



NOTTINGHAM CITY COUNCIL
EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE

Date: Wednesday, 10 September 2014

Time: 2.00 pm

Place: LB31 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Deputy Chief Executive, Corporate Director and Chief Finance Officer

Constitutional Services Officer: Zena West, Constitutional Services Officer,
Email: zena.west@nottinghamcity.gov.uk **Direct Dial:** 01158764305

AGENDA

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ALL ITEMS LISTED 'UNDER EXCLUSION OF THE PUBLIC' WILL BE HEARD IN PRIVATE. THEY HAVE BEEN INCLUDED ON THE AGENDA AS NO REPRESENTATIONS AGAINST HEARING THE ITEMS IN PRIVATE WERE RECEIVED

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

NOTTINGHAM CITY COUNCIL

EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE

MINUTES of the meeting held at LB31 - Loxley House, Station Street, Nottingham, NG2 3NG on 16 July 2014 from 2.01 pm - 2.21 pm

Membership

Present

Councillor Alex Norris (Chair) - Portfolio Holder for Adults, Commissioning and Health

Councillor Jon Collins - Portfolio Holder for Strategic Regeneration and Schools

Councillor Dave Liversidge - Portfolio Holder for Community Safety, Housing and Voluntary Sector

Councillor Dave Trimble - Portfolio Holder for Leisure and Culture

Absent

Councillor David Mellen (Vice-Chair) - Portfolio Holder for Children's Services

Non-voting Members

Present

Helen Kearsley-Cree - Nottingham Community and Voluntary Service (NCVS)

Absent

Safdar Azam - Nottingham Equal

Colleagues, partners and others in attendance:

Irene Andrews	- Market development Programme Manager)	
Joy Chambers	- Placement Manager)	
Katy Ball	- Head of Early Intervention and Market Development)	
Candida Brudenell	- Strategic Director of Early Intervention)	Children and Adults
Antony Dixon	- Strategic Commissioning Manager)	
Bobby Lowen	- Lead Commissioning Manager)	
Holly Macer	- Lead Contract Officer)	
Steve Oakley	- Head of Quality and Efficiency)	
Zena West	- Constitutional Services Officer	-	Resources

Call-in

Unless stated otherwise, all decisions are subject to call-in and cannot be implemented until **28 July 2014**.

13 APOLOGIES FOR ABSENCE

None.

14 DECLARATIONS OF INTEREST

None.

15 MINUTES

The Sub-Committee confirmed the minutes of the meeting held 11 June 2014 as a correct record and they were signed by the Chair.

16 VOLUNTARY SECTOR UPDATE

Helen Kearsley-Cree of Nottingham Community and Voluntary Service (NCVS) provided an update for the Sub-Committee on the following issues:

- (a) Voluntary Sector Research – NCVS has recently produced a report which profiles the smaller BME groups and details the type of support they are accessing from NCVS. The State of the Sector survey, which informs a report on the 'health' of and issues faced by the voluntary sector has just closed. The Report will be available late summer. A refresh of a previous piece of research into the Value (both economic and thematic) of the voluntary sector is currently underway.
- (b) Stronger Together Group – this has developed from an initial meeting of the Area Based Grant Leads and also involves VCS (Voluntary and Community Sector) Support Services Providers (infrastructure) and Communities of Identity Grant Leads. Recently, NCVS held a combined meeting with Advocates and are supporting the group to develop as a VCS Leadership group.
- (c) Looking After Each Other – NCVS have worked with City Council colleagues to align VCS support services to this agenda, and there will be an emphasis on growing and developing the role of the voluntary sector within prevention and early intervention activities.

17 WORK PROGRAMME

Antony Dixon, Strategic Commissioning Manager, presented a Work programme for the Sub-Committee, covering the period September 2014 to April 2015.

RESOLVED to note the provisional agenda items shown below:

**10 September 2014: Children in Care Semi-Independent Accommodation Commissioning;
Residential Care Commissioning and Contracting Arrangements;
Hucknall House Transitional Arrangements;
Better Care Fund Resubmission;
Public Health Contracts and Budget Allocation;**

**15 October 2014: Voluntary Sector Infrastructure Contract Commissioning Intentions;
ICELS Commissioning Model;**

12 November 2014: (No items planned yet);

10 December 2014: Residential and Nursing Care Non Standard Elements; Right Place Right Time Commissioning Intentions;

14 January 2015: Financial Vulnerability Advice and Assistance Commissioning Intentions;

11 February 2015: Better Care Fund Plan 2015/16; ICELS Commissioning Arrangements;

11 March 2015: (No items planned yet);

15 April 2015: (No items planned yet).

18 NOTTINGHAM CITY COUNCIL PROCUREMENT PLAN 2014-18

Steve Oakley, Head of Quality and Efficiency, introduced the latest version of the Council-wide procurement plan for 2014 to 2018. Procurement and commissioning will potentially be aligned with other partners such as Health, and will be reflected in the plan. Procurement will be dealt with on-merit, on the basis of what the sector is able to respond to, with a focus on encouraging working with local businesses.

RESOLVED to note the details of Nottingham City Council Procurement Plan 2014 to 2018, and to note that it is indicative of planned activity and timescales, and may be subject to change.

19 FINANCIAL VULNERABILITY ADVICE AND ASSISTANCE STRATEGIC COMMISSIONING REVIEW PROGRESS UPDATE

Antony Dixon, Strategic Commissioning Manager, and Bobby Lowen, Lead Commissioning Manager, introduced a report to the Sub-Committee, providing an update on the progress of the Financial Vulnerability Advice and Assistance Strategic Commissioning Review (FVAA SCR):

- (a) The FVAA SCR is linked to work on employment and welfare support. Evidence suggests that demand for assistance from citizens experiencing financial difficulty has increased, and more needs to be done to meet the Council's commitments. Key drivers of demand include poor employment terms and under-employment, along with additional difficulty experienced by some citizens linked to recent welfare reforms.
- (b) The first analysis stage is complete. Nottingham City is high on indices of multiple deprivation, and evidence suggests that a high proportion of Nottingham's citizens have unmanageable debt. Experiences of financial difficulty are linked to associated problems of poor health, increased crime, lower educational attainment, inter-generational connection and families entering a cycle of poverty.
- (c) A number of opportunities to improve the use of resources to assist citizens in avoiding or recovering from financial difficulty have been identified through the initial analysis. Further research and planning is being taken forward in partnership with stakeholders, to explore these opportunities further and to

work towards commissioning intentions which will be shared with the Executive Board Commissioning Sub-Committee at its meeting on 12 November 2014.

RESOLVED to note the results of the first analysis stage, the key lines of enquiry for further investigation, and the revised timescales for the conclusion of the review.

20 BLOCK CONTRACT FOR CHILDREN'S RESIDENTIAL CARE - KEY DECISION

Katy Ball, Head of Early Intervention and Market Development, and Holly Macer, Lead Contract Officer, presented the report to the Sub-Committee, highlighting the following points:

- (a) Nottingham City Council's Children in Care Placements and Sufficiency Strategy was agreed in March 2014, signalling the drive to further increase the number of children placed within 20 miles of the City, and continuing to improve outcomes and value for money.
- (b) There are approximately 55 children in external residential provision at the moment, with a plan for blocking 20 places. The spaces will not be fixed in one place, but flexible to enable choice in meeting needs. Data going back to 2008 shows a consistent number of residential placements of between 50 and 60.
- (c) The plan will make savings and focus on high quality. The advantage for the providers is that there will be guaranteed business.
- (d) In line with Nottingham City Council's Procurement Strategy, local providers will be used if possible.

