

**Project Reference: DN303052**

**Lead Provider Contracts (Home Based Care and Support Services)**

**PART THREE**

**Service Specification**

Please Note: This specification forms an integral part of the contractual arrangements and provides the criteria by which the Council will monitor and evaluate Service quality, efficiency and effectiveness

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**DEFINITIONS**

1. **DEFINED TERMS AND INTERPRETATION**

|  |  |
| --- | --- |
| **Expression** | **Meaning** |
| “Additional Providers” | An approved list of Provider/s who are able to work in addition to the Lead Providers by accepting Referrals and providing a Service within a specific area. |
| “Assessment Service” | Short-term enablement-focused Service that assesses Service Users ongoing care needs following a stay in hospital; or to prevent admission into long-term residential care. |
| “Carers” | A relative, friend or neighbour or other third party who, without payment, provides informal help and support to the Service User. |
| “Care Plan” | The person centred plan drawn up by the Provider following the assessment of a Service User, that sets out the aims and objectives of the Service User, defines their expected goals to be achieved and, identifies the support and services required to maximise their choice, control and independence, and details the care hours and budget allocated. |
| “Carer’s Respite” | Regular and planned respite in the Service User’s home for a defined period to give the carer a break from their caring role. This is where the respite is part of the Service Users package of care. |
| “Care and Support Team” | The care staff available at the Extra Care Housing Schemes. |
| “CCG” | Clinical Commissioning Group. |
| “Charter” | A Charter is a formal document describing rights, aims, or principles of an organisation or group of people. |
| “Commissioners” | 1. Nottinghamshire County Council
2. NHS Mansfield and Ashfield Clinical Commissioning Group
3. NHS Newark & Sherwood Clinical Commissioning Group
4. NHS Nottingham North and East Clinical Commissioning Group
5. NHS Rushcliffe Clinical Commissioning Group
6. NHS Nottingham West Clinical Commissioning Group
 |
| “Community Health” | Health care teams within specific geographical areas. |
| “Contract” | The agreement between the Council and the Provider, including any orders placed by the Council under the terms of the Contract, this Specification, and for the avoidance of doubt all other terms, conditions or warranties other than any terms, conditions or warranties implied by law in favour of the Council are excluded from the agreement between the Council and the Provider. |
| “Core Service Providers” | Main Service Providers under Home Based Care and Support Services Contract 2014-2018. |
| “Council” | Nottinghamshire County Council, also referred to as The Commissioner |
| “County CCGs” | 1. NHS Mansfield and Ashfield Clinical Commissioning Group
2. NHS Newark & Sherwood Clinical Commissioning Group
3. NHS Nottingham North and East Clinical Commissioning Group
4. NHS Rushcliffe Clinical Commissioning Group
5. NHS Nottingham West Clinical Commissioning Group
 |
| “DBS” | Disclosure and Barring Service. |
| “Direct Payments” | Direct Payments are monetary payments made by the Council to Service Users and Carers who request to receive one to meet some or all of their eligible care and support needs. They provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs. |
| “Enablement” | Helping people become more independent and improve their quality of life both inside and outside their own home in order to help them get home and stay there. It gives adults the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health, disability or impairment or after a spell in hospital or problems at home. |
| “Extra Care Housing Schemes” | Independent Living Housing for older people often with a 24/7 on site Care and Support Team, which provides both planned care as well as responding to any ad hoc care and support needs as appropriate. |
| “Extra Care Services” | The County Councils nomination units within an Extra Care Housing Schemes. |
| “JSNA” | Joint Strategic Needs Assessment. |
| “Lead Provider” | The Provider who will accept the majority of Referrals for Home Based Care and Support Services within a specific area. |
| “Lot” | Defined geographical area that Nottinghamshire County Council will be seeking a Lead Provider for |
| “MCA” | Mental Capacity Act 2005. |
| “NHS” | National Health Service. |
| “Nottinghamshire’s Enabling Service (NES)” | Council service which aims to prevent, reduce and or delay the need for long-term support by working to increase people’s independence and to decrease people’s reliance on paid support by identifying alternative resources in the community. |
| “Managed Service” | Services that are manged by the Council for Service Users. |
| “MASH” | Multi Agency Safeguarding Hub. |
| “Open Book” | A structured process for the sharing and management of charges & costs including operational and performance data between the Provider and the Council.  |
| “Personal Budget” | A Personal Budget is an upfront allocation of resources. Service Users have choice and control over how to spend the allocated resource to meet agreed personal outcomes. |
| “Personal Health Budget” | A Personal Health Budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). |
| “Provider” | The organisation providing Home Based Care and Support Services. |
| “Provider Assessment” | The assessment undertaken by the Provider to assure themselves they can meet the outcomes and needs of the Service User. |
| “Reablement” | Reablement focuses on maximising people’s long-term independence, choice and quality of life, seeking to avoid the need for more intensive support and reducing ongoing needs. |
| “Referral” | The notification to the Provider, by the assessor/assessors from the Commissioning organisation, of the need for a Service including initial information about the respective Service User.  |
| “Referrer” | The worker requesting the Service on behalf of the Commissioning organisation. |
| “Regulator” | Care Quality Commission. |
| “SALT” | Speech and Language Therapy. |
| “Self-Funders” | Self-Funder is someone who pays the full cost for their own care and support requirements as they have savings or assets above the self-funding threshold set by the Government. |
| “Service Users” | Term used to describe people who use Services provided by and for the Council. |
| “Service” | Home Based Care and Support Service. |
| “Stakeholders” | Organisations and individuals who are interested in the subject. |
| “START” | Short Term Assessment and Reablement Team. Short-term Reablement type Service provided by Nottinghamshire County Council. |
| “Support Plan” | A plan developed with Service Users by the assessor/assessors from the Commissioning organisation and detailing desired outcomes, and how the Personal Budget could be used to meet those outcomes. |
| “Tissue Viability Team” | Provides specialist assessment, expert advice, education and training to health professionals. To prevent unnecessary hospital admissions, facilitate early discharge, improve healing rates of wounds and reduce the incidence of pressure ulcers. |

**FOREWORD**

**HOME BASED CARE AND SUPPORT SERVICES SPECIFICATION INCLUDING EXTRA CARE**

Nottinghamshire County Council’s ambition for people in Nottinghamshire is to have Home Based Care and Support Services that:

*“Support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care “.*

This vision has been defined by a group of Carers and Service Users ‘Experts by Experience’ who have been working together to influence the future model and delivery of Home Based Care and Support Services in the County.

The Council has also been working with the five Clinical Commissioning Groups, Service Users, Carers and Providers to design a Home Based Care and Support Services model that delivers Services to meet this ambition. We believe we can achieve this and deliver high quality Services by investing in the Service, the workforce and individuals. We aim to improve the quality and quantity of home based care, improve Service User satisfaction and reduce dependency on longer-term services. We will also change the way that we commission and pay for Services in order to offer greater surety to Providers and their staff. The approach will be one of collaboration and co-production, trust and drawing on the expertise and experience of Service Users, Carers and Providers. We are keen to encourage a diversity in Providers including local, national and small organisations in order to support the local economy whilst offering choice and opportunities to Service Users. Creativity and innovation will be encouraged to develop and sustain a vibrant and thriving home care market.

As a Council, we are also committed to the principles of ‘Unison’s Ethical Charter’[[1]](#footnote-1) and believe that by investing in the Services and workforce we can achieve a Home Based Care and Support Service of which we can be proud.

The specification is seeking Providers to deliver Home Based Care and Support Services across Nottinghamshire, including delivering onsite personal care and support at the Council’s Extra Care Services.

We welcome your interest in working with us to ensure a positive outcome from this procurement exercise.

