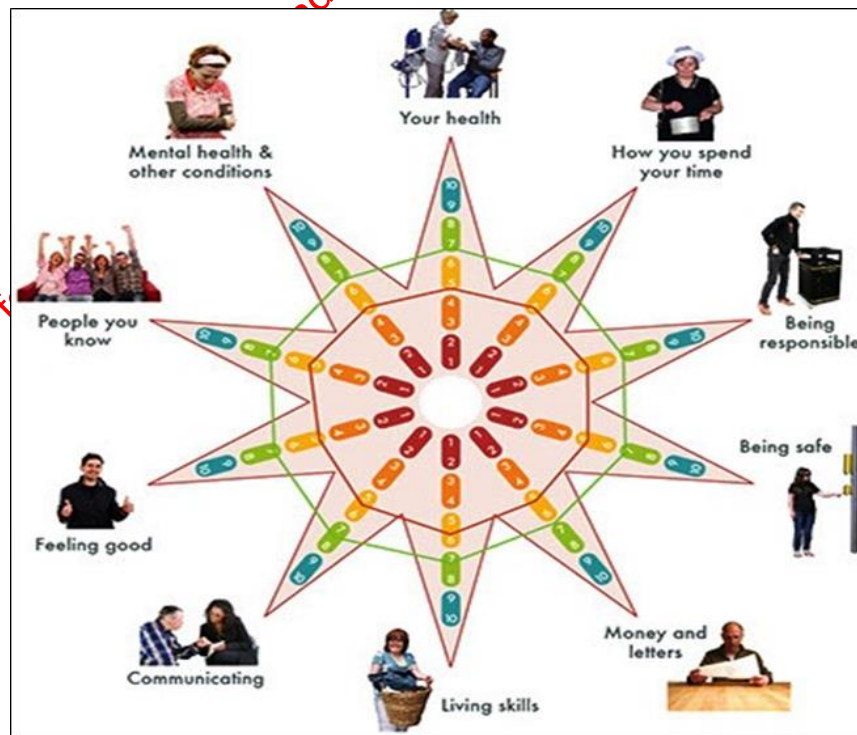


Diagram 3: 'Life Star' - Triangle Consulting

4. Service description

4.1 Method of delivery

For this specification Group Based Care and Support is defined as a non CQC regulated services where people with Assessed Need and Eligible Need participate in group based activities. Group Based Care and Support is where two, or more, Service Users agree to participate in a shared activity and all benefit from the shared support.

The unit of service for Group Based Care and Support is described in section 2.3

The Provider of Group Based Care and Support will offer a wide range of group based activities and associated support tasks and Service Users will have choice and control over the activities they participate in and the support they receive.

The Provider will be carrying out tasks that are led by the Service User's specific outcomes described in each Service User's My Care and Support Plan, and the overarching outcomes for the service (as described in section 3.2).

Group Based Care and Support could be provided in a number of ways including (but not limited to):

- Services located in a building or place within which the activities and the care and support are delivered as part of an integrated offer (venue, activity and support). Service Users usually attend for a full or half day for a planned programme of activities i.e. Day Centre, Horticultural/farm, outdoor activities centre.
- An activity based group which could be located in any community venue/place. The group is designed for and capable of supporting Service Users with health or disability issues with a common interest in the activity being pursued e.g. photography group for people with a disability.
- Services provided by a host family or Shared Lives Service. The Service User participates in various activities either within or outside of the family home alongside host family members who also provide necessary support. The host family may offer a service to more than one person at a time.
- A time limited service which is Enabling or Re-ablement in nature which aims to build confidence for Service Users in achieving a specific outcome or goal. For example, but not limited to, accessing community opportunities outside of the service.

Any building, location or venue being utilised for delivery of Group Based Care and Support will be appropriate for Service Users to access. Where management and administrative staff and workers are located is at the discretion of the Provider however this information must be made available to the Commissioner.

These venues/locations/places/buildings/facilities will vary considerably depending on the activities being provided by the Provider, however the Provider should ensure that the building(s) allows good access to local community services including transport links and is non-stigmatising.

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

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

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

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

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

The Provider must create and maintain a dynamic, personalised Care and Support Plan for every Service User to which they are providing a Package of Care and Support (see diagram 4 below). This Care and Support Plan must be developed in consultation the Service User and where relevant, multi-agency partners. The Care and Support Plan will facilitate all staff and workers knowing exactly how they are working with every Service User at all times. The plan will become the basis for evidencing how the support is being used to achieve the outcomes described at section 3 of this Specification.