RESOLVED to:

- (1) undertake a procurement process to commission a block contract of 20 children's residential care placements, with two external providers, within a 20 mile radius of the City Centre;**
- (2) agree a maximum annual spend on the contract (as detailed in exempt appendix 3), from the existing External Placement budget;**
- (3) grant delegated authority to the Strategic Director for Early Intervention to agree the outcome of the tender and award the contract, and to delegate authority to the Head of Quality and Efficiency to sign the contracts arising from the tender process once the tender outcome is agreed;**
- (4) note the options for collaborative tendering with Nottinghamshire County Council are being explored.**

Reasons for Decision

- (1) The recommended block contract will address current market challenges by ensuring increased local capacity and greater choice for the City's children and young people. It will also enable the Local Authority to significantly reduce the current spend on residential care placements.
- (2) All local authorities have a statutory duty to ensure sufficient accommodation for its Looked After children and young people.
- (3) The proposed block contract aims to address current gaps and weaknesses in the placement market, which are preventing the Strategy's aims from being achieved. Weaknesses include insufficient availability of local placement provision and continued local authority financial pressures, which require innovative solutions to ensure that the City sufficiently and efficiently meets demand. Planned regional commissioning developments will further impact upon the local placement market (e.g. neighbouring local authorities planned block contracting arrangements).
- (4) The procurement process to commission a block contract of 20 local children's residential care placements will ensure compliance with the Council's Financial Regulations and Contract Procedure Rules. The proposal will meet the Council's aims to ensure value for money, quality and variety of services and will support the modernisation agenda.

Other Options Considered

- (1) Continue to spot purchase residential care provision under the current commissioning arrangements. This would deny the local authority the opportunity to make a significant financial saving and enable an increased number of children and young people to be placed locally. For this reason, this option was rejected.
- (2) Increase internal provision. This would incur a greater cost than external provision delivered via a block contract. The capacity required could not be developed within the timescales required. Further risks are involved in internal provision, including absorbing the costs of vacancies and being committed to specific locations. Block contracting will provide better value for money. For these reasons, this option was rejected.

21 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining agenda item in accordance with section 100a(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**22 BLOCK CONTRACT FOR CHILDREN'S RESIDENTIAL CARE - KEY
DECISION - EXEMPT APPENDICES**

As minute 20, above.

Issue	Date of decision?	Documents to be considered	Who will be consulted and how?	From whom can further information be obtained and representations made?
15 OCTOBER MEETING				
Change to Terms of Reference	15 October	Report	Portfolio Holder	Steve Oakley Head of Quality & Efficiency Nottingham City Council 0115 8762836 Steve.oakley@nottinghamcity.gov.uk
Better Care Fund Resubmission	15 October	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk

Issue	Date of decision?	Documents to be considered	Who will be consulted and how?	From whom can further information be obtained and representations made?
12 NOVEMBER MEETING				
ICELS Commissioning Model	15 October	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk
Learning Disability Residential Respite Commissioning	12 November	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk
Voluntary Sector Infrastructure Contract Commissioning Intentions	12 November	Report	Portfolio Holder	Katy Ball Head of Market Development & Early Intervention Nottingham City Council 0115 8764814 Katy.ball@nottinghamcity.gov.uk

Issue	Date of decision?	Documents to be considered	Who will be consulted and how?	From whom can further information be obtained and representations made?
10 DECEMBER MEETING				
Residential & Nursing Care Non Standard Elements	10 December	Report	Portfolio Holder	Steve Oakley Head of Quality & Efficiency Nottingham City Council 0115 8762836 Steve.oakley@nottinghamcity.gov.uk
Children & Young Peoples Review Commissioning Intentions	10 December	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk
Financial Vulnerability Advice & Assistance Commissioning Intentions	10 December	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk

Issue	Date of decision?	Documents to be considered	Who will be consulted and how?	From whom can further information be obtained and representations made?
11 FEBRUARY MEETING				
Better Care Fund Plan 15/16	11 February (2015)	Report	Portfolio Holder	Steve Oakley Head of Quality & Efficiency Nottingham City Council 0115 8762836 Steve.oakley@nottinghamcity.gov.uk
ICELS Commissioning Arrangements	11 February (2015)	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk
Early Intervention Directorate Commissioning Intentions	11 February (2015)	Report	Portfolio Holder	Colin Monckton Head of Commissioning & Insight Nottingham City Council 0115 8764832 Colin.monckton@nottinghamcity.gov.uk

Agenda Item 6

EXECUTIVE BOARD COMMISSIONING SUB COMMITTEE
10 SEPTEMBER 2014

Subject:	RESIDENTIAL CARE COMMISSIONING AND CONTRACTING ARRANGEMENTS		
Corporate Director(s)/ Director(s):	Candida Brudenell – Strategic Director Early Intervention		
Portfolio Holder(s):	Councillor Alex Norris – Portfolio Holder for Commissioning		
Report author and contact details:	Jo Pettifor – Strategic Procurement Manager Tel: 0115 8765026 Email: jo.pettifor@nottinghamcity.gov.uk		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons:	<input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision		<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: Nil			
Wards affected: All		Date of consultation with Portfolio Holder(s): Councillor Norris: 20 August 2014	
Relevant Council Plan Strategic Priority:			
Cutting unemployment by a quarter			<input type="checkbox"/>
Cut crime and anti-social behaviour			<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City			<input type="checkbox"/>
Your neighbourhood as clean as the City Centre			<input type="checkbox"/>
Help keep your energy bills down			<input type="checkbox"/>
Good access to public transport			<input type="checkbox"/>
Nottingham has a good mix of housing			<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs			<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events			<input type="checkbox"/>
Support early intervention activities			<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens			<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
This report presents recommendations for the commissioning and contracting of residential and nursing care services in Nottingham City and Nottinghamshire County from April 2015. It outlines proposals to undertake an accreditation process to approve providers of these services, jointly with NHS Nottingham City and to issue those providers approved with a joint contract. The service specification developed for commissioning these services is attached at Appendix 1.			
Exempt information: None			
Recommendation(s):			
1.To commission residential and nursing care services in Nottingham City and Nottinghamshire County from April 2015 in accordance with the proposed model and service specification set out in Appendix 1.			
2.To undertake a joint accreditation process with NHS Nottingham City to procure providers of residential and nursing care services in the City and County approved to deliver these services from April 2015. Approved providers will be awarded a joint contract with the Council and NHS Nottingham City.			
3.To delegate authority to the Director of Early Intervention to approve the outcome of the accreditation process and therefore confirm the providers that will be offered a contract as a			

result of this process.
4.To agree the extension of existing contracts with providers of residential and nursing care services to 31 March 2015 to allow for the proposed accreditation process to be undertaken.
5.To delegate authority to the Head of Quality and Efficiency to sign contracts for residential and nursing care services.
6. To note that approval to spend against these contracts is covered within the Council's Constitution Part 2 – Responsibility for Functions, Section 9 – Scheme of Delegation, reference 273.

1 REASONS FOR RECOMMENDATIONS

- 1.1 The proposed service model and service specification for residential and nursing care services set out the core standards and service expectations for all provision in Nottingham City and Nottinghamshire County, including the adoption of a re-ablement focus where attainment of a greater degree of independence is realistic and attainable.
- 1.2 The proposal to undertake an accreditation process for residential and nursing care services will enable providers to be checked against set minimum standards prior to being awarded contracts and will provide information for the Council about providers to enable risk and performance to be managed once contracts are in place. The process will create an approved list of providers of residential and nursing care within Nottingham City and Nottinghamshire County which will support citizens and care management staff in selecting services. The proposed accreditation process will be the Council's procurement process for residential and nursing care services in Nottingham City and Nottinghamshire County. The commitment of expenditure on placements made under these contracts is approved under the Council's Constitution Part 2 – Responsibility for Functions, Section 9 – Scheme of Delegation, reference 273
- 1.3 The proposal to work jointly with NHS Nottingham City to undertake the accreditation process will streamline the contracting arrangements for these services, creating efficiencies for providers and commissioners. Additionally it will enable the responsibility for administering the process to be shared between the Council and City NHS.
- 1.4 Providers approved through the proposed accreditation process will be issued with a joint contract with Nottingham City Council and NHS Nottingham City, agreed by both commissioning parties and for which the Council will be the Lead Commissioner.
- 1.5 The terms and requirements to be included in the proposed new contract and service specification are intended to drive greater consistency and quality in service provision, a better well equipped workforce and increased choice for citizens and carers. The contracts will enable contract compliance and service quality to be monitored to ensure that appropriate and safe care is delivered to citizens. The contracts will have robust clauses to enable suspension or termination by the Council if the service does not meet the required standard.
- 1.5 The extension of the existing contracts with providers of residential and nursing care services to 31st March 2015 will enable continuity of existing services through contractual arrangements while the proposed accreditation process is completed. The timescale for the implementation of the accreditation process has been revised to allow for the joint work with NHS

