DORSET COMMISSIONING PARTNERSHIP

DORSET CARE

SERVICE SPECIFICATION: CARE AND SUPPORT AT HOME

Segment 1

Lot 1

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1. Introduction and context

1.1 This specification should be read in conjunction with the Commissioning Intentions document, the Dorset Care Framework Overarching Service Specification (Document 1), underlying specifications as instructed, and additional information provided within the appendices. These documents will form part of the final contract for successful bidders.

The Commissioning Partners are commissioning Care and Support at Home services to replace, improve and enhance existing arrangements.

1.2 The personalisation of Care and Support is central to the development of Adult Social Care and Health and we want to commission services from Providers capable of moving away from traditional social Care and Support based upon a 'time and task' model.

1.3 Personalisation and the options it brings, including Individual Budgets, poses a challenge in that Commissioning Partners are less able to forecast exact volumes over the life of contracts as people will be free to make their own arrangements both at the point of any service commencement and at the point of any review.

1.4 Effective Care and Support at Home can positively impact upon demand for a range of services including those commissioned by Health, notably supporting appropriate strategies to reduce inappropriate admissions to acute hospital services. This can be achieved through supporting improved effectiveness of community services, promoting wellbeing and healthier lifestyles, and supporting discharge from bed-based services.

Demography and growing demand

1.5 The number of older people across Dorset is projected to rise over the next 12 years, with a more significant increase expected in the over 85 age group. and adults suffering from poor mental health. In addition, the growing prevalence of dementia, early on-set dementia, is putting pressure on existing social care and health services.

1.6 In January 2019, at the point of re-opening the Dorset Care Framework, an update has been appended (Appendix 1) to detail activity during year one and a refresh on planned activity/approach in year two.

1.7 In year two of the framework, the Commissioning Partners will not be utilising block contracts options. Therefore, all reference to blocks should be ignored

- References to blocks are in the following paragraphs:
  - 6. Care and Support Plan - 6.7
  - 8. Service Access & Commissioning - 8.8
  - Transitional Arrangements for Providers not on the Framework – 9.2, 9.3, 9.4, 9.6 and 9.10

2. Our vision

2.1 The Commissioning Partners' vision is to:

- Maintain and where possible improve quality of life when circumstances such as illness or disability would limit or reduce it.

- See Care and Support at Home as part of a 'whole system' approach, whereby Service Users are supported to access creative, community-based solutions to meet their required outcomes and to reduce their reliance upon traditional models of funded care.

- Not view Service Users as passive recipients of care i.e. a deficit approach, but instead to recognise the Service User's strengths and their ability to contribute towards achieving agreed outcomes.

- Develop a stable and varied market of Providers which works in partnership with the Commissioning Partners to provide creative and innovative solutions to the challenges of demographic, geography, staffing, and a broad range of system pressures.

- Seek to promote the role of Care and Support Workers by recognising the value and importance of the role it plays and working with Providers to improve pay, terms and conditions and training.

- Support Providers to develop a strong relationship with Service Users and their Carers and have the skills and ability to recognise signs of improvement and/or deterioration and be able to act upon them without necessarily referring to the responsible Commissioning Partner.

- To build a relationship with Providers based upon trust and openness and where this occurs, will devolve greater responsibility and autonomy to them.

- Support Providers to develop a service that is attractive to Service Users in Dorset who may be in control of their own resources through 'self-funding', or via an Individual Budget, Individual Service Fund (ISF), a Personal Health Budget (PHB), or where services are directly commissioned by the Commissioning Partners on a Service User's behalf.

- Encourage the utilisation and development of informal networks of friends and families, universal services and community-based organisations, to ensure that Service Users have an active and stimulating life, the negative effects of social isolation are addressed, and Service Users are helped to participate in their community if that is their wish.

- Embrace technology and new and innovative approaches to providing Care and Support at Home.

3. Scope

3.1 Community based Care and Support initiatives that will allow Service Users to be supported through periods of recovery or enablement, maximise or maintain their level of independence, reduce social isolation and provide support to

Carers.

3.2 Care and Support at Home services may be procured to provide services to Service Users within their own home, within supported accommodation setting such as Extra Care, or within any appropriate temporary environment.

3.3 The duration of any Care and Support intervention will be determined by the Care and Support Plan.

3.4 Short term interventions e.g. respite, sitting services, short breaks etc., form part of this service. See the Dorset Care Framework Overarching Service Specification (Document 1) for examples of the types of services which may be provided.

3.5 The Dorset Care Framework will also offer opportunities for the commissioning of more complex packages of care under Continuing Health Care conditions during the term of the Framework. Opportunities for Complex Care will be bought to market in the first quarter of 2019/20. The specification for Complex Care can be found in Part 2 of this document.

3.6 Complex Care is defined as 'The Complex Care and Support service will cover Continuing Healthcare service users who have health needs which, due to their severity and unpredictability, require the commissioning of oversight and/or service input by a suitably qualified Nurse.