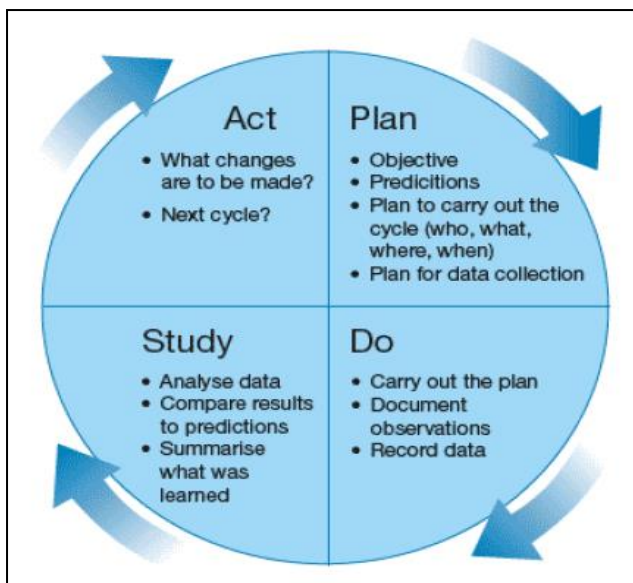


Diagram 4: Care and Support Planning

4.2.1 Protecting Service Users from harm

At the point of accepting a Referral in accordance with Schedule 2 of the ITT the Provider must undertake a full Risk Assessment of the Service User. Where necessary the Provider will seek additional information from other agencies involved with the Service User. This assessment must include any contingency plans that it would be reasonable to expect, mitigating any major risks (serious harm to the Service User or community) that the Risk Assessment identified.

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

The Provider will give reasonable consideration to the arrangements for how Service Users will be enabled to keep, spend and control their own money. This consideration must be within a formal risk management framework, which must review the need for and appropriateness of appointments.

4.2.2 Choice, Control and Independence

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

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

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

4.2.3 Improving physical health and wellbeing

Providers will enable Service Users to:

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

4.2.4 Improve Emotional Wellbeing and Mental Health

Provider will enable Service Users to:

- Maintain and improve their quality of life
- Develop more confidence in their own ability and thereby gain greater choice and control and/or involvement, either at a service level or within the wider community
- Exercise choice and control over their lives, in a way that reflects their Individual preferences and diverse needs but acknowledges that they are part of a household
- Make informed decisions about the management of their care and treatment, using appropriate information, including risks and benefits
- Make informed choices about risks they wish to take in their lives
- Use and implement the Wellness Recovery Action Plan (WRAP), where applicable – see www.recoverydevon.co.uk
- Develop, maintain and self-manage their mental wellbeing, based on Recovery principles

- Access mainstream employment, training or adult education
- Develop the skills and strategies to achieve and maintain wellbeing and develop resilience to stressful life experiences
- Access clinical/support Services for emotional wellbeing/mental health, including early diagnosis, where required
- Meet their spiritual, cultural and faith needs
- Remain alert and active – keep their minds active

4.2.5 Maintaining and developing activities of daily living

Provider will enable Service Users to be:

- Motivated and supported to become more independent and/or 'recover' or being supported to gain self-management skills where applicable
- Enabled to follow programs of rehabilitation, Reablement/Enablement and Recovery
- Enabled to maintain tenancy or any other occupancy agreements for accommodation
- Helped to acquire the skills and confidence to manage their own affairs and daily living tasks such as budgeting, shopping, cooking, cleaning, and correspondence.
- Enabled to use equipment in their own home, including IT and other technology that supports friendships and relationships, and maintains their home environment
- Motivated and helped to maintain self-care and personal hygiene

4.2.6 Improving social wellbeing

Provider will enable Service Users to:

- Achieve economic independence including managing their own finances, reducing debt and maximising income - accessing specialist help where appropriate
- Participate in and/or access local mainstream community activities (including leisure and recreational facilities) and services
- Improve their own community access and integration
- Maintain and develop friendships and relationships, so establishing and sustaining effective social support networks and reducing isolation and social exclusion