Nottingham City and development of a joint contract. An extension by way of a variation of the contracts is covered within the Council's Constitution Part 2 – Responsibility for Functions, Section 9 – Scheme of Delegation, reference 17.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 In March 2013 a project was initiated within the Quality and Commissioning Directorate to review the arrangements for residential and nursing care and develop an appropriate model of provision to meet the needs of citizens. The vision was: 'Citizens in nursing and residential care will receive a quality, consistent service which maximises their choices and potential'. Through consultation with stakeholders and service providers, a revised service model and service specification was developed for the commissioning of these services from April 2015.
- 2.2 As part of the review of residential and nursing care services it was agreed to develop an accreditation process to determine which service providers should be awarded a contract to deliver these services in accordance with the new model and service specification developed. It was proposed that the accreditation process should remain open for applications on an ongoing basis to enable any providers not initially accredited or new providers entering the market to be considered as required.
- 2.3 Negotiations have been undertaken during 2014 with NHS Nottingham City about the potential to undertake a joint accreditation process for providers of residential and nursing care services in the City and for a joint contract to be issued to providers approved through this process. In April 2014 it was reported to Executive Board Commissioning Sub Committee that a further report would be presented with recommendations for these joint arrangements and the proposed commissioning model and service requirements.
- 2.3 There are currently 77 contracts in place with Nottingham City based residential and nursing care services care homes, 265 with services in the County and 119 with services outside the County. The current process for issuing contracts with providers has been in place for a number of years and is based solely on their registration with Care Quality Commission. Core contracts are issued to all homes within Nottingham City and Nottinghamshire and spot contracts are issued when individual placements are made outside of the County. Placements made outside of the County are based on citizen choice and appropriate checks are made on the suitability of providers prior to issuing contracts. For all residential and nursing care contracting arrangements, the commitment of expenditure on placements is approved under the Council's Constitution Part 2 – Responsibility for Functions, Section 9 – Scheme of Delegation, reference 273.
- 2.4 In order to provide as wide a choice as possible for citizens the Council currently contracts with the majority of residential and nursing care providers in the City. The contracts issued allow Nottingham City Council to commission residential care placements for citizens in these services but make no commitment to the provider either financially or in terms of number of placements. The choice of care home in most cases lies with the citizen and their families.

- 2.6 In April 2014, Executive Board Commissioning Sub Committee approved recommendations for the level of fees to be paid for residential and nursing care services in the City for 2014/15 onwards. The recommendations arose from a review of the pricing arrangements for these services and were based on the findings of an independent 'Fair Price for Care' review undertaken to ascertain the actual costs of delivering care, financial modelling of the impact on budgets and the outcome of a full consultation exercise undertaken with service providers on the proposals.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Do nothing. The current service model and specification require updating and the contracts currently in place for residential and nursing care services have not been awarded through any formal process. For this reason, this option was rejected.
- 3.2 To undertake a full competitive tendering process for residential and nursing care services. The Council wishes to contract with any provider that meets minimum standards as the choice of provider for each placement is made by individual citizens. The accreditation process which will be the Council's procurement process for residential and nursing care services in Nottingham City and Nottinghamshire County will enable an approved list to be established based on minimum criteria being met. The process does not need to address pricing because fees for all residential and nursing care placements are set consistently based on a standard basic rate and the specific needs of citizens. A full competitive tendering process would be resource intensive for both the Council and providers however would deliver no benefit in terms of value for money. For these reasons, this option was rejected.
- 3.3 To undertake an accreditation process and contract separately from NHS Nottingham City. This would not realise the benefits of streamlining commissioning and procurement processes across the commissioners and would result in duplication and increased bureaucracy for providers and commissioners. For this reason, this option was rejected.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 The council's external gross spend in 2013/14 for all external residential and nursing care provision was c. £47.5m. This spend will vary depending on the need and numbers of citizens.
- 4.2 As detailed in 1.1, the proposed accreditation process will be the procurement mechanism for residential and nursing care provision in Nottingham City and Nottinghamshire County. On this basis no further approval or dispensation from Contract Procedure Rules within the Council's Financial Regulations is required this decision is deemed nil value as approval to spend on care placements is covered within the council's scheme of delegation.
- 4.3 The extension of existing contracts for a further 6 months (Recommendation 4) is covered under reference 17 in the scheme of delegation and therefore whilst authorisation is being sought to extend, no dispensation is required as no value is attached to this decision.

- 4.4 Table 1 below sets out the process for ensuring that the rates paid for the different types of residential and nursing care placements deliver value for money (VfM). These processes will continue alongside the recommendations of this report

TABLE 1: PROCESSES TO ENSURE VfM IN CARE RATES	
Placement Type	Basis of care rates
Residential and Nursing Care Placements in the City	Fee rates approved for the period 2014/15 to 2017/18 in the 'Pricing of Residential and Nursing Care Report' at EBCSC in April 2014.
Residential and Nursing Care Placements in the County	The fee is based on Nottinghamshire County Council's local agreed rate.
Residential and Nursing Care Placements Out of County	Local agreed fee rate of the authority in which the care home is located.
Specialist Residential and Nursing Placements	Internal process that reflects citizen choice but also ensures the fee rate is appropriate to the citizen's needs.

5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

- 5.1 The proposed joint contract to be awarded to providers approved to deliver residential and nursing care services has been developed in conjunction with the Council's Legal Services and has been amended as appropriate to meet the Council's requirements and to manage risk to the Council. The contracts awarded will enable contract compliance and service quality to be monitored to ensure that appropriate and safe care is delivered to citizens. The contracts will have robust clauses to enable suspension or termination by the Council if the service does not meet the required standard.
- 5.2 There is a risk of providers with citizens currently placed by the Council not being approved through the proposed accreditation process, either through not engaging with the process or failing to meet the requirements for approval. This would present a risk to continuity of service for vulnerable citizens placed and have an operational impact in terms of availability of services for new placements. This risk will be mitigated by the accreditation process being as inclusive as possible for providers and by being open for applications on an ongoing basis to avoid new providers being excluded. Any issues identified through the accreditation process will inform the ongoing management of contracts following award of the contracts by identifying any areas of risk.
- 5.3 Legal observations. The proposals in this report raise no legal issues and are supported. The extension of the existing contracts will allow the Council to undertake and implement an accreditation process whilst ensuring continuity of existing services. Legal Services will support the Early Intervention team as necessary in the documentation of the accreditation process. The team needs to consider the time period for which an accreditation will be awarded and the process for renewal. All providers will be invited to participate in the accreditation process. These contracts do not commit the Council to expenditure and can therefore be categorised as £nil value. The financial

commitment in relation to the contracts to individual citizens is authorised under a separate process. The EU Commission has adopted a new set of Procurement Directives. It is anticipated that the Directives will be implemented in England and Wales in early 2015. Legal Services will work with the Early Intervention team to keep under review the potential impact of the new Directives on the recommendations set out in this report.

6 SOCIAL VALUE CONSIDERATIONS

- 6.1 The proposals for the commissioning and contracting of residential and nursing care in the City and County aim to improve the economic, social and environmental well being in Nottingham. The new model and service specification developed aim to facilitate a well equipped and sustainable workforce in residential and nursing care services. The revised service specification includes minimum standards for the training of care staff employed in these services. The new service specification includes an appendix which specifically addresses employment and training opportunities, including details of the Nottingham City Employer Hub. The contracts awarded will support appropriate terms and conditions for care staff employed, including compliance with National Minimum Wage. Social improvements for citizens receiving services as the service specification and contract will require services to be delivered to minimum quality standards.

7 REGARD TO THE NHS CONSTITUTION

- 7.1 The proposals to work jointly with NHS Nottingham City to undertake an accreditation process for residential and nursing care services and to award a joint contract are in accordance with the key principle within the NHS Constitution to work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

8 EQUALITY IMPACT ASSESSMENT (EIA)

- 8.1 An EIA is not needed as the report does not contain proposals for new or changing policies, services, functions, financial decisions, or decision about implementation of policies development outside the Council. The potential requirement for an EIA will be reviewed during the accreditation process and an EIA will be undertaken if appropriate to mitigate any possible negative impact. The new contract proposed includes requirements for providers in relation to equality and diversity and compliance with the public sector equality duties.

9 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

- 9.1 None

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

- 10.1 Pricing of Residential and Nursing Care – Proposals and Budget. Executive Board Commissioning Sub Committee, 16 April 2014
- 10.2 The NHS Constitution for England, 26 March 2013

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Rasool Gore, Lead Commissioning Manager, Early Intervention Directorate.