4. Aims and outcomes of the service

4.1 It is the intention of the Commissioning Partners that any intervention or service procured as part of this Framework must contribute to the six fundamental outcomes identified by the Association of Directors of Adult Social Services (ADASS). See the Dorset Care Framework Overarching Service Specification (Document 1), for further detail.

4.2 Providers will ensure that all services provided:

- Promote the independence of Service Users to lead the life they wish and reduce their dependency on Care and Support packages using an enabling approach, including seeking innovative solutions to support and increase levels of self-care.

- Work with Service Users to help them improve so that services can be adjusted over time to better reflect changes in their needs and new opportunities available.

- Make effective use of community resources, including encouraging active involvement of the voluntary and community sector as contributors to Care and Support Plans and maximising the use and involvement of universal community resources e.g. shops, leisure centres, libraries.

- Eradicate waste in the delivery of Care and Support Plans e.g. reducing travel for Care and Support staff and removing areas of duplication that exist from multiple Providers going to the same location. This should include, where appropriate, using opportunities to incorporate community

services commissioned by Health, trusting Providers to work well with Service Users as evidence shows they gain a great deal of knowledge about the needs of Service Users through regular contact.

- Work with Public Health ensuring that working practices and delivery of Care and Support aligns with local and nationally determined priorities for Public Health and that broader steps aimed at health improvement are readily identified.

- Ensure Care and Support Workers are skilled, competent and with the appropriate characteristics.

- Ensure the provision of pre-planned Care and Support at Home services, which provide for commencement of support services over the weekend.

5. Description of the service

5.1 The Service must be provided as set out in the Framework Agreement and in line with legislation, good practice and standards, and must meet the requirements set out in the Care Act 2014.

5.2 Providers shall be registered with the Care Quality Commission (CQC) and must meet the appropriate standards determined by registration.

5.3 All Providers must remain registered with the appropriate regulatory body throughout the duration of the contract and advise the Commissioning Partners of any notices from CQC relating to non-compliance.

5.4 Where any CQC registered Provider is working in partnership and the partner organisation is not providing a CQC regulated activity, it is recognised that the partner organisation does not require CQC registration.

5.5 All services should be provided in a way that maintains the Service User's independence and choice in their Care and Support in as many aspects of daily living as possible. This may mean assisting and encouraging Service Users to do something for themselves (self-care) rather than providing direct care, or working alongside the Service User to enable them to maintain control of their own domestic environment, physical appearance, hygiene etc. The services must also be built around the Service User's need and desired outcomes, as opposed to having set rules that must be followed.

5.6 Care and Support at Home may be defined as single or multiple components of:

- Care and Support services capable of promoting independence.

- Personal care.

- Support to maintain the domestic environment.

- Low level support services that will enable a Service User to remain at home.

- Home from hospital services and supporting Service User discharged from hospital, enabling their prompt discharge and effective Care and Support

planning upon their return home.

- Assistance with accessing community and universal services.
- Assistance with administration of medication where determined as part of the agreed Care and Support Plan.
- Provision of services to Service Users eligible for funding from Continuing Healthcare.
- Care and Support to Service Users living in Extra Care schemes.
- Live-In Care.
- End of life Care and Support. Dorset CCG commissioners will lead on reviewing the personal care at home aspects of end of life care provision during year 2.
- Emotional and psychological support such as confidence building and motivation.
- Supporting and working with Service Users with dementia, particularly those who have complex needs.
- Managing challenging and difficult behaviour.
- Identifying Carers, including respecting and supporting their caring role.
- Applying an enabling approach to service delivery and maintaining re-ablement objectives where these are ongoing as established within any earlier re-ablement service that Service User may have received.
- Sensory loss / impairment requiring specialist communication skills.
- Monitoring and recording progress in traditional and non-traditional support.
- Support to use Assistive Technology/Health Technology.

5.7 Practical elements of Care and Support might include:

- Shopping
- Collection of pensions
- Payment of bills, events of household emergencies
- Social rehabilitation
- Escorting
- Domestic service
- Preparation of meals

- Cleaning, making beds and laundry
- Talk time
- Emergency Care
- Management of medication

This list is indicative and is not exhaustive.

5.8 As outlined in our vision, this specification intends to change the way we work to focus upon establishing what outcomes are important to Service Users and to utilise cost effective Care and Support Plans to achieve them. This includes making use of new and innovative developments.

5.9 There will be an expectation that Providers have organisational frameworks that support the improvement of service provision and are delivered in line with national guidance and legislation in relation to these areas.

5.10 For the purposes of this specification, the provision of nursing care (care that requires the specialist skills of a qualified nurse), is excluded. However, it is intended that assistance with the administration of medication and associated personal care tasks may be permissible following the introduction of a clearly laid down policy and procedure. Any such review in policy will be discussed with Providers prior to implementation and due consideration will be given to service and/or cost considerations. This assistance will only be possible as part of a larger package of Care and Support.