**Paul Johnson**

Service Director,

Adult Social Care and Health

Nottinghamshire County Council

**Experts by Experience Home Based Care Charter**

**“Our Vision for Homecare in Nottinghamshire”**

**Developed by people who live with, or have lived with, the need for care at home.**

We think the purpose of Homecare is –

**“To support people to live in their own home as independently as possible and**

**with dignity through the delivery of good quality individual care “**

We want everyone to know that we value and respect the support we receive from home care workers. They currently enable us to:-

“Live with my partner at home”

“Carry on caring for my husband the other 23 hours a day”

“Have the strength to carry on caring “

We want all home care workers in Nottinghamshire to

* Be caring, dedicated, show warmth and understanding
* Be reliable and on time
* Be confident, engaging and have a can do attitude
* Be well trained and supported by the Provider they work for
* Be valued, respected and involved in the reviews about the people they support
* Have good up to date information about the people they work with so they know what is expected of them and how to support a person well

**This means home care Providers and their managers in Nottinghamshire must ensure;**

* They listen to the person and their family and check the quality of the care provided to make sure it works for them
* Their staff are listened to and are confident enough to share concerns with their managers.
* Staff are well trained and supported
* Staff have regular appraisals to identify their development and training needs, which then form the basis of the organisations on-gong training and support
* Individuals, their families and care staff are involved in the development of Care Plans and these are kept up to date
* There are clear back up plans in place for individuals that (which) prioritise what matters to people and all care staff are informed of these before they start working with a person
* They ask individuals and their families how they can improve the quality of what they are doing and work with these people to make changes when needed

**Communication** – For us the most frustrating aspect of getting care right is communication between the person receiving support, care worker and Provider office staff. Experience shows this to be frequently poor, causing us unnecessary stress and anxiety

* Providers must ensure that all office staff understand the importance of keeping care staff and the person and the families they support informed of changes that impact upon the provision of care
* Everyone involved has up to date contact details so they know who to get in touch with and calls are answered
* Individuals and families receiving care are always told in advance if there are changes to the time, personnel how their support will be provided
* Complaints are dealt with immediately and effectively to achieve a satisfactory outcome

# INTRODUCTION TO SERVICE

## INTRODUCTION

Nottinghamshire County Council has been working with representatives from the five local Clinical Commissioning Groups (CCGs), Service Users, Carers and staff members to review and remodel Home Based Care and Support Services in Nottinghamshire. The Council intends to commission new Home Based Care and Support Services to meet the health and social care needs of Service Users and Carers across the County, including onsite Services for those living in the Council’s Extra Care Housing Schemes. The Council will be the lead Commissioner for these Services.

This specification lays out the vision, model and requirements for this Service. We are seeking a Lead Provider per geographical Lot to deliver Services across the County. These Providers will be responsible for supplying the Home Based Care and Support Services within a given geographical area largely aligned to a specific CCG area. Each area will have a Lead Provider who will pick-up the majority of Referrals.

At the same time, through a separate tender exercise, the Council will commission a number of Additional Providers who will provide extra capacity per Lot ensuring that all Referrals will be responded to quickly and positively.

With the increase in the number of people supported to live at home, the Commissioners require a wide range of flexible support services for people with varying levels of need including non complex health care tasks and end of life care. In addition to this, as the prevalence of dementia increases, a large proportion of Services commissioned will be for people who have dementia. In order to ensure that the Service is personalised to individual’s needs the Provider will be required to liaise with Community Health Teams to ensure an integrated approach to their care.

In order to commission the Home Based Care and Support Services, the Council and the County CCGs (the Commissioners) require a stable and robust market of Providers who have an experienced, motivated and well-trained workforce, and who are able to deliver a high volume of consistent and sustainable high quality services.

Nottinghamshire County Council has worked proactively with providers to enable a sustainable social care market across the County and has undertaken Open Book accounting exercises to analyse the costs of providing a home care service in Nottinghamshire. A series of engagement events have been held with Service Users, Carers, Providers, staff and other Stakeholders to better understand the complexities and requirements of home based care. Two factors emerged as being key to the development of a viable and sustainable market. These were:

* An hourly rate which enables Providers to pay their staff at least at or above the National Living Wage including travel time, and which enables them to compete with other employers locally
* Payment for hours commissioned as opposed to a payment model based on the minutes of direct care delivered

The Council recognises the challenges of the home care market and the need to pay a realistic rate combined with a payment mechanism that will give greater surety on income for the Provider. Also that this needs to be fair to Providers in order to break the cycle of unsustainable rates, low staff pay, high staff turnover and ensure that the needs of Service Users and their Carers can be met.

Traditionally both locally and nationally the models for Home Based Care and Support Services have been based on a ‘Time and Task’ model and therefore inflexible in its delivery to Service Users. It is very important where care is required that it is delivered in a manner that maximises people’s independence and enables them to regain skills that could have been lost, for example, through a period of ill health.

It is imperative that people are at the heart of adult social care and health commissioning and provision of services that are easy to access, are of good quality and that maximise their ability to live independently and safely in their community.

Following extensive engagement the Council has trialled a model of Home Based Care and Support where the Provider is involved with the Service User and their families much earlier than usual in developing their Care Plan. This follows the assessment Support Plan undertaken by the Council.

Care staff working in small teams within geographical areas have worked with groups of individuals to provide a more flexible model of support throughout the day and night. This has enabled people to be more independent, with regard to their level of need and have more control over the care they receive.

The model of support is personalised and outcome focused to meet people’s individual assessed needs, all of the people that trialled the new service were existing recipients of the traditional home care service. Overall feedback from people has been very positive with reports that they feel much more confident in some cases this has meant people have regained skills they have previously lost resulting in a reduction in their care package as their confidence grew. Care workers have been able to liaise with local health partners and families regarding individuals support needs and discuss any issues or changes and link people in to local groups and support networks.

The Council has paid Providers for the hours commissioned for each Service User, this has meant greater stability regarding their income and can let care staff know in advance what they will be paid and they in turn can plan their time accordingly. Staff have also reported that they have had greater job satisfaction as they have been able to support Service Users much more flexibly and creatively.

The new Home Based Care and Support Services model is based on commissioned services and achievement of defined outcomes. Service Providers will be paid 95% of the commissioned hours from the start of the new Contract with an additional 5% available on the achievement of two high level outcomes in Year 1 i.e. 2.5% for each outcome. In the second and subsequent years of the Contract the identified outcomes will be reviewed and may be amended in consultation with the Providers. The Providers will be monitored on these outcomes and will need to meet the thresholds before they can be paid the additional 5%. Providers will only ever be paid for 100% of commissioned hours for each Service User. This means that if the Provider delivers more than 95% of commissioned hours and meets the outcome thresholds, they will receive payment for 100% of the commissioned hours only.

Over the life of the Contract the Council and the CCGs will work with Service Users, Providers and other stakeholders, in a proactive partnership approach. This will ensure that the Home Based Care and Support Services model in the County meets the needs of people living in local communities is of a high quality and is also sustainable in the longer term.

This Service specification sets out the Council’s requirements for the Home Based Care and Support Service. It must be read in conjunction with the Terms and Conditions of the Contract.

The Lead Commissioner for the Contract is Nottinghamshire County Council. The Council’s specific responsibilities, together with the statutory responsibilities of the CCGs, are detailed in this Service specification.

# BACKGROUND

* 1. STRATEGIC VISION - DEMOGRAPHIC CHANGES AND PRESSURES

With the increase in numbers of older people, it is critical for health and social care Providers to work together to ensure that the Services focus on maximising independence rather than fostering dependency and reliance. It is therefore crucial that older people are supported to stay well to prevent unnecessary hospital admission and where necessary to facilitate timely discharge. Providers will work with Commissioners to minimise the length of time that people spend in hospital. Hospitals have experienced increases in the number of emergency admissions of older people who now account for 62% of total bed days spent in hospital. [[2]](#footnote-2)

Unnecessary delay in discharging older people from hospital can lead to worse health outcomes and can increase long-term care needs. Older people can quickly lose mobility and the ability to do everyday tasks such as bathing and dressing. Keeping older people in hospital longer than necessary is also an additional and avoidable pressure on the financial sustainability of the National Health Service (NHS) and local government.

One of the Council’s key strategic intentions is to support people to live independently in their own home for as long as possible – whether that is in their own home in the community or within one of the Council’s Extra Care Services.

The overarching model for Home Based Care and Support Services has been developed to support this intention bringing together Services that will help deliver principles laid out in the Care Act 2014, particularly in relation to the following:

* To prevent, delay or reduce the development of people’s social care needs, so far as possible
* To work in an integrated, person-centred way, with all other support agencies including those in the third sector

This model has two main elements, short-term Reablement services and longer-term services for which people require an eligibility assessment. It is the second element, the longer-term services, which this specification for Home Based Care and Support Services covers.

The short term Reablement services will focus on avoidance or delay of the need for longer term Home Based Care and Support Services through targeted interventions to maximise independence, supporting people through short term crisis and providing more accurate assessments of need to inform any Care Planning for longer term services, if required. The Council’s “Short Term Assessment and Reablement Team” (START) and the “Home First Response Service”, will deliver this element of the model.[[3]](#footnote-3) These two services will assist many more people to regain or retain independent living skills and as a result reduce the need for ongoing Home Based Care and Support Services.