4.2.7 Keeping people safe

The Provider will ensure that it and its partners, have systems and procedures in place to safeguard adults, as defined by the Care Act and its Statutory Guidance (Chapter 14) and The Commissioners' Safeguarding Adults Multi Agency Policy and Procedures (<https://new.devon.gov.uk/devonsafeguardingadultsboard/policy>) and Safeguarding Children Policy and procedures (<http://www.devonsafeguardingchildren.org/>). These shall include (but not be limited to);

- Code of Conduct for staff and workers
- HR policy procedures that relate to staff and workers guilty of misconduct likely to lead to abuse, exploitation or neglect
- 'Whistleblowing' policies

- Care and Support Plans which reflect the requirements of Deprivation of Liberties & Mental Capacity Act
- Safeguarding training at all relevant levels i.e. awareness, alert and investigation.
- Applying Think Family principles to identify and report potential risks to children

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

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

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

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

4.2.8 Supporting Carers

The Provider will be required to assist the Commissioner in the delivery of the Joint Carers Strategy³. This will include, where appropriate, the identification of Carers (including Children and Young People), signposting Carers to information and advice as well as community and voluntary sector support services.

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

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

4.2.9 Increasing the use of technological support solutions

³ <http://www.newdevonccg.nhs.uk/your-ccg/carers/carers-in-devon-joint-strategy-201419/100859>

The Provider will assist the Commissioner in finding and sourcing technological support solutions for Service Users to help reduce their reliance on formal social care. Providers will not be limited to current solutions in Assistive Technology but also consider the full range of new and innovative technologies available from the wider market, which may also be suitable for meeting Eligible Needs, and preventing them from further deterioration.

4.2.10 Improving opportunities for employment

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

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

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

4.3 Key Interfaces

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

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

5. Delivery of support

5.1 Eligibility criteria

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

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

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

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

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

As soon as the assessment, My Care and Support Plan, Resource Allocation System and Estimated Budget have been applied to create a final Personal Budget the Commissioner will either arrange to make this available as a Direct Payment so the Service User can buy their own services, or use it buy services for the Service User from contracted Providers. Some Service Users may not be able to have - or may not want - a Direct Payment. Where this is the case the Commissioner will help the Service User to arrange their services through Providers that the council has contracted to provide care.

5.2 Referrals and Placement offers

Service Users can choose an appropriate Provider from the list of Approved Providers in line with the process described in Schedule 2 of the ITT.

Once a Provider has been selected all Referrals to the Provider will be made by Authorised Officers of the Commissioner only. The Commissioner will not accept any financial liability for any Referrals accepted by the Provider that has not come from an Authorised Officer of the Commissioner.

The Provider will receive Referrals from Authorised Officers from DCC or in the case of adults of a working age with mental health difficulties from DPT. The Referral will capture appropriate personal information; identify the outcome areas and any salient risks.

A Provider will be expected to accept Referrals where they have ensured they have the necessary Core Competencies to deliver the Service User specific objectives described in the My Care and Support Plan (these objectives are described within sections 4.2.1 to 4.2.10 of this Specification). Commissioners will work with Providers as part of contract monitoring to review the reasons for refusal(s) to jointly address any issues arising and help increase capacity and sufficiency in the market.

The Provider will complete a Care and Support Plan informed by the Referral, in partnership with the Service User, Carer(s) and their wider circle of support and agree that Care and Support Plan with the Authorised Officer.

The Commissioner will ensure that Referral information is of sufficient quality and detail to enable a quality response by the Provider and shall email or transfer via other secure electronic means all relevant documentation; the Referral will stipulate the required response time.

If the Provider is not satisfied that the Referral is adequate, the Provider should contact the Authorised Officer immediately to seek further information or clarification. The Provider should not commence the Package of Care and Support until they are satisfied they have all appropriate available information.

The Provider should satisfy themselves that such information is in line with the requirements of the Data Protection Act.

Where the Provider refuses a Referral for Group Based Care and Support they will need to explain to the Authorised Officer the reasons for the refusal. Providers will work with the Authorised Officer / Enabling Team to explore a resolution that might enable the person to attend.

However the council recognises that the Provider has the final veto on accepting any Referral.

5.3 Provider response in an emergency

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

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

reasonable period of emergency service provided in accordance with the Providers Targeted Hour rate (detailed in section 2.3 of this Specification).