5.11 The Provider must have a timesheet policy and procedure in place which is given to Care and Support Workers at induction. The procedure must make clear that if the Care and Support Worker records visits and/or times which are inaccurate the Service User has the right to refuse to sign the timesheet

5.12 All timesheets must be specific to the Service User and the date, start and finish times must be accurate and there must be a signed entry by the Service User or their representative, which is not the Care and Support Worker, at each visit made. If a Service User is unable to sign, this should be clearly recorded on the timesheet and all relevant documentation.

5.13 The Provider should maintain a record of Service Users who are unable to sign, and a copy made available to the Commissioning Partners upon request or have in place such a system that logs digital timesheets and time stamps.

5.14 The Provider must have included in the timesheet policy, penalties associated with falsification of visits times and repeated inaccurate records of visits.

5.15 The Provider must have a procedure and system in place whereby an accurate calculation can be made of the charges for the actual service delivered.

5.16 Access arrangements communicated will consider the safety of the Service User and their property. Keys should not routinely be left in unsecure places and key safes should be fitted at the earliest opportunity.

5.17 Providers will ensure that they have appropriately risk assessed both the nature of the Service User's needs and the timings of service delivery. This may result in two members of staff attending times.

5.18 Any household pets must be disclosed, and appropriate measures taken to ensure safe entry before care will commence.

Services to people with Mental Health needs

5.19 Care and Support is a key part of recovery and the independence pathway for mental health Service Users. The three key elements for mental health Service Users are:

- The need for proactive and focused domestic assistance services and medication administration services, which assist Service Users to maintain their accommodation and prevent hospital admission. This must include planning and problem solving from Care and Support at Home where an intervention is needed to meet these outcomes

- Knowledge of the Service User, including signs of mental health relapse, and the ability to escalate these and support Service Users with effective preventative action

- The ability to work proactively and alongside a range of specialist mental health services including potential intensive floating support services.

6. Care and Support Plan

6.1 In establishing the service for a Service User, an assessment shall be provided to the Provider which identifies the agreed outcomes to be achieved and the financial resource allocated. On receipt of this, the Provider will put together a Care and Support Plan with the Service User and then send it back in the agreed secure format to the responsible Commissioning Partners' Brokerage team, Key Worker, Support Planner or originating Assessing Officer or the Continuing Healthcare Team of the Dorset Clinical Commissioning Group (CCG).

6.2 In all cases and, in agreement with the Service User, the Providers shall continuously review progress against the Care and Support Plan outcomes informally through Care and Support Workers who will have regular contact with the Service Users. Providers will ensure that any improvements or deterioration in their condition can be identified and the responsible Commissioning Partner notified of this at the earliest opportunity, but no later than 48 hours after the significant change.

6.3 Providers will carry out reviews at agreed intervals, normally the end of phases of Care and Support and will make any long term / permanent adjustments necessary to the Service User's package up to a maximum tolerance of +/- 5 hours at the stated framework pay rate. Where adjustments are made in line with the pre-approved tolerance, these must be notified to the responsible Commissioning Partners' Brokerage Team.

6.4 Changes over and above the tolerance level must be agreed by the responsible Commissioning Partner. Should the Provider identify a change in Service User

needs that are more than the tolerance level, then the Provider should request a formal review from the responsible Commissioning Partner.

6.5 The Commissioning Partners will regularly monitor the utilisation of tolerances for Service Users, which may prompt the Commissioning Partners to review the needs of the Service User.

6.6 At the request of the Service User, the Provider may keep up to a 4-week surplus of banked support, or enough to cover an identified need in the future to help them meet the Service User's needs in a flexible way. This approach will be trialled initially through the outcomes-based pilots to be selected in year 2.

6.7 The Provider shall on request provide the responsible Commissioning Partner with an annual summary of income received and expenditure incurred every 12 months for each Service User supported. The responsible Commissioning Partner and the Provider shall reconcile the payments made with the actual Care and Support provided the Provider, unless contracted under a framework block arrangement, shall return to the responsible Commissioning Partner any funding which is more than a 12-week surplus and is not needed for any other specific purpose as determined by the responsible Commissioning Partner. This approach will be trialled initially through the outcomes-based pilots to be selected in year 2.

6.8 Providers will send a copy of their review documentation for each Service User to the responsible Commissioning Partners to build a reviewing pathway. Where this review identifies an increase / decrease above or below the tolerance in the Service User's circumstances, a re-assessment of need may be undertaken which will be led by the responsible Commissioning Partner. The outcomes-based pilot will test out new methods of assessment and review, which measure outcomes and test secure web-based methods of information exchange.

6.9 For Service Users whose needs are likely to increase, the Provider shall ensure that outcomes are identified that promote the quality of life that Service Users wish to achieve, and coping mechanisms are instigated that allow as much independence and confidence as possible.