The second element of the model will address the needs of people who require longer term or ongoing Services. This is the remit of this specification and is based on having a Lead Provider per geographical Lot covering each of the following six areas:

* Bassetlaw
* Broxtowe
* Gedling
* Mansfield and Ashfield
* Newark and Sherwood
* Rushcliffe

The Lead Provider is required to provide Home Based Care and Support Services for the majority of the Service Users in their designated area this includes care and support services to all nominated Service Users in the Extra Care Housing Schemes.

Within the Extra Care Housing Schemes, the Council uses a proportion of the accommodation as nomination units. This means that the Council selects the individuals to live in those units having assessed them as being eligible for its Extra Care Services. Home Based Care and Support Service teams will be required to provide the Service 24 hours a day and 7 days a week at each of the Extra Care Housing Schemes.

 Whilst these Services are for people with longer-term care needs, they will nevertheless be based on an ethos of promoting independence. They will encourage people to retain and regain their confidence and independent living skills and over a longer period to reduce their dependency on care services. This will require Providers to work in a different way, to take a more person-centred, enablement focused and flexible approach. Services will therefore be commissioned as outcome-focused care, with targets and incentives in order to drive changes and efficiencies. Service Users will be partners in care, designing and co-producing their own Care Plans and agreeing desired outcomes.

## Home Based Care Demand and Activity

The Council currently purchases Home Based Care and Support Services including Extra Care Services for around 2,032 people, totalling approximately 28,039 hours per week. (As at Oct 2017)

Please refer to Part 4 the Memorandum of Information for detailed demographic statistics and historic data.

Most of the Home Based Care and Support Services are delivered to older adults, although small amounts of Home Based Care and Support Services may be commissioned for younger adults with a primary need of learning disability, autism, mental health or physical disability if eligible needs are personal care only. The Council commissions Care, Support and Enablement services for younger adults via a separate Contract where additional services are required over and above personal care.

The Council is also the lead Commissioner for any Home Based Care and Support packages of care that are joint funded with any of the CCGs in Nottinghamshire. As of December 2017 there were 53 Service Users with joint funded packages.

## Extra Care Services

The aspirations of older people are changing. National research shows that many older people would prefer to stay living in their own home for as long as possible. ‘Your Nottinghamshire Your Future 2017-2021’[[4]](#footnote-4) seeks to enable people to live independently for as long as possible.

The Council currently has a total of 11 operational Services in Extra Care Housing Schemes. The Council has nomination rights on 187 units (including a number of short-term social care assessment apartments). In addition, two new schemes are currently being built and will open in March 2018, with a further scheme to open in March 2019. These three new Services will increase the Council’s overall total number to an anticipated 268 units. There may be additional schemes opened throughout the life of this Contract and the Lead Provider in the area where these Extra Care Housing Schemes are opened will be required to provide Services within these schemes.

Details of the Extra Care Housing Schemes is contained in Appendix 1

# REQUIREMENTS AND OBJECTIVES

## REQUIREMENTS

The Council is seeking good quality, forward-thinking Providers to work collaboratively with the Commissioners, health and social care teams e.g. Primary and Community Health teams, social care assessment teams, Providers such as START and the Home First Response Service, and Service Users and Carers to create a strong and viable network of Home Based Care and Support Services across Nottinghamshire.

The Service will be delivered in geographical areas that align to the Council’s social care teams and CCGs as far as possible. There are six designated areas; each will have a Lead Provider.

The Lead Provider is required to accept and maintain a minimum of 75% of all work passed to them as well as 100% of Services to nominated Service Users in the Extra Care Housing Schemes. A separate tender process will award Contracts to a number of Additional Providers in each area to provide extra capacity and surety that new Referrals will be responded to quickly and positively.

This Service will deliver Home Based Care and Support Services for a period of five years with the option to extend for a further period of five years. The Service will be part of and contribute to a system of services to keep people living at home including Reablement, rapid response, hospital discharge, Carers’ support, Assistive Technology and Extra Care. The Provider is required to work in collaboration with these services according to the local service configuration in order to ensure the efficient transfer of people from hospital and in and out of related services. The key acute and community hospitals in Nottinghamshire are:

* Nottingham University Hospitals NHS Trust (NUH)
	+ - Queens Medical Centre
		- City Hospital
* Lings Bar Hospital
* Sherwood Forest Hospitals NHS Foundation Trust
	+ - Kings Mill Hospital
		- Mansfield Community Hospital
		- Newark Hospital
* Doncaster and Bassetlaw NHS Trust

The Service will provide care and support to adults aged 18 and over, who have been assessed as requiring Home Based Care and Support Services. This includes (but is not limited to) adults who have assessed care and support needs associated with older age, long term conditions, physical or learning disabilities, sensory impairment, substance misuse and mental illness including dementia.

In addition to the above and as part of providing care and support to a parent/parents with a disability to undertake the parenting of their child/children, there may be occasions when the delivery of ‘hands on’ care to the child/children is required as part of the Service to the adult. Services will not however be commissioned directly for children.

The care workers delivering this Service will need the skills and competencies to deliver social and low level health care to Service Users with social care needs. This will include personal care, physical and emotional support, activities of daily living, medication prompts, general wellbeing and any low level health care tasks. The Provider is therefore required to have appropriate CQC registration.

## OBJECTIVES AND OUTCOMES FOR HOMEBASED CARE AND SUPPORT SERVICES INCLUDING EXTRA CARE

**Service User’ Outcomes**

|  |  |
| --- | --- |
| **Objective** | **Outcome** |
| Service Users are supported to stay as physically and mentally well as possible and Providers will liaise with Community Health Teams to oversee the health and wellbeing of individuals; this may include support with continence care, falls prevention, nutrition, hydration and skin care, as well as supporting Service Users with long term conditions | Service Users remain as independent as possible in their own homes and avoid unnecessary admissions to hospital or care home  |
| Service Users are supported to engage with any rehabilitation or Reablement programmes that have been set by a therapist or clinical staff | Service Users remain as independent as possible in their own homes and avoid unnecessary admissions to hospital or care home  |
| Service Users receive timely, good quality, safe, tailored and flexible person centred Services | Service Users have an overall good or very good experience of the care provided |
| Service Users are at the centre of making decisions about their care and the Services that are provided. They are actively involved in the planning of their care and production of their Care Plan and the way in which the Service will be delivered  | Service Users have more choice and control. They feel valued, understood, involved, secure and confident in the care provided to them. |
| Provide Service Users with the support to make choices, (giving consideration to the Mental Capacity Act if required) and involve Service Users in every stage of Service development and delivery | Provision of good quality services and high levels of Service User satisfaction |
| Service Users are offered the right support and access to information in an appropriate way, when needed | Service Users physical and emotional stress is reduced through timely and appropriate information |
| Service Users are supported to participate with community and voluntary activities where identified in their Support Plan | Service Users feel less isolated and more of a sense of community belonging  |
| Service Users are supported to access communal activities  | Service Users feel a sense of community belonging and a reduced or no sense of loneliness  |

**Service Outcomes**

|  |  |
| --- | --- |
| **Objective** | **Outcome** |
| Provide a responsive Home Based Care and Support Service system that meet the needs of Service Users in a timely manner | Provision of good quality services and high levels of Service User satisfaction |
| Staff are trained to an appropriate, accredited level in line with The Care Certificate[[5]](#footnote-5) to meet the needs of people accessing the Service | Providers sustain a workforce that has the appropriate knowledge, skills and expertise to deliver safe, high quality, dynamic service provision |
| Staff work with Service Users to maximise their independence by helping them to regain or maintain independent living skills | Overall reduction in dependency on social and health care services and the need for ongoing Home Based Care and Support Services |
| Support individuals in their own home for as long and safely as possible with good quality, tailored and flexible person centred Services | Increase the number of people supported to live independently in their own homes and prevent admissions to long term care |
| Providers are required to meet the principles in Unison’s Ethical Care Charter by offering staff good terms and conditions including employing staff on salaried contracts in preference to zero hour contracts where possible | Development of a sustainable home care workforce.  |
| Train care staff in End of Life Care (in line with Nottinghamshire JSNA chapter on End of Life Care for Adults 2017)[[6]](#footnote-6)  | People are supported to die at home if they wish to do so |
| Providers will encourage Service Users to engage with any exercise plans (in line with Nottinghamshire JSNA chapter re Falls and Bone Health 2015 and the ‘Get Up and Go Guide’)[[7]](#footnote-7)  | Maintain mobility and bone health and reduce admissions to hospital due to injurious falls |

## SERVICE DESCRIPTION

The Council and the CCGs are changing the way they commission services, and the new Home Based Care and Support Service moves away from the so called ‘time & task’ model towards ‘outcome based’ individualised care.