11.2 Andrew James, Team Leader, Legal Services

11.3 Dionne Screatton, Solicitor, Contracts and Commercial, Legal Services

11.4 Darren Revill, Finance Analyst, Children & Adults Departmental Finance Support

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Residential and Nursing Care Services

SERVICE SPECIFICATION

1. Introduction

This service specification will identify and describe the key features and standard of care and support required to enable vulnerable adults to: live lives that achieve the best outcomes, offer a good quality service and provide safe care with dignity and respect in residential and nursing home settings. The Provider will be expected to deliver the care to service users against the standards set out in this specification. The expectation will be that these standards are applied in all placements whether they are on a long term, short term or respite basis.

Residential and Nursing Care Providers will be expected to provide 24 hour care as set out in the service user's Care Plan. The care provided should be delivered with the following principles:

- A culture of high performance that delivers individualised care will need to be at the heart of service delivery.
- Delivering care that maintains the dignity of service users. The Provider will need to embed within the Home the principles set out in the Dignity in Care Challenge (Dept. of Health). Further information is available at the Dignity in Care Campaign on the Department of Health website.
- To ensure safeguards are in place to protect service users from abuse
- Deliver support that empowers service users and is respectful of them.
- Service users' skills are maximised to enable them to live as independently as possible.
- Service users are supported to make their own choices with appropriate risk taking.
- Recognising and nurturing relationships – service users are to be supported to develop new relationships and maintain existing relationships which are appropriate and safe.
- Service users will be supported, insofar as is possible to maintain their personal and wider history, heritage and culture.
- The service will work in ways that enable service users to develop self-respect and feel valued members of the home and community.
- The Provider will respect a service user's right to privacy and confidentiality.
- Ensure service users and/or family/carers/advocates are confident that complaints will be dealt with appropriately.

This specification will form an integral part of the contractual arrangements and provides the criteria by which service quality, efficiency and effectiveness will be monitored and evaluated by the Purchaser.

2. Strategic Relevance

National and Local Policy Context

The Provider is expected to develop Care Plans that consider the priorities as part of service users' outcomes that will be met through the delivery of the service.

2.1 Local Policy Context:

2.1.1. Nottingham Plan to 2020: safe, clean, ambitious and proud:

Sets out five key priorities for the City to deliver. The focus of this service will be helping service users to be healthier (including improving mental health).

2.1.2. The Vulnerable Adults Plan 2012-2015:

- Vulnerable adults are safer, healthier, happier and live longer lives in which they are able to fulfil their aspirations.
- Vulnerable adults have support, advice and information to live with choice, control and dignity, in a place of residence which seeks to meet individual needs; and
- Vulnerable adults are enabled to achieve their full potential as active partners in their own support as part of a community wide support system.

2.2 National Policy Context:

2.2.1 Adult Social Care Outcomes Framework (ASCOF) for 2013/2014:

- Enhancing quality of life for people with care and support needs – central to this will be a focus to maintain the service user's independence and having control of the type and timing of support that is delivered to them.
- Delaying and reducing the need for care and support – to ensure that service users are receiving care that is personalised to meet their individual and diverse needs. The service will also need to consider how it will encourage and accommodate the involvement of family/carer/advocate where appropriate.
- Ensuring that people have a positive experience of care – ensuring that the service user's dignity is respected at all times and support is sensitive to the circumstances of each individual. Service users and their carer/advocate/family members are satisfied with their experience of care and support services.
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm – there will be a need to ensure that service users enjoy physical safety, free from physical and emotional abuse, harassment, neglect and self-harm and that they are protected from avoidable harm, disease and injuries.

2.2.2 Caring for our Future: Reforming Care and Support, White Paper. (Dept. of Health) July 2012, which has a focus on people's well being and supporting them to stay independent for as long as possible.

2.2.3 No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages (Dept. of Health) July 2011: sets out six shared objectives to improve the mental health and wellbeing of the nation and to improve outcomes for people with mental health problems through high quality services.

2.2.4 A National Dementia Strategy (Dept. of Health) February 2009: sets out 17 objectives including but not limited to:

- Objective 1: Improving public and professional awareness and understanding of dementia: ensuring a well trained workforce who is able to provide the right support in an anti-discriminatory manner.
- Objective 11: Living well with dementia in care homes: delivering improved quality of care through strong leadership within the care home.

- Objective 12: Improved end of life care for people with dementia: enable service users and their carer/family/advocate to have control on the planning of the care they should receive.
- Objective 13: An informed and effective workforce for people with dementia: the focus will be to have a skilled workforce who understands the care and support needs for people with dementia.
- Objective 15: Improved registration and inspection of care homes and other health and social care services for people with dementia and their carers: ensuring monitoring and inspection regimes are better able to assure the quality of dementia care being provided.

2.2.5 Valuing People Now (2009):

- Service users have the opportunity to make informed choices about where, and with whom they live.
- Service users have the right to lead their lives like any others, with the same opportunities and responsibilities.
- Service users have the right to be treated with the same dignity and respect.
- Service users are entitled to the same aspirations and life chances as other service users.

3. Service Specification Requirements

3.1 Service provision

This section sets out what Nottingham City Council's expectations are in terms of:

- skills and expertise within the home
- eligibility criteria for accessing residential and or nursing homes

See Appendix 2 for specific reference to Care Homes with Nursing.

Residential and/or Nursing Care will be provided to those individuals that are assessed as eligible for needing 24 hour care.

3.2 Registration

From the commencement of the Service, the Provider is required to ensure that the Residential Service is registered as Care Home Services with Nursing or Care Home Services without Nursing with the Care Quality Commission (CQC). Registration must continue throughout the duration of this Contract. The Provider is required to comply with the section 20 Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

The Provider is required to meet the Care Quality Commission (CQC) Essential Standards of Quality and Safety.

3.3 Level of need

Residential and Nursing Care Home services (adults 18+) are used by service users with a diverse range of needs including those with mild to moderate needs, people with complex health needs, challenging behaviour, mobility needs and physical disabilities and sensory impairment (including acquired brain injury)

The service user may at some time demonstrate challenging behaviours. These behaviours may include but are not limited to aggression/violence, passive non-aggressive behaviour, severe dis-inhibition, intractable noises or restlessness, resistance to necessary care and treatment (this includes non-compliance), severe fluctuations in mental state, extreme frustration associated with communication difficulties and inappropriate interference with others. Mood disturbances or anxiety, periods of stress which have an impact on the persons health and wellbeing. In some cases behaviours may include:

- Self harm;
- Regular persistent damage to property, disruption or noise;
- The potential to abscond with a consequent significant risk;
- Smearing or other activity e.g. PICA which is at a frequency and intensity to cause significant risk to self and others.

In most cases these behaviours will usually be caused or exacerbated by significant communication difficulties associated with autism and other conditions or by rigidity of thought or ritualistic behaviours similarly associated. The service user therefore will require intensive Care and Support Plans to manage, reduce or prevent these behaviour/s and this will require high level of expertise amongst Provider staff. A range of person centred approaches will be required to enable the service user over time to develop independent life skills and interests.

Residential services must be staffed 24 hours a day, 7 days per week for 365/6 days per year.

The Provider will be expected to evidence sound knowledge and understanding of the support needs of service users that they are offering a service to.

Where the service need has been identified under Fair Access to Care Services (FACS) the Council shall be responsible for the commissioning of the services on behalf of the service user.

3.4 Referral Arrangements

Service users will be referred by Care Managers of the Purchaser. Full written information relating to individual assessed needs for each service user will be provided in advance of services commencing. The referral information will include the outcomes required for each service user and will clarify any special requirements.

3.5 Emergency Admissions

Following an emergency admission, an assessment must be undertaken by the Provider within 7 days to decide the future for the service user. During these 7 days the termination of the placement will be subject to negotiation between the service user, Care Manager and Home Manager.

3.6 Pre-admission Process

Before a placement is made the Provider is required to undertake a comprehensive pre-admission process to ensure the Provider can meet the needs of the service user.

Where a service user is in hospital the Provider will undertake an assessment in as prompt a manner as possible, preferably within 48 hours of a request being received.