6.10 Providers shall ensure that Service Users are 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.

6.11 Providers will therefore have a key role in the ongoing review, co-ordination, raising alerts, reporting and in identifying opportunities through which the individual outcomes might be creatively and innovatively met.

6.12 Examples of Service User commissioning based upon outcomes are provided within Appendix 4.

7. Moving and handling of Adult Service Users

7.1 The safe moving and handling of Adult Service Users is described in the DCC policy in Appendix 6. Providers are required to work to these guidelines to ensure consistency of approach.

8. Service access and commissioning

8.1 The Commissioning Partners do not intend to commission services outside of the Dorset Care Framework.

8.2 Pricing will be fixed and detailed within the initial pricing schedule issued as part of the commissioning of this Framework.

8.3 The Commissioning Partners reserve the right to establish additional pricing mechanisms as appropriate within any mini-competition process.

8.4 Eligibility for services is based on an assessment of the Service User's needs and risks to independence. Assessments consider specific Service User needs, including the impact of equality issues such as race, culture, gender, age, disability, sexuality.

8.5 Eligibility across the Commissioning Partners differs:

- Adult Social Care Service Users: services are provided to those Service Users who are unable to meet two or more of the outcomes specified in the Care Act, and where there is a significant impact on their wellbeing as a result.

- Continuing Healthcare Service Users: Service Users in receipt of Continuing Healthcare will have had their eligibility for services determined via assessment and through the completion of the Decision Support Tool (DST).

8.6 The Local Authority Social Care assessment will determine the outcomes identified by the Service User and, where appropriate, the Personal Budget available to meet this outcome. The level of Personal Budget given may change depending on future circumstances surrounding the Service User's Health and/or Social Care needs.

8.7 Referrals to the service must be made through the responsible Commissioning Partners' Brokerage Team, Operational Team or Out of Hours Service. Service User eligibility for Care and Support must be established by the responsible Commissioning Partner.

8.8 Where the Commissioning Partners have established block contract arrangements under the Dorset Care Framework utilisation of the block contract capacity shall take priority over other commissioning methodologies.

8.9 Providers will respond to a standard referral within four hours, however, the Commissioning Partners may highlight higher risk cases which will require a more rapid response. It is imperative that once a service is commissioned from a Provider through a referral that the Provider will commence the service on the date as agreed with the Commissioning Partners.

8.10 The Provider will be able to commence packages seven days a week, every day of the year, unless an alternative timescale is specifically agreed on a case by case basis and/or depending on service type.

8.11 The Provider must ensure that their staff are able to receive referrals from the responsible Commissioning Partners' Brokerage Team, Operational Team or Out of Hours Service in writing, by telephone, post, fax, electronic mail or another secure digital platform.

8.12 Initially within each area referrals will be made to Providers against their quality ranking and availability unless the Provider can demonstrate that the Service User should be referred to a specialist service or it is determined by the Commissioning Partner and agreed with the Provider that a spot purchase arrangement is appropriate. However, referrals which have been demonstrated as hard to meet, either because they have been handed back or have been waiting beyond the time scales set out in the contingency policy set out in Appendix 2, will be made to providers based on service criteria set out in 4.2 and 5.6 above alongside ranking and availability criteria.

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

- Tender
- CQC rating must not be "inadequate"
- No pending enforcement action
- No DCC block
- Quality Monitoring Team visits and intelligence gained through quality and monitoring of the Quality Standards. See Appendix 1: Care and Support at Home Quality Monitoring Standards
- Safeguarding
- Response rates to requests
- Number of difficult to provide Care and Support packages delivered i.e. complexity of need or location
- Number of Care and Support packages handed back
- Reduction in funded Care and Support packages
- Feedback from locality teams
- Number of complaints
- Number of compliments
- Availability. This level of response to invitation for geographically grouped bundles of packages, designed to reduce excessive mileage/ travel will also be rated.
- Service User Choice

This list is indicative and is not exhaustive.

A panel will operate with representatives from Operations, Brokerage, Quality and Commissioning to review rankings on a 6 monthly basis.

9. Transitional arrangements for providers not on the Framework

9.1 Dorset is now divided into five geographical areas in line with the Districts indicated the Dorset Care Framework Overarching Service Specification (Document 1).

9.2 In addition to the five geographical areas the Commissioning Partners intend to commission block contract arrangements to support service delivery in areas that are traditionally having to serve.

9.3 Providers may bid for any of the areas and/or block arrangements and the Commissioning Partners will allocate them and the respective order of purchase following the evaluation of bids as set out in the procurement process above.

9.4 Providers will be restricted to being awarded a maximum of two block contract arrangements as part of the initial commissioning/procurement exercise unless there is evidence to support a business decision otherwise.

9.5 We are therefore looking to appoint Providers within each area who will support all Service Users referred to them. This will help to ensure that Service Users within Dorset are guaranteed timely access to a service when they need them. This contractual area will remain intact whilst the Provider is operating to the terms of this agreement and is performing to the standards set out within the contract and specification.