The Provider will work in partnership with the Council to implement and further develop the Service in response to changing and emerging pressures, evolving services and financial constraints. The Service will also develop in line with new initiatives such as new technology, integrated working and general advancements in the health and care sector.

The Provider will develop and agree an initial Provider Assessment with the Service User and/or Carers during the first care visit and an individual Care Plan will be produced from this assessment. The Care Plan will reflect the requirements detailed in the Support Plan produced by the Referrer.

The Provider must offer, pick up and retain 75% of all new Referrals, acknowledge receipt and respond within **four working hours** of receipt of the Referral request to confirm whether the Provider can accept the request.

The Provider must confirm a start date and time within 24 hours of confirming the Referral, or as specified by the Commissioner.

## SERVICE CAPACITY

The Provider must ensure that they have the capacity and capability to deliver Services 365 days per year (366 days in a leap year). The Provider must be able to demonstrate flexibility in deploying staff in response to demand at all times. The Provider must conduct regular reviews of staffing levels and resources especially at times of increased demand, including, but not limited to, winter pressures, Bank Holidays and school holiday periods ensuring the required Service capacity is provided.

## TYPE OF CARE PROVIDED

The Provider will adopt an Enablement approach to delivering a range of tasks that support people to remain living at home as independently as possible. These tasks may vary according to the specific Service Users needs but will generally be of a social care nature, which will include providing support with all aspects of daily living, such as personal and domestic care, accessing the community and social networks and regular and planned respite for Carers where it is part on an on-going package of care.

At times, some of these tasks could extend to include basic health care tasks with the appropriate training and oversight from health clinicians.

The joint protocol on delivering health and social care tasks in a Service User’s own home, ‘Responsibilities for Care in the Home’, is currently under review. Recommendations will be made on the range and nature of some of these tasks, which will affect the tasks that the Service Provider will deliver under the Contract. These may include, but are not limited to:

• Application of medication patches, with appropriate documentation

• Application of TED (Thrombo-Embolic-Deterrent) stockings alongside a risk assessment

• Administration of epipens, as part of a Care Plan

• Expansion of use of inhalers to include new inhalers

• Expansion on the use and documentation of creams etc. used as part of personal care

• Supporting with the administration of buccal midazolam

• Continence – changing of bags

A single Care Worker will deliver care packages unless assessed or reviewed as otherwise. **The assessment will include a determination of how many care workers are needed to carry out tasks safely.** This is in line with the principles of **Single Care Practice.[[8]](#footnote-8)**  Where two or more care workers are commissioned at the start of the Service, the Provider will work in an Enabling way, including the use of appropriate equipment, to reduce the number of care workers required to deliver the ongoing support plan.

All care tasks will be delivered in a way that encourages and supports Service Users to retain and regain independence whilst managing any risk factors. Providers are required to ensure that their Services improve people’s quality of life and help people to play a key role in realising their outcomes. Providers will ensure the Services are delivered in ways that encourage and enable people to regain skills and to help them maintain their independence wherever possible, throughout the time that the Services are required.

Personal care and support related tasks that the Provider will facilitate and/or assist, but are not restricted to, include:

* Support to get up or go to bed
* Support with dressing or undressing
* Support with washing and bathing (personal hygiene) including:
	+ - Washing of hair
		- Shaving
		- Denture and mouth care
		- Hand and finger nail care
* Support with personal appearance
* Support with toilet/continence needs:
	+ - Including the safe disposal of waste /continence pads
* Support with menstruation
* Assisting a Service User to eat their food or take a drink
* Support and prompt the Service User with medication. The type of support will vary and will be identified from the support with medication risk assessment form completed with the Service User at their first care visit
* Assisting a Service User with their mobility needs, including prompting regarding basic exercise regime
* Assistance with mobility, moving and handling of Service Users within their own home, using appropriate equipment, where necessary, to ensure safe transfer

Domestic care tasks that the Provider will facilitate and/or assist, but are not restricted to, include:

* Basic food and drink preparation:
	+ - Including associated kitchen cleaning and hygiene as appropriate
* Cleaning:
	+ - Including cleaning things such as, floor areas, baths, toilets, commodes (emptying and cleaning of), ovens, work surfaces, crockery and cutlery
* Ironing and laundry
* Bed making
* General tidying
* Assisting a Service User with their shopping (including on-line shopping)
* Pet care – feeding/providing water/essential care
* Fire lighting (as part of a Care Plan)
* Support to access community and support networks
* Respite for Carers on a regular and planned basis as part of the Service User’s package of care
* Support with the organisation of essential day to day living activities including household management and maintaining health and well-being e.g. assisting to make appointments, where the Service User has no other suitable person to offer support. Some of the time may be non-direct contact

Basic health care and support tasks that the Provider will facilitate and/or assist are not restricted to, but could include:[[9]](#footnote-9)

* Assisting people to eat where there is no identified risk of choking (determined by a Speech and Language Therapy (SALT) assessment)
* Supporting the maintenance and improvement of pressure areas through basic tissue viability advice/care supported by the Tissue Viability Team
* Monitoring of health issues where the Service User is under the supervision of a Community Health professional e.g. monitoring fluid charts

The Provider must make provision for Service Users who have communication difficulties, or for whom English is not their first language.

## PERSONALISATION AND OUTCOMES

Personalisation is fundamental to the commissioning and delivery of Services in Nottinghamshire and the Council has been proactive in supporting people to exercise choice and control particularly in relation to their own care arrangements. Wherever possible Direct Payments have been promoted positively. Nonetheless, there are high numbers of Service Users who require or request that the Council arranges and oversees their care and support Services through ‘Managed Services’. With the establishment of the new Home Based Care and Support Service Contracts, the Service Providers may wish to develop a diverse and flexible range of cost effective Services for people who arrange and manage their own care and support through a Direct Payment and by people who fund their own care.

The Council is committed to ensuring that Service Users and Carers have choice and control over the Services they access and the ways in which the Services are provided. One of the key components of personalisation is that Service Users and Carers are central to determining how the Services are arranged and delivered so that they meet their individual outcomes. Once a Service User has been assessed and their eligibility identified through an assessment of need, they are allocated an indicative amount of funding known as a Personal Budget.

For this Home Based Care and Support Service, Commissioners require the Provider to work directly with Service Users and their Carers to design and agree the Care Plan that will ensure the best and most cost effective means of delivering the agreed outcomes. Where joint funding of a package of care is agreed with the County CCGs and the Continuing Health Care team, the Provider will also work closely with them to agree which Services are to be provided within the Personal Budget or Personal Health Budget allocation.

The Provider will undertake person-centred Care Planning with Service Users and, where appropriate, with Carers in order to identify individual outcomes and to determine how these will be met. Care Plans should be dynamic, reflecting changing needs and preferences, to ensure that identified outcomes and health care needs continue to be met. The Provider will contribute to the review of the protocol when required. The Provider will ensure that their Service is responsive and flexible to accommodate changing needs.

Where Service Users have been assessed under the Mental Capacity Act and are deemed as lacking capacity to make certain decisions, the Provider will ensure their preferences are identified and Services are delivered in ways that reflect their preferences and promote their dignity; this may be achieved by accessing independent advocacy services where appropriate.

## THE EXTRA CARE SERVICE

**Service Delivery to People in Extra Care Housing Schemes**

The advantage of living in an Extra Care Housing Scheme and having the benefit of onsite care and support available over a 24 hour period, means that individuals do not have rigidly set call times. Instead, care is agreed on an individual basis and will be adjusted according to individual needs as and when required.

The following are within the scope of this specification:

* To provide a Service to all Service Users who are Referred by the Council
* To commence delivery of Service within 24 hours of acceptance of Referral, or as agreed with the Commissioners and the Service User/Carer
* The Service will be provided 7 days per week as required
* To liaise with all people and organisation involved to ensure timely response and delivery of the Service
* To liaise with Adult Social Care, other Providers and, where appropriate, Community Health Teams to ensure good outcomes for the Service User

Have the ability to accept new Referrals at weekends and Bank Holidays if required.