On accessing residential services, the new service user and/or their family/carer/advocate will be issued with:

- a copy of the complaints procedure in an accessible easy to read format.
- a welcome pack about the service in an accessible format.
- any additional services to those described within this specification offered by the Provider.

Information will be accessible using a variety of formats and methods.

Prospective new service users and family/carer/advocate will be able to make introductory visits to the services to enable them to make an informed choice.

The first six weeks of the service shall be deemed as a trial period and, during week one of this period the needs of the service user will be identified within an individual Care Plan to be completed by the Provider in consultation with the service user and their family/carer/advocate. The Care Plan shall set out in detail how the Provider shall meet the assessed needs of the service user, including any specialist needs.

At the end of the trial period, the Provider is required to hold a review at which the Council's Care Manager, family/carer/advocate will be present. At this review meeting the appropriateness of the service will be considered and the suitability of the placement will be discussed.

3.7 Service user needs and trial period

Service users can trial the service to decide whether or not they wish to use it, or to allow them to become familiar with it in order to allay anxiety or fear.

The Provider must provide information about the services offered by the organisation and how these may be accessed including the following:

- A statement of the aims and objectives of the services provided.
- How the Provider operates on a day to day basis.
- How the service user may contact the manager.
- A statement that the Provider does not discriminate on the grounds of race, gender, disability, age, sexual orientation, religion or belief, either in service delivery or recruitment of staff.
- A statement about legal and insurance implications of receiving a service.
- Information relating to the insurance cover of service users' property must be included.
- An indication of any circumstances in which help may be withdrawn from a service user, with prior consultation with the Purchaser.
- Information should be available in appropriate languages, jargon free and readily understandable by the user group.

In advance of the start of the Service for individual service users' 'Effective Date' the Care Manager shall supply to the Provider copies of any up to date assessments of service user needs, to assist the Provider as part of the pre-admission process.

The first 6 weeks of the service shall be deemed as a trial period and, during week 1 of this period the needs of the service user will be identified within an individual Care Plan to be completed by the Provider in consultation with the service user and their carer / advocate. The Care Plan shall set out in detail how the Provider shall meet the assessed needs of the service user, including specialist needs. The Provider shall make available a copy of the Care Plan to the Care Manager within one week of the effective date if requested.

Should arrangements for a placement of a service user be made by the Purchaser and that service user does not occupy the placement at the stated commencement date the Purchaser shall pay for the placement from that stated date to a maximum of three days following notification by the Purchaser if the placement is cancelled. If the placement is not cancelled the Purchaser shall pay for the placement from either a new commencement date agreed with the Purchaser or from the original commencement date if no new date is agreed.

On completion of the initial 6 weeks trial period a review will be held. This will consider the appropriateness of the Service, the suitability of the placement and will agree the priority goals for the individual Care Plan.

Following this initial review, the Provider shall undertake regular reviews of at least monthly or as required of service user's needs as set out in the Care Plan and shall give advance notice to the Care Manager of any recommended changes in a service user's needs that necessitates a reassessment which may result in a variation to the individual ACM23FINAGREE documentation.

The Provider shall also participate in reasonable formal multi-disciplinary reviews of a service user's needs when requested to do so by the Purchaser, and shall comply with all reasonable requests for their staff to assist with those reviews.

The Provider shall not offer or provide to the service user any services other than the Service as defined in this Service Specification, except where it is clearly distinguishable from the Services commissioned by the Purchaser, is at the service user's request, and is not charged to the Purchaser.

The Provider shall deliver services as specified in the Service Specification Any difficulty that the Provider shall have in delivering the Services shall be notified to the Care Manager within 24 hours, or the next working day.

The delivery of the Service and its timing shall require flexibility on the part of the Provider as these shall be dictated by the needs of each service user as defined in their Care Plan, and the lifestyle they wish to have within the practical constraints of the Service.

In an Emergency or where a service user is at risk, reasonable additional care and support may be provided to secure the immediate health and safety of the service user. The Provider shall notify the Care Manager wherever possible in advance, or within 24 hours [or the next working day if at a weekend] of providing such additional care and support.

3.8 Core Service:

In line with the requirements of this service specification The Provider will also be expected to deliver core elements of care (see Appendix 1). The specific elements of care to be delivered will be recorded in the service user's individual, person centred

Care Plan. The service user's package of care may include some or all of these core elements. There is an expectation that most service user's care needs will be met within the core elements.

3.9 Specialist Services

Where specific needs have been identified for a service user in addition to the core elements, Nottingham City Council's Adult Social Care Assessment Team will complete an assessment of need. Any recommendations will be taken to the Nottingham City Adult Social Care Panel to be agreed. Any additional care/support will need to be agreed with Nottingham City Council prior to placement or on a review of care delivery.

3.10 Care Plans:

The Provider will have Care Plans in place for each service user based on the assessment carried out by the Adult Social Care Assessment Team, their own pre-admission information and the wishes of the service user and where appropriate the service user's family/carer/advocate.

When developing Care Plans the Provider should ensure that the following is undertaken:

- 3.10.1** Discussion between the service user (and family/carer/advocate where relevant), NCC's Adult Social Care Assessment Team and Provider will support the construction of the Care Plan and will identify the practical outcomes required for the individual service user.
- 3.10.2** In order to realise these outcomes the Care Planning system adopted by Provider must meet certain key criteria as follows:
 - Must be individual to the service user: a person centred approach must be taken. Care Plans should focus on both what is important to the person and also support to stay healthy and safe.
 - Should identify the needs and preferably the outcomes required by the service user.
 - Should comprise of an assessment that identifies the likely or emerging needs of the service user and review mechanisms to reflect changing needs.
 - Needs to be measurable and specific. The Provider must ensure there is a formal system in place that contains the element of assessment, risk assessment, care planning with regular reviews as described.
 - Must be wherever possible developed with the service user or family/carer/advocate and as a true record of their agreement to receiving and describing their care needs and outcomes desired.
 - Must have in place effective procedures to enable its staff to liaise effectively with other agencies who may be involved or have an interest in the service user.
- 3.10.3** Care Plans should be person centred and include details of personal care tasks required, prescribed medication, and any other significant matters concerning the service user's welfare including any supplementary information such as food and fluid, behavioural and weight charts along with relevant risk assessment, capacity test and best interest decision documentation and any DOLS referrals/authorisations.

3.10.4 Care Plans will be reviewed on a regular basis and/or when a change in need has been identified, to ensure they continue to meet the changing needs of the service user. Wherever possible service users should be involved in the review of their Care Plan.

3.10.5 The Provider will be expected to fully participate in any reviews arranged by The Purchaser

3.11 Personal Care:

Personal Care services are services that attend to the physical needs of service users. Service users will be helped and/or prompted with intimate physical care and treatment sensitively, discretely and in a way that maintains their dignity and privacy and in line with service user's Care Plan.

3.12 Domestic Services:

Domestic Care services are those that enable a service user to maintain their living environment. The Provider will retain overall responsibility in ensuring that the service user's living environment is maintained to a high standard. Where service users indicate a wish to get involved then the Provider should where appropriate and safe make provision which enables this to happen. This could include doing, assisting, supporting and encouraging an individual with: light meal preparation, maintaining the cleanliness of living space, general tidying, ironing and laundry.

3.13 Social and Recreational Activities:

The Provider is required to plan, deliver and facilitate positive and person centred activities and experiences that are focused on providing a purposeful day. The aim should be to ensure that the activity or experience meets the individual needs, wishes and preferences of the service user. In some instances this may require accompanying the service user to access activities.

3.14 Community Support Services:

Community support services are those that enable a service user to access their local community and are supported to maintaining a relationship with community based services. These services could include assisting, advising, supporting, accompanying and encouraging a service user with access to:

- Community activities (such as libraries, places of worship)
- Social networks, maintain relationships including family.
- Enabling opportunities to education and employment (this could be paid or voluntary work).
- Supporting service users to manage their finances.

3.15 Respite Care:

The Provider will be expected to develop Care Plans based on the principles outlined in this specification for service users, who are accessing services on a short term or respite basis. On leaving the service The Provider will ensure that information is made available to the family/carer/advocate regarding the service user's stay. This information should also include details of any ill health that might have taken place whilst the service user was in their care.