9.6 During the first six months, Providers will be allocated packages based upon their ranked scoring from the tender evaluation exercise unless the service user lives within a block contract area whereby the block arrangement will be given priority. After this period, packages will be allocated based upon a ranked scoring.

9.7 Existing Service Users whose Provider is not part of the Dorset Care Framework will be offered the opportunity to transfer to a Dorset Care Provider in a planned manner as capacity allows. See appendix one; there are targets to achieve 90% of care commissioned through the Framework.

9.8 Service Users will have the opportunity of remaining with their existing Provider under Direct Payment / Personal Health Budget arrangements.

9.9 Providers who join the Framework will retain existing packages on Framework terms and conditions, including price, unless advised by the Commissioning Partners during the award / mobilisation period.

9.10 The Commissioning Partners face significant challenges in providing services in many of Dorset's rural communities. As such, they reserve the right to offer Service Users a change of Provider where block contract or other special arrangements have been made.

9.11 The Provider must plan with the Service User to introduce the service to them in their own home unless some other arrangement is agreed with Brokerage, Social Worker, Assessment Officer, Member of the CCG's Continuing Healthcare Team or support planner. This introductory visit must take place within two working days of the Provider receiving the Care and Support Plan from Brokerage unless otherwise agreed.

9.12 The Provider will ensure that the Care and Support Worker will know about any communication needs of the Service User and will receive necessary training to meet these needs. The lines of communication should also be clearly defined. Carers and Care and Support Workers should know who to contact first in case of emergencies.

9.13 Where the Service User has an independent advocate or formal Carer, the Provider will take account of the view of independent advocate or Carer in line with the conditions of the Mental Capacity Act 2005. If the Provider is in doubt that the independent advocate is not working for the Service User's best interest, this must be reported to the responsible Commissioning Partner.

10. Activity by area

10.1 Appendix 9: Activity by area, sets out the best estimation of Care and Support at Home volumes currently commissioned by the Commissioning Partners. See also update for year one contained in Appendix 1.

11. Service User involvement and empowerment

11.1 Service Users will be involved in all aspects of the service, as detailed in the Dorset Care Framework Overarching Service Specification (Document 1).

12. Health, safety and security

12.1 The Provider must ensure the organisation has systems and procedures in place to comply with the requirements of relevant Health and Safety legislation and statutory requirements.

12.2 The Provider shall have mechanisms in place that ensure the serious concerns such as those relating to risk or harm to Service Users or others are readily identified and reported. Where appropriate this may involve contacting the police and, in all cases, the responsible Commissioning Partner and acting to safeguard Service Users and Care and Support Workers.

Risk Management

12.3 The Commissioning Partners must consider whether the Service User's needs and their inability to achieve their outcomes cause or risk causing a significant impact on their wellbeing. The Commissioning Partners must determine how the Service User's inability to achieve the outcomes impacts on their wellbeing. Where the Service User is unable to achieve more than one of the identified outcomes, the Commissioning Partner does not need to consider the impact of each individually but must consider if the cumulative effect of being unable to achieve those outcomes is one of a "significant impact on wellbeing".

12.4 The assessment considers risks to the Service User and Carer, and risk or hazard to any persons' visiting the Service User. Action is taken to mitigate risk and the Provider will be provided with information about measures required to manage risks or hazards, including risk in the environment that may be monitored by sensors e.g. smoke detectors, movement sensors and care alarms.

12.5 The Provider must notify the Commissioning Partners of risk identified in providing a service to a Service User and work co-operatively with the Commissioning Partners to mitigate risk and provide a consistent service to the Service User.

12.6 The Provider must inform Care and Support Workers that they are not allowed to take strangers / non-staff to the home of the Service User.

12.7 Care and Support Workers should also be aware of the Service User's general state and wellbeing and should ensure that safety procedures are followed, including wearing gloves and proper attention to waste disposal.

13. Quality assurance and management

13.1 The Provider must have an effective self-monitoring, quality management system as detailed in the Quality Monitoring Standards.

13.2 The Provider will be expected to comply with the Commissioning Partners' self-assessment process. There will also be visits by the Commissioning Partners' nominated Officers who will monitor the Care and Support at Home service against the quality standards which form part of this service specification, and any specific commitments detailed within the Provider's original or subsequent bids, which all form part of the contractual agreement.

13.3 This specification incorporates a range of performance and outcome measures which will drive both improved outcomes for Service Users and seek opportunities to support innovation in service delivery. Outcomes achieved shall be measurable and support commissioning decisions both by the Commissioning Partners and Service Users making their own arrangements.

14. Quality monitoring

14.1 Services and/or interventions will be monitored in line with Appendix 1: Care and Support at Home Quality Monitoring Standards.