The Provider should be aware that the incumbent care provider may have provided services to a number of general needs non-Council referred tenants within the Extra Care Housing Schemes, on a private basis. Any continuation of these arrangements will be a matter for individual tenants and will not fall under the terms of the Council’s Contract. However, the Provider will provide Extra Care residents living in the non-nomination units an option to Self-Fund care and support from their onsite Care and Support Team.

Any care hours provided by the onsite Care and Support Team to non Council referred tenants within an Extra Care Housing Scheme must be as an additional provision by the Provider and must remain separate to the care hours contracted by the Council.

## ACCESS TO, AND PROMOTION OF, COMMUNITY BASED RESOURCES

A wide and diverse range of local community based and voluntary sector organisations operates across Nottinghamshire. Many of these organisations provide leisure and social activities to combat social isolation and loneliness. The Provider is required to establish strong links with local community organisations and networks within a given geographical area and to help Service Users and Carers to access these facilities and resources. Communal facilities within Extra Care Housing Schemes provide onsite resources for use by residents as well as older adults in the wider local community.

In developing individually tailored Care Plans with Service Users and their Carers, the Provider will help Service Users to meet the desired outcome of helping Service Users to feel a sense of community belonging. Where relevant, to identify community and voluntary resources and social networks to enable specific outcomes to be achieved in the most cost effective ways. This may include working with Nottinghamshire’s Enabling Service (NES).

## SERVICE USER AND CARER INVOLVEMENT

Service Users and Carers have been involved in defining a vision for home based care in Nottinghamshire, alongside a Charter for the delivery of Services. They have formed an ‘Experts by Experience’ group who, post tender, will have continued involvement through the quality assurance and monitoring processes.

The Provider must involve Service Users and Carers (both living with, and away from the Service User) in the delivery and development of their Service provision to ensure innovative, consistent, high quality care and support Services that demonstrate continuous improvement.

This will include the co-production of the Care Plan between the Provider and the Service User or Carer. This approach will be standard practice unless there are significant issues, which obstruct the joint production of the Care Plan. This must be evidenced.

## LOCATION OF SERVICE PROVIDER

The Provider is required to maintain a permanent office, registered with the Care Quality Commission (CQC), within or near to Nottinghamshire, which is open and operating during normal office hours. The office must be available to the Commissioners’ staff, to Service Users and Carers or representatives who may wish to visit, access records, or discuss confidential information.

The Provider is required to operate a dedicated telephone line, a messaging system and organisational email address for urgent Referrals and for ease of contact by Service Users and Carers. This must be available 24 hours a day 7 days a week. For out of office hours this can be an answering machine or voice mail and text messaging.

The Provider will have a nominated manager or designated officers who can, at all times, take responsibility for decision making on behalf of the organisation.

In addition for the Extra Care Services the Provider will have a care team available for each Extra Care Housing Scheme ensuring 24 hours coverage 7 days a week.

## ACCESS TO THE SERVICE – Referral Pathway

Referrals to the Provider will initially be made by Council officers. During the Contract term, the Council will introduce an electronic internet-based system, which will facilitate safe transfer of data for Referrals and responses in a timely manner. The Provider will be required to utilise this system to process Referrals and to enable the Council to monitor delivery and outcomes.

All Referrals will follow on from a Care and Support Assessment and Support Plan (CASA) being undertaken by Council staff.

The Provider is expected to commence delivery of Service within 24 hours of acceptance of the Referral, or as specified by the Commissioner.

For further details on Referral pathways see Appendix 2.

## DISCHARGE PLANNING FROM HOSPITAL AND ARRANGEMENTS FOR TRANSFERS

A significant number of Service Users being discharged from hospital who require Home Based Care and Support Services to return home will first be directed through a Reablement Service such as START, or the Home First Response Service. This will ensure that people’s Reablement potential is maximised and any ongoing package is commissioned at the correct level. Requests for restarts of packages for people with an existing Home Based Care and Support Service will go direct to the Providers.

The Provider will be required to liaise with START, the Home First Response Service Provider, the Community Health Teams and the Adult Social Care teams, to ensure the timely transfer of packages between Reablement and ongoing Home Based Care and Support Services. This is essential to the overall management of an efficient home based care system and in particular to hospital discharge.

The Provider must check that the Service User has the required equipment, medication and any necessary information in order to ensure that they have a safe discharge and transfer home.

The Provider will undertake any assessments required including a home environment check and any additional risk assessments, including MCA assessments as appropriate. These need to be completed prior to or at the first care visit. The Care Plan must be designed and agreed between the Provider and the Service User or Carer. This will demonstrate how the care and support and outcomes identified in the Support Plan undertaken by the Social Worker or Community Care Officer will be delivered.

## TRANSITIONAL ARRANGEMENTS

The Provider is required to work closely with the Commissioners to ensure implemention plans are delivered as efficiently and effectively as possible whilst ensuring the health, safety and well-being of Service Users is accounted for throughout. The Provider must work closely with Service Users and Carers during the transition phase to minimise disruption arising from the Service changes.

At the commencement of the Contract all new Referrals will be offered to the relevant geographical Lot Lead Provider. Existing Service User packages held by the previous Core Service Providers will transfer to the Lead Provider using a phased approach over a period of time, evisaged to be completed within a twelve week period. The Lead Provider, the outgoing Core Provider, Service User and Carer and the Commissioners must coordinate and colaborate to ensure the smooth transfer of packages.

Extra Care Services will transfer from the existing contracted Provider to the newly contracted Lead Provider on 1 October 2018, or as otherwise agreed by the Commissioners.

Commissioners will enable Service Providers to have access to most recent support plans, risk assessments, risk management plans etc. Existing Service Users will:

* Receive a letter from the Commissioners informing them of any change of Service Provider,assuring them of no gap in Service
* Be provided with new contact details of the Provider
* Receive an introductory visit from the Provider’s staff at which time work on new Care Plans can commence

**It should be noted that individual staff may require specific training prior to transfer of any Service Users requiring some low level health care tasks.**

It is expected that the Provider will work closely with existing Service Providers to ensure a smooth transfer of staff (taking account of any TUPE liabilities) at the same time as ensuring the minimum disruption to Service Users.

# RELEVANT LEGISLATION AND GUIDANCE

Providers will comply with the NICE Quality Standard for Home Care for Older People (June 2016). This Standard has the following quality statements:

* Statement 1: people using home care services have a home Care Plan that identifies how their personal priorities and outcomes will be met
* Statement 2: people using home care services have a home Care Plan that identifies how their home care provider will respond to missed or late visits
* Statement 3: people using home care services receive care from a consistent team of home care workers who are familiar with their needs
* Statement 4: people using home care services have visits of at least 30 minutes except when short visits for specific tasks or checks have been agreed as part of a wider package of support
* Statement 5: people using home care services have a review of the outcomes of their home Care Plan within 6 weeks of starting to use the Service and then at least annually
* Statement 6: home care Providers have practice-based supervision discussions with home care workers at least every 3 months

Relevant Legislation:

Relevant legislation is detailed below, although this may not be exhaustive. Providers must ensure they remain aware of, and comply with all relevant and applicable legislation.

* The Care Act 2014
* Section 29 & 30 National Assistance Act 1948 (NAA 1948)
* Section 2 Chronically Sick and Disabled Persons Act 1970
* Section 1 Local Government Act 1997
* The Health and Social Care Act 2008
* The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
* The Health and Social Care Act 2012
* The Mental Capacity Act 2005
* Care Standards Act 2000
* General Data Protection Regulations 2018
* Equality Act 2010
* Human Rights Act 1998
* Public Interest Disclosure Act 1998
* Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
* Management of Health and Safety at Work Regulations 1992
* Management at Work Regulations 1992
* Manual Handling Operations Regulations 1992
* Personal Protective Equipment Regulations 1992
* Provision and Use of Workplace Equipment Regulations 1992
* Workplace (Health Safety and Welfare) Regulations 1992
* Control of Substances Hazardous to Health Regulations 1989
* Health and Safety at Work etc. Act 1974
* Criminal Records Bureau Disclosure Service 2000
* National Minimum Wage Act 1998 and Regulations 1999
* Working Time Regulations 1998 and 1999
* Public Interest Disclosure Act 1998 (Whistle Blowing)
* Part V Police Act 1997
* Employment Rights Act 1996
* Rehabilitation of Offenders Act 1984
* The Provision and Use of Work Equipment Regulations (1998) (ISBNO-7176-0414-4) are available from the Health and Safety Executive
* National Association for the Care and Resettlement of Offenders (NACRO) leaflet
* Essential Standards of Quality and Safety March 2010

# ELIGIBILITY CRITERIA

It is likely that the majority of Referrals will be for older adults over 65, but may include some younger adults who require Home Based Care and Support Services. Service Users will be assessed as being eligible to receive Services by Council Officers. Initial eligibility will be based on Service Users being:

* Aged 18 and over
* Resident within Nottinghamshire
* Assessed as requiring ongoing Home Based Care and Support Services (as defined under the Care Act[[10]](#footnote-10))

It is envisaged that the majority of Referrals will be for:

* older people
* people who have dementia
* people who may be physically frail
* people with physical disabilities
* people who are at the end of life
* people with learning disabilities or other cognitive difficulties
* people with mental health needs

# SERVICE MANAGEMENT

## WORKING HOURS

Standard care and support will be available 24 hours a day, seven days a week, including planned night time Services, weekends and Bank Holidays.