3.16 Health Care Services:

The Provider will need to show that they are effective in supporting service users to access the full range of primary care and where appropriate specialist health care

services from GPs, dentists, opticians, physiotherapy, occupational therapy, Dementia Outreach Team, dietician, pharmacy, continence services, falls team, specialist mental health services to hospital care etc. The Provider will need to ensure that their staff team are equipped and trained to discuss any health concerns with service users and are able to refer to other agencies where appropriate. Staff will need to ensure that this is recorded in the service user's Care Plans.

3.17 HIV/AIDS safe practice

The Provider shall ensure the sensitive and safe care of people suffering from HIV or AIDS or other blood borne infectious diseases.

3.18 Mobility

The Provider is responsible for the assessment, ongoing monitoring and management of service users with mobility issues. The Provider is required to ensure appropriate referrals are made when additional support is required. Referrals should be made to the specialist services where appropriate.

3.19 Physical Intervention:

The Service will be provided within the parameters described below:

- a) The Service to be provided is to the service user who can present profound challenging behaviour and behaviour which poses risks to themselves, staff, others and the environment. On occasion, a duty of care may require physical intervention by the Provider. This should always be as a last resort and not as a matter of course and form part of a positive person centred behaviour support plan.
- b) The following check list should serve as a framework for the Provider to consider issues around physical intervention. This check list is not exhaustive for each and every occasion the Provider may become involved in where physical intervention may be used, and so should be used in conjunction with national guidance. (DOH 2002 Guidance On The Use Of Restrictive Physical Interventions, Mansell 2007, BPS And Royal College Guidelines 2007). The Provider will ensure they are satisfied that:
 - there is a written Care and Support Plan agreed by the multi-disciplinary team in respect of the service user, detailing in what circumstances physical intervention will be implemented. The plan will ensure intervention forms part of a holistic hierarchical response, clearly detailing proactive and reactive approaches, identifying early warning signs, triggers and clear ways of responding to behaviour from warning signs through to crisis and recovery;
 - the intervention is required, and the rationale provided by those proposing physical intervention is sound.
 - the intervention is legal and implemented by staff who have received current training by an organisation accredited to the British Institute of Learning Disabilities who have judged the Provider's staff as being competent to practice.
 - the intervention is safe and the least restrictive possible option under the circumstances.
 - other less restrictive/intrusive interventions have been tried or considered if circumstances permit and proven to be non effective.

- the service user, their family (and advocate if involved) and consent or best interests are clearly recorded.
- the need to intervene will be reviewed after each episode.
- pain will not be used intentionally as part of the procedure. A debriefing protocol for the Citizen and staff should be in place and audited for its effectiveness.
- that an individual's ethnicity, gender, and disability have been regarded as part of the planning process.

3.20 Dementia/Challenging Behaviour

The Provider will ensure that staff have appropriate skills and competencies to support service users with cognitive impairment and that the care environment is appropriate to meet the needs of the service user. Referrals should be made to the specialist services where appropriate.

3.21 Meals/nutrition:

The Provider shall supply three meals a day along with drinks and snacks that will be available and accessible throughout the day and night. The Provider is required to provide a choice of food and drink that reflects the service user's personal preferences, and dietary requirements. The Provider will be required to support service users to eat and drink as independently as possible in line with what is recorded in their Care Plan. The Provider will ensure that meals and meal times are flexible which meet the preferences of the service user.

The Provider will ensure that service users are supported to eat and drink in a way that promotes dignity.

The Provider is responsible for ensuring that nutritional risks are identified and effectively managed. Service users should be screened for nutritional risk on a regular basis including monitoring of weights. Referrals should be made to the specialist services where appropriate.

3.22 Continence

The Provider will provide effective bladder and bowel management for all service users, including incontinence and constipation. Referrals should be made to the specialist services where appropriate.

3.23 Tissue Viability

The Provider is responsible for risk assessment, prevention and management of pressure areas. Referrals should be made to the specialist services where appropriate.

3.24 Equipment

The purpose of providing equipment is to increase or maintain functional independence and well-being of residents as part of a risk management process.

Equipment provision will be focused on service user need and will be provided by the Care Home in line with the Nottinghamshire Integrated Community Equipment Loan Service (ICELS) Care Homes Equipment Policy. The equipment provided must be issued as part of a risk management process and staff must be competently trained.

Whilst it is the expectation that the majority of equipment will be provided by Care Homes, the ICELS Policy shows the different routes that both residential and nursing homes can use to access specific equipment where appropriate, including via the NHS, Local Authority, ICELS and Community Health Services e.g GP prescription, District Nurses and Tissue Viability Services.

Where equipment is to be used for Moving and Handling purposes, a moving and handling assessment should be undertaken to ensure safe transfers for service users and staff. Staff should also be trained in using the specific piece of equipment.

3.25 Transport and Travel

The Provider is required to make arrangements to meet the transport and travel requirements of service users, and to promote person centred solutions to transport which maximise independence, choice and control. A variety of transport and travel methods should be considered by the Provider in seeking to make suitable arrangements to meet the transport and travel needs of each service user using the Service. The Provider will need to ensure transport organised is safe and suitable in meeting a service user's individual needs. Risk assessments should be carried out where appropriate.

3.26 Medication:

The Provider will ensure that staff who provide support with any aspect of the medication administration process are appropriately trained and competent to do so. Such Staff will receive accredited and appropriate training in the safe handling of medication, and will have their competency in practice assessed periodically.

The Provider ensures the continuity of medication for residential service users through effective communication and co-ordination with permanent carers.

3.27 Administration of medication

3.27.1 The Provider will ensure that (a) there are policies and procedures in place and (b) staff adhere to those policies and procedures, for obtaining supplies of medicines, receipt, recording (on MAR sheets and Care Plans), storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines in accordance with:

- The Clinical Commissioning Group (CCG) Standard Operational Procedures (Procedural guidance) and CCG Medicines Management competency Assessments
- The Handling of Medicines in Social Care Settings by The Royal Pharmaceutical Society of Great Britain 2007 or subsequent revisions;
- Professional advice documents produced by the Care Quality Commission, (or its predecessor, the Commission for Social Care Inspection), including The Administration of Medicines in Care Homes, Medicine Administration Records (MAR) In Care Homes and Domiciliary Care, and the Safe Management of Controlled Drugs in Care Homes or subsequent revisions; and
- The Misuse of Drugs Act 2001 (amended).

3.27.2 The Provider's policy for medicines administration will include procedures to ensure that service users are able to take responsibility for and self-administer their own

medication if they wish, within a risk management framework and the Service Provider's policies and procedures will protect service users in doing so.

- 3.27.3** Prescribed medication will be administered in a format suitable for the service user, with the service user's consent who have the capacity to do so.
- 3.27.4** The Service Provider's policies and procedures for medicine management will include the management of homely remedies.
- 3.27.5** The Provider's policies and procedures for medicine management will, wherever possible, be agreed by all GP's providing services to the home.
- 3.27.6** The Provider will seek information and advice from a pharmacist regarding medicines policies within the home and medicines dispensed for individuals in the home.
- 3.27.7** The Provider, where appropriate will have a system in place to ensure that anticipatory end of life drugs can be prescribed and stored in the home for service users who have reached the last days of life.
- 3.27.8** The Provider will ensure that staff monitor the condition of the service user on medication and will prompt a medication review with the GP if there are concerns relating to use of medicines.
- 3.27.9** The Provider will have a system in place to ensure that service users over the age of 75 have an annual medication review, service users taking four or more medicines have a six monthly medication review, and those taking less than 4 medicines have an annual medication review.
- 3.27.10** Medicines prescribed for individual service users will not be supplied or dispensed to any other person.
- 3.27.11** The Provider will ensure that staff adhere to controlled drugs procedures.
- 3.27.12** The Provider will make the necessary arrangements in accordance with regulatory requirements for the disposal of medical waste.
- 3.27.13** The Provider will have procedures for the transfer of medicines when a service user transfers to another health / social care setting; returns from hospital stays or is newly admitted.
- 3.27.14** The Provider will have procedures for dealing with verbal orders from prescribers; giving medicines to service users with difficulties in swallowing; for covert administration and crushing tablets; expired medicines and for adverse drug reactions.
- 3.27.15** The Provider will have procedures in place to deal with errors or incidents relating to any aspect of medicines management.
- 3.27.16** Safe procedures should be put into place to ensure security with regard to keys to medicines cupboards, trolleys and controlled drugs cabinets.
- 3.27.17** The Provider must ensure that staff are appropriately trained in all aspects of safe handling and use of medicines appropriate to their role. Appropriate competency assessments must be in place. Staff training must be documented.
- 3.27.18** The Provider will ensure that all staff comply with all applicable statutory and legal obligations concerning information recorded in relation to service users.
- 3.27.19** The Provider will maintain adequate records including, but not limited to:
 - a) A central register of prescribed drugs and medicines
 - b) A medication profile for each service user
 - c) Medication administered per service user (except those for self administration);

- d) Medicines that the service user stores and self administers (following a risk assessment)
- e) A “Controlled Drugs (CD) Register” for recording:
 - The receipt, administration and disposal of controlled drugs schedule 2, in a bound book with numbered pages
 - The balance remaining for each product; and Computerised CD records where used, should comply with guidelines from the registering authority.