15. Performance monitoring

15.1 The key performance monitoring measures are set out below and should be submitted on quarterly basis to the responsible Commissioning Partner.

KPI Reference	Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4
R1	Number of Service Users accepted into the service				

R2	Number of Service Users declined and why				
R3	Number of Service Users completing the service				
R4	Number of Service Users leaving the service prior to completion and why				
R5	Response to emergency referrals within 24 hours (weekdays)				
R6	Response to referrals within week one				
R7	Service users who received first visit within 7 working days from referral acceptance				
R8	A support solution, with outcomes agreed with Service User / Carer within 5 working days of first visit				

15.2 This supports the Commissioning Partners overarching performance monitoring framework. See Appendix 3.

16. Award/Call-Off Process

16.1 Quality evaluation is based on that of Segment 1. It comprises of initial pass / fail criteria, followed by a score out of 100% in relation to responses to case studies. Bidders can use all or only one case study, by selecting that which is most relevant to experience / business model.

Maximum prices are set in the pricing schedule that Providers must agree to be accepted onto this Lot.

Part Two: Dorset NHS Clinical Commissioning Group Specification for Complex Care for Adults (not currently in use, to be released in first quarter of 2019/20, will be subject to further competition)

1. Introduction

1.1 This specification should be read in conjunction with the Commissioning Intentions document, the Dorset Care Framework Overarching Service Specification (Document 1), Service Specification: Care and Support at Home (Segment 1, Lot 1), and additional information provided within the appendices. These documents will form part of the final contract for successful bidders.

1.2 This document specifies the requirements which apply to the provision of Complex Care and Support services for older people, adults with physical disabilities and/or mental health issues.

1.3 The Complex Care and Support service will cover Continuing Healthcare service users who have health needs which, due to their severity and unpredictability, require the commissioning of oversight and/or service input by a suitably qualified Nurse.

1.4 For the purposes of this document, any reference to Care and Support Worker shall be taken to include both Health Care Assistants and Registered Nurses.

2. Aims and outcomes of the service

2.1 The aim of the Complex Care and Support service is to enable Service Users to retain control of their lives and improve their quality of life whilst living as independently as possible in their home. The Service User should feel confident and secure and be an active participant in all decisions regarding their Care and Support and within their community.

3. Description of the service

3.1 The Commissioning Partners wish to procure Complex Care and Support services that are safe, supportive and enabling. As such, the exact nature of any service may vary depending upon the assessed needs of the Service User and the nature and location of accommodation.

3.2 Due to the nature of complex care, we will seek clinical guidance regarding performance monitoring from CCG Quality Assurance Team to ensure appropriate clinical oversight is maintained. Performance will be monitored for individual service users against their individual care plan. Service Specification for Care and Support at Home (Segment 1, Lot 1), however, these maybe varied at any time to support the individual Service User outcomes.

3.3 It is expected that the service will:

- Provide an individual package of Care and Support which is tailored to meet the needs of the Service User.
- Be provided over 24 hours a day, seven days a week, every day of the year, where required.

- Be centred on the Service User's preferences and aspirations for their Care and Support.

- Be delivered in the home of the Service User, whether permanent, temporary or within the community, as required.

- The Care and Support Worker will deliver a full range of Care and Support at Home tasks in line with the Service Specification for Care and Support at Home (Segment 1, Lot 1).

- The responsible Commissioning Partners will ensure the Provider receives the Service User's Care and Support Plan containing sufficient detail for the Provider to make a first visit and appropriate introduction before the service commences.

3.4 The Provider will:

- Work with statutory and voluntary partners to ensure the Service User has access to community resources. This could include but is not limited to faith groups, minority ethnic community organisations, libraries, providers of sports and leisure activities, and informal support groups.

- Develop and maintain constructive working relationships with Service Users, Carers, families, colleagues, professionals and wider community networks.

- Work positively with Service Users to address any conflicts which may arise.

- Support the Service User to access existing opportunities in their local community.

- Cooperate fully with any other Providers who are also involved in the support of the Service User.

- Not be entitled to claim Mileage to and from the Service User's home, or for any other reason, other than with the prior agreement of the Commissioner.

- Ensure that Care and Support Workers where appropriate have valid motor insurance.

- Ensure that the Service User and/or Carer are fully involved with the selection of the Care and Support Worker(s) for their Care and Support.

- Endeavour, as far as possible, to ensure a continuity of regular Care and Support Workers to enable effective working relationships to be developed between the Care and Support Worker and the Service User and/or Carer.

Should the provider be unable to recruit the required number of suitably trained and qualified care workers to enable mobilisation of the agreed package of care within the 20-week period, the Provider shall bear sole liability for the cost of hiring suitably qualified agency staff to enable the agreed Package of Care to mobilise. No costs associated with the provision of such agency staff will at any point be transferred in any way to the Commissioner or the Service User/Service User's next of kin.