The Provider will be expected to provide planned night-time Services as and when required.

This may include:

* Waking night care and support services require staff to be awake and on duty throughout the night between 10pm and 7am
* Sleep in night care and support services require staff to sleep at an individual’s home between 10pm and 7am. A ‘sleep-in’ includes being woken on up to 3 separate occasions of up to 30 minutes, or a total of 1 hour and 30 minutes

# STAFFING & WORKFORCE

## ADEQUATE STAFFING

The Provider must ensure that sufficient staff are available to meet the conditions of this Service specification at all times, regardless of holidays or sickness.

## STAFF TRAINING

The Provider must show that they are complying with the relevant regulations covering staff competence and training. The Provider must ensure the completion of the Common Induction Standards (or other standards as set out by the CQC) for all new Care Workers and other employees within 12 weeks of starting their employment. This induction must specifically include Mental Capacity Act (MCA) Safeguarding and Dementia training.

Staff must be supported to ensure appropriate skills are maintained in order to ensure that the highest level of care and support is provided by qualified and competent staff. The Provider will ensure:

* All staff are competent and trained to undertake the activities for which they are employed and responsible
* Care workers receive specific advice and training about human rights in relation to Home Care Services
* All staff have training on the prevention of abuse within three months of employment and this must be updated annually
* All staff hold a relevant national occupational standard such as Level 2 Diploma in Health and Social Care. Those who do not already hold a relevant standard should be supported to achieve the above qualification as a minimum
* Young staff (16-18 year olds) are supported in their work. Young staff should be undertaking an approved training programme – it is advised that the Health and

Social Care Apprenticeship framework is used

* Specialist advice, training and information is provided to support workers working with specific individual groups and / or medical conditions to ensure they are professionally qualified to do so
* Staff have training in the requirements of MCA (Mental Capacity Act 2005) and DOLS (Deprivation of Liberty Safeguards)
* All staff are aware of their Safeguarding responsibilities both for Children and Adults
* All staff are aware of and familiar with the Provider’s policies and procedures
* All staff are aware of their responsibility regarding the Prevent Agenda

The Provider is required to have a programme of ongoing training to ensure that their staff have the skills and knowledge appropriate for their role. The Provider must be able to evidence how all staff are meeting the Care Certificate Standards.

The Provider is required to submit to the Commissioner their list of core and mandatory training, this list will form part of Contract management arrangements.

The Care Certificate standards are the minimum standards that must be covered as part of induction training of new care workers.

The core training that the Commissioner expects all of the Provider’s care worker staff to have undertaken and be up to date in are:

* Moving and handling
* Person centred care planning
* Falls prevention and management
* Dementia
* Continence
* Mental health awareness
* Medication training
* Infection prevention and control
* Fluids and nutrition
* Safeguarding in accordance with the Nottinghamshire Safeguarding Adults Board Procedures
* Equality and diversity
* Privacy and dignity
* Health and safety
* End of Life Care (in line with Nottinghamshire JSNA chapter on End of Life)[[11]](#footnote-11)

## SERVICE DELIVERY LOCATION

The Service will be provided in a Service User’s own home. This includes where the individual lives within an Extra Care Housing Scheme. In exceptional circumstances it can be provided in a family member/friend’s home if the Service User is not able to return to or remain in their own home for a short period of time. This would be on a temporary basis only, pending return to their property. The Provider will also deliver Services to Service Users who are receiving an Assessment Service in an Extra Care Housing Scheme.

# HEALTH AND SAFETY

## GENERAL PROVISION

The Provider shall be responsible for risk assessments and other health and safety matters affecting its staff in the delivery of the Service. The Provider shall do all that is reasonably practicable to prevent personal injury and damage to property and to protect staff, Service Users and others from hazards.

The Provider must demonstrate compliance with all relevant Health and Safety legislation and guidance as and when required by the Council.

# MONITORING AND PAYMENT ARRANGEMENTS

During the Contract term the Council will introduce an electronic web based system for the processing and delivery of Referrals and information to the Provider. It will also provide a repository for data from the Provider, to allow for the monitoring of Service delivery and outcomes. For Council commissioned Services, the Provider is required to provide the Council with information and data on Service delivery in a format defined by the Council. Initally a specified electronic return and/or a template will be supplied to the Provider in a working format which must be completed on a weekly basis and submitted to the Council until the web based system is introduced.

The Provider must allow read only access to their Contract monitoring systems to the Council so the Council can have live access to every managed Service Users actual provided support records, including, but not limited to the history of all time and dated care vists.

#  PERFORMANCE MANAGEMENT

The Providers is required to demonstrate continuous improvement in the Services that they provide and the ways in which the Services are delivered. Improvements must relate to quality of care, innovation, productivity and prevention.

The Provider will be monitored against agreed performance targets and these will be reviewed on a regular basis to reflect changing needs, Service reviews and to support continuous improvement. The Commissioners will agree with the Provider further performance targets over the period of the Contract.

See **Schedule 4** – Quality Requirements for full detail of performance descriptions and performance levels.

## MONITORING OF SERVICE USER SATISFACTION

The Council will directly undertake a Service User satisfaction performance survey on a 12 weekly basis, which will be used to measure feedback from a random sample group of the Provider’s Service Users, which fairly represents the community Home Based Care and Support Service whole target Service Users group. The results of this Service User satisfaction 12 weekly survey will dictate the performance payment for that period, details of which will be shared with the Provider.

Extra Care Service Users will also be surveyed on a 12 weekly basis to measure feedback. These survey results will not be linked to the performance related payment.

The number of Service Users and Carers approached will depend on the number of active Service Users the Provider is providing Services to. It is envisaged that a minimum 10% of Service Users per Provider will be approached per survey cycle.

The Council reserves the right to modify or insert additional Service User satisfaction questions during the life of the Contract.

See **Schedule 4** – Quality Requirements and **Appendix 4** - Service User Satisfaction Performance for full details of monitoring and reporting requirements.

The Provider must also have in place their own process to undertake customer satisfaction sampling and reporting with Service Users. This activity will also be undertaken to measure satisfaction the Service and will be reported at the Contract Review and Service Development meetings on a six monthly basis. Both survey reports will be used to review and continuously improve the Service.

## DEALING WITH COMPLAINTS

The Provider must have its own documented complaints procedure and ensure Service Users and/or their representative can access it.

A Service User and/or their representative has the option to use either the Provider’s own procedure or the Council’s procedure. If they remain dissatisfied after following the Provider’s procedure for dealing with complaints, the Provider must refer the Service User/their representative to the Council’s Complaints and Information Team, County Hall, West Bridgford, Nottingham, NG2 7QP or at complaints@nottscc.gov.uk for further advice.

The Provider must co-operate with any enquiries made by the Council’s Complaints and Information Team, and respond to those enquiries in a timely manner.

The Provider must provide a report on the number of complaints and compliments received, with details of any investigation and actions required to resolve complaints. This report will be reviewed at the scheduled Contract Review and Service Development meetings.

# FUTURE SERVICE DEVELOPMENT

There may be new initiatives or projects which the Commissioners wish to develop to meet changing needs and comply with new statutory requirements. It is anticipated that some of these initiatives may be short term projects, linked to short term or additional one-off funding. These additional Services will be co-designed by the Commissioners and Providers at the appropriate time in order to achieve agreed outcomes at an affordable cost. Any new initiatives or projects will be subject to negotiation with Providers, as part of Service innovation and Service development, and may be subject to the issuing of a Contract variation.