3.27.20 Facilitate access to Nottingham City CCG Medicines Management Team who will carry out medicines audits in Nursing and Residential Care Homes in Nottingham City on behalf of Nottingham City Council.

3.28 End of Life Services:

The Provider will facilitate early discussion about preferences at the end of life. The Provider will offer an Advance Care Plan to all service users within 3 months of admission, using a recognised Care Planning tool. Advance Care Plans should be reviewed at least annually, and upon any significant change in the service user's condition.

The Provider will have formal processes for appropriate onward referral to the GP or District Nursing Services when appropriate. Following the identification of significant changes or deterioration in the service user's health condition it may be appropriate at this time to review the increased care needs of the service user and consider the continued appropriateness of the placement.

The Provider must have processes in place to identify and address the training needs of all staff (including registered nurses) with regard to end of life care, including communication skills, assessment care planning, advanced care planning and symptom management.

The Provider will ensure referral to specialist palliative care services where required to ensure service users receive effective palliative care symptom management at end of life.

3.29 Health Action Plans:

Some service users will require a Health Action Plan (in particular those service users who have a learning disability) which will need to be completed jointly between the Provider and service user and/or family/carer/advocate.

The Provider must ensure that the service user's health needs are documented within their Health Action Plan. The Health Action Plan should demonstrate the service user's access to health checks to cover primary health needs, such as screening, dentist checks, opticians, access to a General Practitioner etc. It is expected that the Provider will ensure access to health care professionals at the appropriate and required times. The service user's right to privacy and dignity must be maintained during all examinations.

3.30 Mental Capacity Act and Deprivation of Liberty Safeguards

The Provider shall work within the principles of the Mental Capacity Act (2005) and the Mental Capacity Act 2005 Code of Practice to understand best practice and in particular best interests decision making in regard to that legislation.

The provider will be expected to understand their responsibility under the Deprivation of Liberties Safeguards (DOLS) addendum to MCA and the Deprivation of Liberty Safeguards Code of Practice.

The Provider will have a policy in place in line with the MCA and DOLS Codes of Practice.

Information should routinely be provided to service users, their families and friends about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Information must be included about the right of a concerned person to bring to the Provider's attention that there should be an application for a Deprivation of Liberty authorisation, and what else they could do if the Provider did not agree.

The Provider should have a system in place to ensure that the role of representative under Deprivation of Liberty Safeguards is carried out adequately in line with the guidance in the Deprivation of Liberty Code of Practice 7.25 – 7.28.

The Provider should have a procedure in place that identifies:

- How restraints are recorded to ensure that they are in a person's best interests in each case
- How to identify when these restraints constitute a Deprivation of Liberty in line with current case law and guidance
- Whether they have taken all practical and reasonable steps to avoid deprivation of liberty;
- When to implement and Urgent Authorisation
- How to apply for a Standard Deprivation of Liberty Authorisation;
- Who would be the authorised applicant (the Registered Manager in a care home);
- A prompt response to eligible persons concerned that there may be a Deprivation of Liberty;
- How to implement any conditions;
- How and When to request a review of a standard authorisation;
- How they would monitor and record the representative's contact with the person;
- What governance processes are in place to evaluate the procedures, duties, referral rates and authorisations

4. Hospital Admissions / Medical Appointments

If a service user is admitted to hospital for any reason, the Provider is required to ensure a smooth transition between the residential service and hospital, by providing all relevant information on the service user at the point of admission to the hospital and its staff.

The Provider is required to inform Adult Residential Services as soon as a hospital admission or discharge takes place.

Service users should have an escort to planned hospital and GP visits where family/carer/advocate is not available or unable to escort.

Where required, the Provider will provide transport to and from the hospital with an escort, and will ensure all means are undertaken to guarantee the safe transport of

the service user at the required time(s). In the case of 999 emergencies an escort should accompany the service user to hospital and stay with the service user until admission or transferred back to the care home.

If the service user is not able to return to the same home, the Provider will work with the Health and Social Care professionals in the transition to new accommodation.

The Provider is responsible for ensuring that the service user's personal property is safeguarded whilst they are in hospital.

If, for whatever reason, the service user does not return to the residential or nursing home, 28 days notice will be given to end the placement by The Purchaser as soon as it is known that the service user will not return. If the service user is in receipt of Funded Nursing Care this will cease as soon as it is known the service user will not be returning to the home.

The Provider is required to inform the Nottingham Health and Care Point as soon as they are made aware by the hospital if a death occurs. Contact number: **0300 300 3333**.

5. Organisational Management

The Provider is required to manage the residential services effectively.

In providing the Service, there are a number of factors the Provider must take into consideration:

5.1 Operational Support

The Provider must have operational support functions in place. This will include Human Resources, Central Administration, Training and Payroll. Information about these functions, and how to access them, must be made available to all staff.

The Provider will have a staffing structure in place and it should be clear how this relates to the services that are provided. The job descriptions of the staffing roles should be clearly set out.

Staff must be aware of when and how their salaries are paid, and have contact details for payroll queries.

5.2 Relationship Management

The Provider will work in a spirit of partnership with the Council and Clinical Commissioning Group to achieve shared goals.

The Provider will develop and maintain clear communication channels with the service user and family/carer/advocate (using accessible formats), to assist in building strong and effective relationships.

6. Information Management:

6.1 IT and Telephony

The Provider must have a networked IT system in place to support the day to day operation of the service, communication between staff, and maintenance of service information.

6.2 Service delivery records:

The Provider must have systems in place for the secure storage and management of data and information relevant to the delivery of the service.

6.3 Staff records

The Provider must have clear procedures in place to ensure all staff records are maintained accurately and regularly and are stored in a secure manner which protects confidentiality.

6.4 Service users' records

The Provider must have clear procedures in place to ensure all service users' records are maintained accurately and regularly and are stored in a secure manner which protects confidentiality.

7. Outcomes

The Purchaser will use a Quality Monitoring Framework (see Appendix 3) to monitor the effectiveness and quality of the residential care services provided in Nottingham City. All residential care packages will be monitored in line with The Adult Social Care Outcomes Framework (ASCOF) for 2013/14.

The following outcomes will need to be delivered by The Provider of all residential and nursing care services:

7.1 General Care Values

- Services are to be outcome based and person centred. The Provider should ensure that staffing levels and skills are appropriately matched to the needs of the service users.
- The Service set out in this Service Specification will be required to meet the evolving developments in the Personalisation Agenda set out by the Government. This will require all Parties to flexibly respond to emerging requirements. All changes to this Specification will comply with the Change Control Procedure set out in Schedule 5.

7.2 Outcomes required by the service user

- A Needs Based Assessment will be completed with each service user. This document will be passed to the Provider for them, in conjunction with the service user (and their family/carer/advocate, if relevant), to prepare a person centred plan setting out how services will actually be delivered to the individual service user.
- Discussion between the service user (and family/carer/advocate where relevant), Care Manager and Provider in development of the Care Plan, will identify the practical outcomes required for the individual service user. High level required

outcomes are set out below, and are guided by the government's White Paper, Caring for our future: reforming care and support.¹

- In order to realise these outcomes the Care Planning system adopted by a Provider must meet certain key criteria as outlined in section 3.10

8. Social Value

Nottingham City Council is focused on reducing disadvantage and poverty by ensuring local residents are supported in accessing employment and training opportunities created in the City. The Provider who are part of Nottingham City Council's framework to provide residential and/or nursing care can be supported to employ and train local citizens through the Employer Hub facility. Further details are outlined in Appendix 4.