4. Service access and commissioning

4.1 Referrals to the service must be made through the responsible Commissioning Partners' Brokerage Team, Operational Team or Out of Hours Service

4.2 The Commissioning Partners accept that to enable the service to perform to maximum efficiency, the Provider needs to receive timely and accurate Service User details, including a detailed Care and Support plan, ongoing or recent medical history, short or long-term medication and full operational contact details including GP, next of Kin, key safe codes etc.

5. Health, safety and security

5.1 Providers will be responsible for the assessment of the suitability of accommodation in line with their appropriate Risk Assessment policies and statutory guidance.

6. Quality monitoring

6.1 Services and/or interventions will be monitored in line with Appendix 1: Care and Support at Home Quality Monitoring Standards.

7. Performance monitoring

7.1 The performance monitoring measures are set out below and should be submitted on quarterly basis to the responsible Commissioning Partner.

KPI Reference	Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4
R1	Number of Service Users accepted into the service				
R2	Number of Service Users declined and why				
R3	Number of Service Users completing the service				
R4	Number of Service Users leaving the service prior to completion and why				
R5	Response to emergency referrals within 24 hours (weekdays)				
R6	Response to referrals within week one				
R7	Service Users who received first visit within 7 working days from referral acceptance.				
R8	A support solution, with outcomes agreed with Service User / Carer within 5 working days of first visit.				

7.2 This supports the Commissioning Partners overarching performance monitoring framework. See Appendix 3.

8. Award/Call Off Process

8.1The Commissioning partners intend to use supplementary quality questions when the lot is opened for the first time and set maximum prices as part of a mini-competition process for packages of care.

Appendix 1

1.Year two

Remobilisation of DCF and refresh of commissioning intentions
Segment 1 Home and Community Support

1.1 Introduction
The specification for Home and Community Support is set out within the Dorset Care Framework and expectations are set out of providers as follows: '…personalisation of Care and Support is central to the development of Adult Social Care and Health and we want to commission services from Providers capable of moving away from traditional social Care and Support based upon a 'time and task' model.' (section 1.2 Segment 1 service specification)

Challenges for the sector relate to:

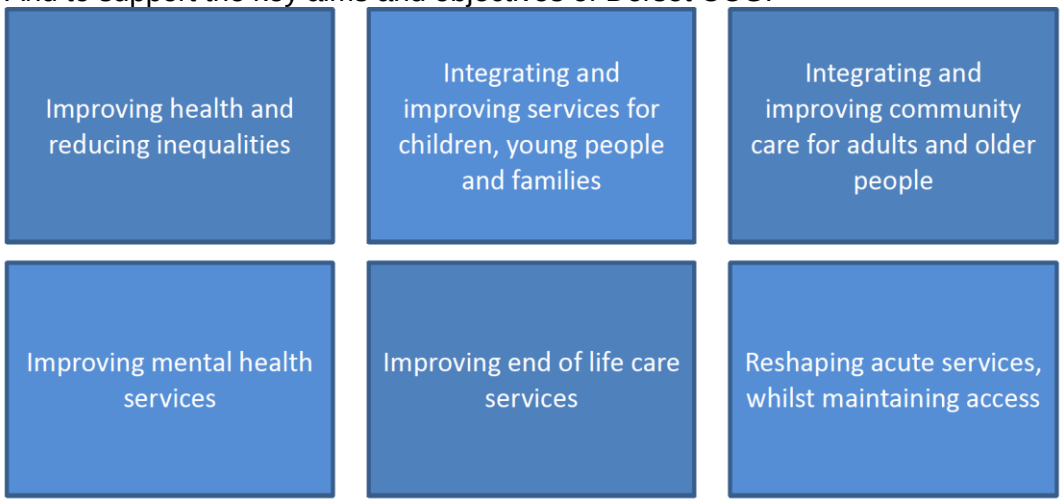
- Workforce stability and growth
- Logistics and excessive mileage, especially in rurally isolated areas
- Ensuring best practice in relation to moving and handling
- Improving the management of falls and reducing the pressure on ambulance services as key aim for the whole health and social care sector, which will involve joint initiatives with registered providers.
- Greater collaboration on challenging and complex packages
- Including digital innovation and technology enabled care in everyday care and support for people at home

The Provider market in Dorset has the networks and resources to help effect change however locally the providers, commissioners and operational teams need to be sufficiently engaged in a change model with a consistent and shared direction of travel.

It is anticipated that retention in the provider workforce will be supported by changes in the ways care is purchased and arranged to reflect a person-centred approach Commissioners wish to offer more opportunities in year two for providers to help develop the evidence base for what works best to support the three key outcomes in the Dorset corporate plan vision:

1. Delivering good health and care – affordable, flexible and accessible
2. Promoting independence – helping people to help themselves
3. Enhancing wellbeing for local communities

And to support the key aims and objectives of Dorset CCG:



Plans for year two will help to address this including offering opportunities to Segment one providers to bid for Complex care, Live in Care, Outcomes based pilots, seasonal pressures schemes and new ways of working with referrals. There are many examples of good practice in service delivery which commissioners would like to build upon and develop further.