During the life of the Contract the following initiatives may be introduced into the Contract:

* Extending the use of telecare and assistive technology to reduce the cost of care packages
* Supporting Service Providers in the extension of their Services e.g. Individual Service Funds (ISFs)
* Working with people who have fallen
* Review of Health and Social care tasks protocol

#  SOCIAL VALUE

The Council supports [Unison’s Ethical Care Charter](https://www.unison.org.uk/content/uploads/2016/08/22014.pdf) and it is therefore a requirement of Providers working on behalf of the Council to apply these principles.

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.

The Provider shall provide all reasonable assistance to the Council to allow the Council to meet its statutory obligations.

#  SAFEGUARDING

Safeguarding adults is a mandatory requirement of health professionals and organisations in Nottinghamshire County. The Provider will ensure that the interests and safeguarding of adults with care and support needs is paramount at all times and deliver appropriate and responsive care to all adults with care and support needs. This must be in accordance with the Care Act 2014 and any local protocols of the Council and County CCGs.

The Provider must ensure that all staff who provide care to adults are competent to the relevant level detailed in the [Nottinghamshire Safeguarding Adults Board’s Competency and Learning Pathway](http://fwprod.nottscc.gov.uk/fwprod/person/displayDocument.do?filename=Panel+documents.pdf&documentId=6014009&holdingproperty=documents&displayName=Panel+documents.pdf&dmsdocument=false). All other staff working for the Provider must also be competent to the relevant level and adhere to the Nottinghamshire multi-agency safeguarding adults procedures for raising a concern and referring.

In accordance with NICE guidance (NG21 Home Care: delivering personal care and practical support to older people living in their own homes), the Provider must ensure that there is a written process to follow in the event of a safeguarding concern and that the process is aligned to the ‘Creating your own Internal Procedures section’ in the [Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults At Risk Guidance](http://site.nottinghamshire.gov.uk/thecouncil/plans/councilplansandpolicies/policy-library/?entryid100=556386&q=0~safeguarding~).

The process include key contacts such as:

* Emergency Services
* The registered manager of the Home Based Care and Support Provider
* The Nottinghamshire MASH (multi agency safeguarding hub)

[Other sources of support, for example, the Care Quality Commission, Action on Elder Abuse, the local Health watch.]

The Provider must ensure Home Based Care and Support Service workers are aware of the process.

In addition NICE guidance NG21 states that Providers must build a culture in which reporting of safety and abuse concerns is understood as a marker of good care, not just as a negative outcome of poor care. Build such a culture by, for example:

* Stating explicitly, as part of induction training, that raising safeguarding concerns are part of delivering a responsible Home Based Care and Support Service and that Home Based Care and Support Service workers play a vital role in helping to safeguard a person using Services, and
* Providing case studies that demonstrate the far-reaching effects of not acting on safeguarding concerns

Recognise that raising safeguarding concerns can be a responsible element of providing Home Based Care and Support Services. Recognise that the Home Based Care and Support Service worker may be the first person to spot abuse and neglect (including self-neglect) and should respond proportionately.

The Provider must work in partnership with the Council or any other agency leading a safeguarding enquiry and ensure that referrals are raised if the Provider’s staff identify concerns. The Provider must cooperate and provide information as requested for Safeguarding Adults Reviews / Domestic Homicide Reviews and give consideration to ‘lessons learned’ from these, implementing changes where necessary.

The Provider must report any safeguarding concerns by following the Nottinghamshire Safeguarding Adults Procedures for Raising a Concern and referring by making a safeguarding referral to the MASH and in conjunction with any clinical risk incident reporting requirement. It will then be the responsibility of the Council to determine the most proportionate response and work with the individual. The Provider must also contact the Police where it is thought that a criminal act may have been committed. The Provider must comply with any other relevant reporting requirements, such as the Regulator, and must cooperate and provide information as requested for safeguarding enquiries.

#  CONTRACT MONITORING

The Provider and Council will work together in the delivery of the strategic principles and aims to ensure that good quality outcome focused Services are provided. Service Users’ experience of their care Services will increasingly be a key measure of quality and performance.

The Provider will have systems in place to ensure that the performance of this Service can be recorded in a timely, accurate and efficient way.

## CONTRACT REVIEW AND SERVICE DEVELOPMENT MEETINGS

The Provider will meet at least quarterly or as required with representatives from the Council linked to locality teams, when required, and must respond fully and in a timely manner to all information requests. The Provider will inform the Council when any complaint arises which impacts on the Service.

The outcome of such feedback must form part of the Contract Review and Service Development Meetings.

The Service data will be reported in a format agreed with the Council.

##  SUSPENSION OF ENTIRE SERVICE

In the event of there being a service failure or significant quality and performance issues the Council may consider suspension of the Service. This will usually mean that no new referrals will be made to the Provider during the suspension period but existing Service packages will continue. During this period the 75% pickup threshold will also be suspended.

**Appendix 1**

**Extra Care Housing Schemes in Nottinghamshire as at February 2018**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Scheme Name*** | ***Location*** | ***Total units***  | ***Number of NCC nominated units*** |
| **LOT 1 – BASSETLAW** |
| **Abbey Grove** – this new build scheme is due to open in Spring 2019 – until then the County Council has established a temporary Extra Care Scheme at **Larwood House** in Worksop | Worksop | 32 | 12 at Larwood HouseIncreasing to 37 when new Abbey Grove site opens |
| **Westmorland House** | Harworth | 39 | 19 |
| **LOT 2 – BROXTOWE – NO EXTRA CARE SERVICES** |
| **LOT 3 – GEDLING** |
| **St Andrews House** | Mapperley | 31 | 15 |
| **LOT 4 – MANSFIELD AND ASHFIELD** |
| **Poppy Fields (**including 10 at linked new Scheme, **Town View,** which opens Spring 2018) | Mansfield | 84 | 58 (including 10 dementia, 12 assessment apartments, 10 Town View) |
| **Darlison Court** | Hucknall | 38 | 10 |
| **LOT 5 – NEWARK AND SHERWOOD** |
| **Bilsthorpe Bungalows** | Bilsthorpe | 25 | 9 |
| **Moorfield Court** | South well | 43 | 15 |
| **Vale View** | Newark | 55 | 20 |
| **Gladstone House** | Newark | 60 | 40 (including 8 assessment apartments) |
| **LOT 6 – RUSHCLIFFE** |
| **Cricketers Court** | West Bridgford | 40 | 37 allocated across 3 Extra Care Housing Schemes |
| **Hilton Grange** | West Bridgford | 62 |
| **Spring Meadows** | Cotgrave | 53 |

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| **EXTRA CARE SERVICES - CARE AND SUPPORT HOURS PER WEEK** |
|   |  |  |   |
| **LOT** | **SERVICE** | **NUMBER OF SERVICE USERS** | **TOTAL HOURS PER WEEK** |
|   |  |  |  |
| **BASSETLAWLOT 1** | Larwood House, Worksop (**until** Spring 2019)(Appendix 1A) | **12** | **273** |
| Abbey Grove, Worksop (**from** Spring 2019) | **37** | **664** (indicative – to be confirmed) |
| Westmorland House, Harworth (Appendix 1B) | **19** | **252** |
|   |  |  |  |
| **GEDLINGLOT 3** | St Andrews House, Mapperley (Appendix 1C) | **15** | **273** |
|   |  |  |  |
| **MANSFIELD AND ASHFIELDLOT 4** | Poppy Fields, general and dementia (Appendix 1D) | **36** | **861** |
| Poppy Fields, assessment apartments | **12** |
| Town View, Mansfield | **10** | **140** |
| Darlison Court, Hucknall (Appendix 1E) | **10** | **273** |
|   |  |  |  |
| **NEWARK AND SHERWOODLOT 5** | Bilsthorpe Bungalows, Bilsthorpe (Appendix 1F) | **9** | **273** |
| Moorfield Court, Southwell (Appendix 1G) | **15** | **374** |
| Vale View, Newark (Appendix 1H) | **20** | **242** |  |
| Gladstone House, Newark (Appendix 1H) | **32** | **651** |  |
| Gladstone House, Newark (Appendix 1H)**assessment apartments** | **8** |  |
| *Please note: the Services at* ***Vale View and Gladstone House*** *in Newark will remain with the current provider until 2019. They will then be transferred into the Lead Provider Contract for Lot 5.**Gladstone House is a new scheme and is due to open Spring 2018* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **RUSHCLIFFELOT 6** | Cricketers Court, West Bridgford (Appendix 1I) | **37 - total for 3 sites** | **672 across 3 sites** |
| Hilton Grange, West Bridgford (Appendix 1J) |
| Spring Meadows, Cotgrave (Appendix 1K) |

ADDITIONAL HOURS - The Council may commission additional hours on a temporary basis under this Contract to reflect varying requirements of Service Users in the nomination units.