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

5.4 Review and monitoring of Service User needs

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

The Provider will monitor the achievement of, and progress towards, individual outcomes within the agreed timescales identified in the My Care and Support Plan. The Provider will alert the Authorised Officer in writing as soon as practicable when outcomes have been met, particularly where this could result in a reduction in the care and support required. Full details of contact points will be made available to providers in the Provider Guidance.

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

Reviews will be arranged by the Authorised Officer within the agreed timescales.

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

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

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

5.5 Termination and notice of Care Plans

Any planned discharge from the service will be agreed with the Authorised Officer and prior to discharge a final summary of outcomes achieved must be completed and forwarded to the Authorised Officer by the Provider, to make any necessary arrangements for on-going support if required within 7 days.

The Provider must notify the Authorised Officer immediately in the event of any unplanned discharge (by telephone, with an email to confirm), clearly stating the reasons.

Where a Service User has been absent from the service for four consecutive weeks the Provider must contact the Authorised Officer via telephone (with a follow-up email). The Authorised Officer will then determine whether or not to formally terminate the Package of Care and Support. In this event, the Authorised Officer will be responsible for discussion and communication with the Service User.

6. Staffing requirements

The Provider must be able to produce to the satisfaction of the Commissioner upon request:

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

The Provider must ensure that:

- All staff and workers are competent, skilled, qualified and have been appropriately vetted, including the undertaking of enhanced DBS checks as appropriate.
- All staff and workers engaged in delivering Package of Care and Support to people must have a proficient written and spoken use of English Language. The Provider will make reasonable provision and adjustments for language systems that assist and enable greater understanding e.g. easy read documentation, BSL etc.
- The Provider must demonstrate that they are following safe recruitment practices compliant with relevant national guidelines (i.e. Immigration, Asylum and Nationality Act 2006 and the Home Office Border and Immigration Agency Prevention of Illegal Working

Guidance for Employers (Feb 2008)) and the requirements of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) order 1986.

- The Provider will be responsible for their own staff and workers recruitment, induction, training and supervision to ensure that all staff and workers are appropriately trained and supported to deliver the requirements of the Specification. The Provider will monitor partners, as applicable, to ensure they also comply with this requirement.
- The Provider shall ensure that all its staff and workers have an awareness of (and work within) the care certificate standards and requirements of MCA (Mental Capacity Act 2005) DOLS (Deprivation of Liberty Safeguards) and have the appropriate skills, knowledge and access to qualifications necessary for their role.
- The Provider will ensure that its staff and workers training records must record the content of induction training and period it is delivered over and any subsequent training delivered and when delivered. This record must be available for inspection by the Commissioner on request.
- It is the responsibility of the Provider to ensure the conduct of its staff and workers. Any misconduct, dishonesty or behavior, which is detrimental to the welfare or wellbeing of the Service Users receiving the service, will be thoroughly investigated, initially by the staff and workers employer. The Provider will ensure that any such matters are thoroughly investigated by itself or the staff and workers employer as appropriate. The Commissioner will be advised immediately, in writing, of any such investigation and its outcome. Full details of contact points will be made available to Providers in the Provider Guidance.
- The Provider will remove from any Service Users' care arrangements any staff and worker who are deemed guilty of misconduct, dishonesty or negligence, is not medically fit to perform the work or does not treat the Service User, family, Carers with due respect and courtesy.

The Provider will ensure that staff and workers have good communication and listening skills and are sensitive and flexible when responding to issues relating to needs of Service Users and that they treat all Service Users with respect and dignity, irrespective of their race, disability, age, gender, sexual orientation and religion.

7. Access arrangements

The Provider will ensure that a contact point is available at all times between 9.00 a.m. and 5.00 p.m. Monday to Friday; details of the contact points will be made available to the Commissioner.

The service can be provided at any time appropriate to the type of support and session however the Provider must be clear about the days and times within which their service is available for Service Users.

8. Service Development / Plans for improvement

The reporting requirements for this specification are detailed in section 14 and Appendix E these will be the mechanism for Providers to identify service improvements.

8.1 Individual Service Funds and Outcome based Commissioning (Possible Modification Clause)

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

In the future, Service Users choosing Group Based Care and Support may wish to arrange their support with Provider on Lot 1 - Group Based Care and Support Open Framework Agreement. To this end, the Provider may be required to work with the Commissioner to develop and test arrangements for both Outcome Based Commissioning and Individual Service Funds.