1.2 Year one review

- Most care is provided for people with physical disability/ long term conditions/complex conditions and dementia related personal care. Most people are older however there is an increase in younger adults with long term conditions.

- In year one total Lot 1 type provision including on and off framework contained around 995,124 hours annually, approximately 19,137 weekly. This figure is aggregated hours, however at least 65% of care is purchased and arranged as part hours, with most in 30 minutes. 15-minute calls have been significantly reduced.

- Just under 30 providers out of 36 on the Dorset Care Framework are actively providing packages to Dorset County Council social care customers. A similar number of non-Framework providers provide one off care packages where the care was unable to be sourced through the Framework.

- By the end of year one, the CCG and the Council were commissioning well over 70% of their care through the Framework.

- Quality in the sector in Dorset remains good overall.

- Block Contracts- the block contracts awarded in year one are now ended and alternative options will be prototyped in year two as set out below.

1.3 Overview of year two plan

Forecast

- Commissioned care hours overall are not expected to dramatically increase in year two. Additional demand arising because of demographic factors and changes to the NHS models of care and treatment, care closer to home, may be offset by newer form of provisions such as Direct Payments / Personal Health Budgets and the development of micro providers, initially focussing the north of the County.

- Commissioners wish to increase the proportion of care packages sourced through the Framework, to a minimum of **90%.** Different methods of sourcing will be trialled in year two which helps to deliver this target.

- New packages in Christchurch locality area will be commissioned through the new council, BCP, from April 2019. Existing packages will be transferred.

Night care

- Any call off for the award of a 'twilight service' will be subject to joint development and agreement within the commissioning partnership in year 2.
- As part of the reopening of the Framework, providers will be asked confirm acceptance of night care rates for both sleep-in and waking night cover.

- The rankings will be reviewed- Providers who are accepted on to the Framework will initially be offered work based on their tender score which will rank them followed by a quality ranking, and ability to accept packages. After six months the ranking will also include the number of packages turned down or handed back.

Contingencies

- Commissioners will facilitate provider collaboration for a capacity pool/ bank approach to cover part packages/ contingencies

1.4 Summary of year two opportunities

Outcomes based Pilots

To test and deliver on aspects of this specification, a mini competition will be run in 2019 to award up to three pilot schemes, one each in three distinct geographical areas of Dorset, for up to 200 hours per week. These pilots will be pivotal to helping commissioners, providers and service users to develop outcomes measures for which enables providers evolve away from time and task purchasing and take on Trusted Practitioner type roles. These pilots will support the development of outcomes-based commissioning including appropriate incentives for 'right sizing' packages where someone has been re-abled towards independence outcomes.

Call offs for GPS mapped ‘bundles’ of hours for ‘hard to meet’ packages

Based on the Commissioner’s waiting lists care packages, providers will be invited to make offers on a cluster of packages which have been brought together based on a GPS mapped ‘runs’. Award of clusters will be based on ability to mobilise in the shortest time scale. Should there be more than one offer ranking criteria will be applied.

Complex care – see Part Two of segment one service specification above

Live in Care – see separate specification

Seasonal Pressures schemes – see separate specifications Rapid Response

Appendix Two

Contingency Policy

Definition

Why do we need a policy?
The commissioning organisations have committed through the Dorset Care Framework process to adhere to purchasing on contract. This means wherever possible care will be arranged via DCF accredited providers.

There will be times when brokers are unable to source care in this way as DCF capacity is still in development. This is due to the nature of the market, legacy packages, high level of self-funders preventing significant staff movement in the short term and general low staffing availability.

Since there will be times when care is required urgently, there is a need for a policy to guide staff about when care can be sourced off framework as a contingency.

This reflects the urgent nature of a proportion of referrals for care packages where failure to secure services would result in:

- **delay hospital discharge home**
- **delay people receiving end of life care at home (FastTrack-CCG)**
- **significant harm- immediate need – it has been acknowledged a risk definition tool would need to be shared with brokerage as part of the workflow – to be developed.**

The commissioning partners have agreed to define contingency using the above scenarios only and the time scales as follows:

If care cannot be found with any of the DCF providers in any of the urgent scenarios within two working days, brokers will source using the whole list of providers, including legacy and non-contracted.

For all other no care found scenarios the timescale will be defined by a length of wait of 10 working days before brokers will source using the whole list of providers, including legacy and non-contracted

Further mitigations

1. Method of sourcing- for brokers to implement with operational buy in
- Flexible time frames (Non-scheduled unless time critical)
- Collaboration with Block to reach guaranteed volume targets

2. Effective transition communications
- Weekly monitoring against defined metrics- take account of 'Flow'… balance capacity with transition.

3. Partnership working with legacy providers
- Reduce hand backs
- DP offer