Additional hours will only be provided where specifically commissioned by the Council and will be invoiced on a monthly basis, separately to the block funding arrangement.

**The Nottinghamshire County Council Extra Care Ethos:**

**The overall ethos of the Council’s Extra Care Service is to provide a real alternative for older adults at risk of needing residential care - by providing:**

* **High quality accommodation –** either adapted existing sheltered living accommodation or purpose built new accommodation,built to the Council’s Extra Care Design standard to ensure the accommodation is suitable for older adults now (e.g. level access showers) and also future proofed i.e. the accommodation is designed so that it can be easily adapted in the future should an individual’s care needs progress (e.g. ceiling hoists can be easily fitted);
* **Access to on-site communal facilities** (varied by scheme) to help to build a sense of community between the older adults living within an Extra Care Housing Scheme thereby helping to promote mental and emotional well-being;
* **A Care and Support Team will be onsite 24 hours a day, 7 days a week** to provide personal care, domestic support and support with social inclusion/maintaining key relationships in line with each individual’s agreed Care Plans.

In terms of the type of care provided within Extra Care Housing Schemes, the focus is on supporting independence, promoting Enablement and supporting Service Users to maintain their abilities by enabling the Service Users to be as active as possible. Within Extra Care Housing, Care and Support Staff are onsite 24 hours a day. As part of the allocation process to live in Extra Care however, the Council will clearly explain to Service Users that they must be able to manage on their own for parts of the day. They must also have a strong desire to engage with the Care and Support Team and to be an active recipient of care and support whenever possible.

In addition to Extra Care Services on site, some of the Council’s nomination accommodation will be designated for the purpose of providing Reablement and Assessment Services or for other short term purposes.

These Reablement and Assessment Services will see a frequent flow of Service Users who will be assessed as to their on-going care and support needs whilst at the assessment unit. The Provider will be required to provide Services to these Service Users.

**The Care & Support offer within Nottinghamshire County Council Extra Care Housing Schemes:**

Each of the Council’s Extra Care Service Users who live within an Extra Care Housing Scheme will have an agreed Care Plan, This sets out their needs and the agreed outcomes. The care provided to residents living in the Council’s Extra Care nomination units will therefore be driven by the outcomes set in each individual’s Care Plans.

The key focus for the Care provided within the Council’s Extra Care Housing Schemes will be on enabling Service Users to be as independent as possible – Extra Care Service will do this in the following ways:

* **Meeting planned care needs within a 24/7 framework:** the onsite presence of the Care and Support Team means that when developing an individual’s Care Plans, the Council will commission planned care for any time within a 24 hour/7 day period in order to best meet the outcomes of the individual’s agreed Care Plan.
* **Offering flexibility to vary care provided dependent on:** In addition to planned care, the onsite presence means that Providers can respond flexibly to requests for changed or increased care and support. For example:

- the Council might request a temporary increase in an individual’s Care package where a Service User is returning to the Extra Care Housing Scheme following a period in hospital and so needs a temporary increase in the level of care provided;

- a Service User might request a change themselves to better meet their needs on a given day – e.g. a Service User may usually have a planned call at 7.00am but on occasion, might decide they would rather get up at 9.30am, in which case the Provider could agree to attend at 9.30am rather than 7.00am on those occasions

* **Supporting proper use of the call alarm within each home:** Each Service Users home within an Extra Care Housing Scheme will have a call alarm, which will go through to the Care and Support Team. The Council will explain to residents and families as part of their induction to the housing scheme that this call alarm is intended for use only when a Service User has a serious need outside of any planned care visits. Contact with the Care and Support Team about general requests for care and support should be made either via discussion at the next planned care visit or via direct contact with the on-site care office. If a pattern were to emerge whereby a Service User kept using the call alarm for non-serious requests, then the Provider would raise this with the Council. A nominated worker would liaise with the Provider, Service User and their family to understand what their issues are and where required, amend the individual’s Care Plan accordingly (for example, by scheduling an additional planned care visit at a designated time during the night to provide reassurance if that was what was required)
* **Offering a range of Personal Care support dependent on the need identified in the individual’s Care Plan:** the type of personal care support required will vary from individual to individual depending on the needs and outcomes identified in each Care Plan
* **Offering a range of practical support dependent on the need identified in the individual’s Care Plan:** Service Users who do not have family or friends nearby may need more help with practical tasks in order to meet the outcomes of their Care Plan. The type of practical support care required will vary from person to person depending on the needs and outcomes identified in each Care Plan. The type of practical support required from the Provider will also depend on the housing related support offered at each scheme by the landlord. Therefore, whilst it is not possible to provide an exhaustive list, examples of practical support could include:
* facilitating GP visits (including booking appointments and escorting Service Users to GP surgeries);
* help with menu planning and creating shopping lists;
* facilitating communal activities which are in response to residents needs/requests – for example, helping Service Users to cook a meal for friends (as a means of supporting that Service User to maintain social interaction);
* help to engage with local social activities where this in line with the outcomes set within individual Care Plans. Dependent on the needs and interests of the Service User, this might include helping a Service User to take part in existing local activities offered by the housing Provider/within the wider local community. It might also require the Provider to organise some communal activities for Service Users where there is an unmet need for a specific type of activity (working closely with the scheme’s Housing Provider where this is appropriate)
* **Support for people with Dementia:** Some Extra Care Housing schemes have dementia units which are intended to support people with dementia who are at risk in the future of needing to go into long-term care. More generally across all schemes it is also anticipated that there will be some people with a level of dementia or who could develop dementia in future. Therefore it is expected that all Staff will have a knowledge of person centred care and receive on-going training and support, including dementia training, to ensure they deliver the highest quality care
* **Reablement and Assessment Services:** The Assessment Service within the Extra Care Housing Scheme provides an environment where people receive a more thorough assessment by a Multi-disciplinary Team (MDT) led by the Council before any decision about long term care is made. The service is not fixed in duration, but is intended to be short term and will typically be provided for up to three weeks per individual. The Provider will jointly devise the Care Plan for every individual with input from the Council, Occupational Therapy and the Service User
* **What Extra Care Housing does not cover:** as part of the induction to Extra Care Housing, the Council will explain to Service Users and their families that care staff are not nurses and cannot change dressings or catheters or give medication (unless it is already in a dispenser for staff to remind Service Users to take themselves)

**Appendix 2**

**Referral Process – Lead Provider**

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1. Unison’s Ethical Charter: https://www.unison.org.uk/news/article/2016/12/nottinghamshire-county-council-signs-up-to-ethical-care-charter/ [↑](#footnote-ref-1)
2. ‘Discharging older patients from hospital’ National Audit Office, HC 18 Session 2016-17 - 26 May 2016. [↑](#footnote-ref-2)
3. The Home First Response Service is a short-term Service focusing to facilitate hospital discharge and prevent unnecessary admission to hospital or short term residential care. [↑](#footnote-ref-3)
4. http://www.nottinghamshire.gov.uk/leadership/posts/your-nottinghamshire-your-future-the-new-council-plan-for-2017-2021 [↑](#footnote-ref-4)
5. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. [↑](#footnote-ref-5)
6. http://www.nottinghamshireinsight.org.uk/research-areas/jsna/ [↑](#footnote-ref-6)
7. <http://www.nottinghamshireinsight.org.uk/research-areas/jsna/older-people/falls-and-bone-health-2015/> and http://www.nottinghamshire.gov.uk/media/115630/getupandgo.pdf [↑](#footnote-ref-7)
8. The principle of Single Handed Care practice is a reduction from two Carers to one carer wherever possible. This includes an assessment of the Service Users needs and situation to ensure safe practice and using equipment where required. [↑](#footnote-ref-8)
9. The local protocol that sets out responsibilities for health and social care tasks is being reviewed. Providers will be required to adhere to any amendments agreed under any revised protocol. [↑](#footnote-ref-9)
10. Care Act 2014 [↑](#footnote-ref-10)
11. http://www.nottinghamshireinsight.org.uk/research-areas/jsna/ [↑](#footnote-ref-11)