9. Quality Requirements

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

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

The Provider must have policies in place which cover all aspects of the quality and delivery of the service, which are reviewed regularly (and any changes notified to staff and

workers), and which are understood and applied by staff and workers in their delivery of the service.

The Provider must ensure:

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

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

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

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

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

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

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

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

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

The Provider must positively engage with the Commissioner to resolve any quality concerns that might arise. This will be a requirement if the Provider is in breach/default of contract or (in the case of a regulated activity) not compliant with CQC standards and requirements.

Providers who fall below the quality requirements described in this section of the specification and/or are subject to whole service safeguarding reviews may, at the discretion of the Commissioner, be served with a Contract Default Notice and/or have placements suspended until such time as the Provider can satisfy DCC that the areas of concern have been addressed. The Commissioner Suspension policy can be found at⁴

9.1 Compliments and Complaints

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

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

The Provider's compliments and complaints policy must provide the contact details for Devon County Council's Customer Relations Team⁵ and should inform Service Users (and / or their Carers, relatives, representatives or advocates) that they are entitled to contact the Commissioners' Customer Relations Team in the event that they are dissatisfied with the outcome of the service Provider's investigation or wish to complain to Commissioner directly.

⁴ <https://new.devon.gov.uk/devonsafeguardingadultsboard/policy>

⁵ <https://new.devon.gov.uk/haveyoursay/feedback-and-complaints/>

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

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

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

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

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

10. Advocacy

The Provider will ensure that they are familiar with the eligibility criteria and referral arrangements into the Commissioner's Advocacy contract⁶

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

11. Volume of Service

The Commissioner has a duty under the Care Act to promote sufficiency and diversity and support services to the benefit of not only Service Users for whom the Commissioner directly commissions but also Service Users who receive a Direct Payment and Service Users who fund their own services. Consequently Service Users taking a Direct Payment or funding their own services are able to use the support commissioned through Lot 1 - Group Based Care and Support Open Framework Agreement via their own arrangements. To be clear Service Users using a Direct Payment or funding their own arrangements will make their own contractual arrangements with Providers on the outside of Lot 1 - Group Based Care and Support Open Framework Agreement. The Provider must familiarise themselves with the Commissioners' policy in relation to Direct Payments⁷.

⁶ <http://www.livingoptions.org/support-help/devon-advocacy-consortium>

⁷ <https://new.devon.gov.uk/adultsocialcareandhealth/assessments-for-care/after-your-assessment/direct-payments/>

11.1 Establishing volumes

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

11.2 Transitions

This Specification relates to New Business **and** existing people currently using a Group Based Care and Support service at the point of review will be purchased through as detailed in the Call Off Schedule located in Schedule 2 of the ITT.

The Commissioner will not routinely require or facilitate transfer of packages of care and support that were already in place prior to the commencement of the Supporting Independence contract, where those prior arrangements continue to meet the Commissioner and service user requirements. However, the Commissioner will reserve the right to transfer these historical packages of care and support into Lot 1 - Group Based Care and Support Open Framework Agreement where Commissioner determine there are reasonable grounds to do so. These grounds may include:

- The outcome of any social care Service User review
- The quality of service within the prior arrangement
- The value for money implications of leaving the package of care and support under a prior arrangement, as opposed to transferring it to Lot 1 - Group Based Care and Support Open Framework Agreement

The Commissioner will normally only consider the case for any transfer of historical packages of care and support into Lot 1 - Group Based Care and Support Open Framework Agreement, at the point of a Service User's package of care and support being subject to a full social care review.

The Commissioner may also consider the need to transfer historical packages of care and support to Lot 1 - Group Based Care and Support Open Framework Agreement outside of Service User reviews, where there are reasonable grounds do so. These grounds may include:

- The successful conclusion of a negotiation in which a provider of historical care and support packages that has been accepted onto Lot 1 - Group Based Care and Support Open Framework Agreement and the Commissioner agrees to transfer historical care and support packages into Lot 1 - Group Based Care and Support Open Framework Agreement.
- Where the decision of the Commissioner was that leaving care and support packages under a historical arrangement would present an unacceptable risk to service user well-being and safety or the continuity or quality of a package care and support.

With any transition of Packages of Care and Support, the Commissioner will ensure the specific nature and timing of any transition are formalised into a written plan which will be

made available to the Provider in advance of any transition. Upon finalisation of a plan, the responsibility for any communications to Service Users that are needed will be the responsibility of the Provider.

12. Calling off services and price

Services will be called off from Lot 1 - Group Based Care and Support Open Framework Agreement via a consistent approach by the Commissioner. The Call Off Schedule as described at Schedule 2 of the ITT.

For any high cost packages of care and support, packages over £500 per week for DCC or £300 per week for DPT, the Commissioner reserves the right to utilise the Personal Brokerage function and not to use the Call Off arrangement as described at Schedule 2 of the ITT.

13. Specific Obligations

13.1 Time Limited Enablement

In the future the Provider may be required to work with the Commissioner to develop time limited Group Based Enablement Support. For some Service Users, the Provider may be required to deliver a short-term, Enablement service to improve or develop an Service Users independent living skills. This type of intervention would normally be time -limited, community-based and focussed upon the delivery of short-term, goal-oriented, Personalised Support. The service will normally be limited to up to twelve weeks support.

13.2 Service continuity and contingency planning

In the event that the Providers business changes location the Provider must notify the Commissioner.

In the event that the Provider makes a substantive change in the way the service is delivered from their tender application the Provider must notify the Commissioner.

The Commissioner is seeking the greatest possible transparency and clarity for Service Users (and/or their Carer, designated representative) with regards to all of their financial liabilities and obligations. To help achieve this, the Commissioner requires the co-operation and collaboration of the Provider, who will need to contribute information and support the Service User with the establishment of Service User contracts between relevant parties.

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

13.3 Provision of Personal Care

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

In the case of Lot 1 - Group Based Care & Support, Referrals may include some Packages of Care & Support that do involve personal care activities, but that nevertheless do not fall into a category of CQC regulated activity because they are not being delivered in the Service User's own home. An example of this would be where Service User attending a day centre needed assistance with personal hygiene tasks or assistance to use toilet facilities.

Referrals into the Group Based Care and Support (Lot 1) will make it clear if any personal care activity is required in the Service Users My Care and Support Plan. In declaring their availability Group Based Care and Support Providers must be clear on whether the delivery of personal care outside of a Service User's home is part of their offer. Where it is part of their offer the delivery must be carried out by appropriately trained staff and workers, as described within the quality requirements of this specification.

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

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

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

13.4 Assistance with Medication

13.4.1 Roles and Responsibilities

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

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

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

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

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

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

13.4.2 Duties and Requirements

'General support and the administration of medication' does not in itself fall into the definition of Care Quality Commission (CQC) activities that require Registration, unless these are delivered as part of a package of care to a Service User which does involve other activities that must be regulated.

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

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

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

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

13.4.3 Medication Policies

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

The Commissioner accepts that Providers that do not require Care Quality Commission registration may deliver 'assistance with medication' activities under their own organisation's policies and procedures. It is not a requirement of the Commissioner that a Provider replaces its own medication policies and procedures with those of the

Commissioner. However, if the Provider does not wish to adopt the Commissioners' Medication Policy, the Provider must be able to produce, on demand, a policy of its own that includes at least the following areas of guidance:

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

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

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

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

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

13.5 Transport

Transport provided as part of the activity programme delivered to Service Users must be reflected in the overall price charged for the session (detailed in section 2.3).

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

Refer to Appendix C of the ITT for Transport Guidelines.

13.6 Refreshments

Reasonable refreshments must be provided to Service Users whilst they attend a Group Based Care and Support session (i.e. coffee, tea, soft drinks, biscuits etc.). The Provider must endeavor to meet Service Users' preferences with regard to hot or cold drinks where these are reasonable. Any specific requirements will be set out in the Referral.

The Provider will be responsible for agreeing the refreshments and meals offer to Service Users attending their service.

Further details on refreshments is covered in section 2.3 of this Specification.

13.7 Social Value

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

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

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

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

- **Resilient**

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

- **Healthy**

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

- **Prosperous**

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

- **Connected**

Communities will be more cohesive and inclusive.

- **Safe**

More people will be empowered to live well and participate.

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

14. Reporting requirements

The Provider must cooperate with the Commissioner to meet the reporting requirements within the Performance Framework Appendix E of the ITT.

Commissioner will monitor quality and performance and address any concerns raised.

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

Where the reporting, either self-assessment and or other monitoring, highlights issue which may indicate a poor quality of service, the Commissioner will agree an appropriate plan of action.

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

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

15. Sub-contracting

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