9. Citizen Focus

The Provider shall ensure that service users are regularly consulted about the Service they are receiving. Such arrangements shall provide opportunities for the service user to talk privately about any concerns, dissatisfaction and complaints they might have. At its discretion the Purchaser may use the services of an independent agency to visit the home and conduct surveys of service users, in order to improve all aspects of service delivery. Visits shall be arranged through the Provider, and both the Purchaser and the Provider shall act in a reasonable manner to permit the surveys (which should last no more than 2 hours) to be carried out.

When information is shared between services or agencies to facilitate the care of a service user to other providers, agencies and professionals' client confidentiality must be respected as appropriate.

10. Complaints System

The Provider shall have in place a written Complaints Procedure which is reviewed annually. The Procedure shall be available to service users and carers in an accessible format, both as part of the welcome pack and displayed in the home and should outline timescales involved. Care staff shall understand and implement the Complaints Procedure.

The Provider shall record all complaints received from the Purchaser's service users, including the nature of the complaint, the outcome and resolution. The Provider shall notify the Purchaser of all allegations of misconduct which are detrimental to the well being of the service user.

Complaints must be reviewed by the Provider within the context of the local Multi-Agency Safeguarding Vulnerable Adults Procedure for raising a concern and referring. Alerts should be made to the Providers local authority should a complaint meet the criteria for a safeguarding concern. Complaints and safeguarding investigations can run in parallel. – check this is not a complaint, this should be with safeguarding.

¹ The Draft Care Bill is building on the recommendations set out in the White Paper. Once this becomes legislation The Provider must be guided by it.

Where the Provider is unable to resolve a complaint by a service user, their family/carer/advocate, the Provider shall enable the service user to pursue the complaint through the Purchaser's own Complaints Procedure.

The Provider shall co-operate with all complaint's investigations undertaken by the Purchaser and shall ensure that all relevant records are available for inspection and all relevant staff available within what is reasonable for interview by the Purchaser.

The Provider shall consider and respond to any recommendations made by the Purchaser arising from its complaints investigations.

11. Whistle Blowing

The Provider must have a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998. The following aims should be incorporated:

- To encourage staff to feel confident in raising concerns and to question and act upon concerns about practice.
- To provide avenues for staff to raise concerns in confidence and receive feedback on any action taken.
- To ensure that staff receive a response to their concerns and that they are aware of how to pursue them if they are not satisfied.
- To reassure staff that they will be protected from possible reprisals or victimisation if they have a reasonable belief that they have made any disclosure which is in the public interest. .
- To ensure that whistle blowing is covered as part of the staff induction process and continued to be discussed as part of Team Meetings and Supervision processes.
- To ensure staff have access to information at all times by displaying information in areas accessed by staff.

12. Safeguarding

Safeguarding service users' safety and well being should be a core element of the services delivered by The Provider.

The Provider will fulfil their responsibility to safeguard the service user from potential neglect and abuse and adhere to the legislative requirements set out in the Health and Social Care Act 2008, Regulation 11.

The Provider should sign up to and be familiar with the Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure for Raising a Concern and Referring and their responsibilities detailed within the policy.

The Provider should ensure the following:

- People who use the services are protected from abuse, and their human rights are respected and upheld.
- All staff employed (or volunteers) have undertaken an enhanced Disclosure and Barring check.

- If the employee or volunteer has lived outside the United Kingdom of Great Britain and Northern Ireland for more than two years (cumulatively or continually) from the age of 16 years upwards the Provider shall also undertake additional checks equivalent to an enhanced Disclosure and Barring check or obtain a certificate of good conduct from the appropriate embassy and/or police force and/or obtain references and carry out background checks in respect of such person before allowing them to perform the Services under this Agreement .
- The Provider must have a policy and system in place to ensure full compliance with legislative requirement set out in the Health and Social Care Act 2008.

13. Equality & Diversity

The Provider shall ensure that in delivering this service they incorporate respect for staff and service users and do not discriminate against people because of their age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex or sexual orientation in line with the Equality Act 2010.

In addition to the Provider taking steps to prevent such unlawful discrimination, the Provider shall also ensure that they promote equal opportunities and good community relations between people from different racial/social groups where possible.

It is recommended that The Provider have a clear published plan of action to achieve the equality principles in the equality duties.

The Provider must carry out Equality Impact Assessments as part of any service review process or if any change is made to the provision of the service which could impact on those in receipt of the service.

Compatibility considerations should be taken into account such as age, gender, language religion and culture. These differences should not automatically be considered incompatible and efforts must be made to manage any such differences within a home.

The Provider will ensure that service users have access to appropriate services/resource to enable equity of access and understanding.

14. Staffing

The Provider has the responsibility to ensure that staffing levels and skills mix are sufficient at all times to deliver the service and meet the assessed needs of the service users (as specified in their Care Plan) as well as the size, layout and purpose of the care home. The Provider should have in place a planning mechanism to ensure appropriate levels and continuity of support workers where there are absences due to sickness, holiday or any other reason.

The Provider will ensure that the service is headed by a strong, effective leader who provides a role model of best practice to ensure the staff know what is expected of them and motivates them.

The Manager of the home will have achieved registration with CQC within 6 months of the commencement of employment as manager.

In order to ensure a responsive service is provided to service users the Provider must ensure the following in relation to their workforce:

- Robust recruitment processes are in place.
- Meet the standards set out in the Skills for Care Common Induction Standards.
- For all staff an introduction and 'getting to know the service user' is carried out and will familiarise the staff member with the service user's Care Plan.
- All staff are effectively integrated into their organisation. Staff will be made aware of the aims and objectives of the organisation, and of their position within the organisational structure.
- Staffing arrangements will provide sufficient flexibility to enable adjustments to respond to changing need and make best endeavours to enable continuity of staff delivering care and support to service users.
- All staff involved in the provision of the services are fully trained and receive regular ongoing training and development (including refresher training) timetabled in advance to meet the current and future needs of the service users.
- Staff have in place a Continuing Professional Development Plan that is relevant to the role, setting and the needs of the people using the service, and where possible should have the opportunity to access Level 2 and/or 3 Diplomas in Health and Social Care.
- There is an adequate level of senior cover available as well as an appropriate level of staffing to meet the needs of the service user at all times.
- On occasion, should it be necessary for the Provider to use temporary, agency or bank staff, the Provider will ensure that staff have received relevant training and have the relevant knowledge, skills and experience to support the service user. Temporary, agency or bank staff will be subject to the same checks as permanent staff.
- The Service Provider should make every effort to ensure the best possible continuity and consistency of care through the provision of excellent working conditions in order to minimise staff turnover.

14.1 The Provider shall ensure that staff complete comprehensive induction training before commencing work. This should be signed by the Provider and the staff member on the completion of the induction training. Adherence to this procedure shall be subject to spot checks by the Purchaser. The induction for new staff should include at least (outcome 14 regulation 23 of the CQC essential standards):

- The aims, objectives and purpose of the service.
- Information on the people whose care, treatment and support the staff member will be involved in providing any specific communication needs.
- The rights of people who use the service.
- The policies and procedures of the service.
- The action to be taken in an emergency.

- The health and safety risk assessments and any necessary health surveillance, necessary for their work.
- How to report adverse events, incidents, errors and near misses.
- The arrangements for the staff member's own support and supervision.
- The support and safety arrangements where they are required to work alone.
- The arrangements for reporting where the service falls below essential standards of quality and safety.
- An orientation to the systems, culture and terminology of the health and or social care sectors in England, where the staff member has been recruited from outside the UK.

14.2 The Provider shall ensure that staff have access to adequate supervision which is timetabled in advance with the agreement of the manager and staff member. The Provider must have a clear policy on the supervision of all staff and be able to provide evidence that effective supervision takes place with actions brought forward to the next supervision where applicable. The Provider's supervisory arrangements and ratio of supervisory staff to support workers must be fully effective and operational at all times.

14.3 The Provider should ensure staff have the appropriate skills to ensure the service user is supported to communicate their wishes in a range of ways both verbal and non verbal. Staff should aim to promote choice, control and opportunity to encourage service users to enhance their own skills in this area.

15. Contract Compliance

Quality Expectations and monitoring

15.1 The Purchaser is committed to commissioning high quality services which support the delivery of health and social care outcomes.

15.2 The Provider shall at all reasonable times during the Contract period allow authorised officers of the Purchaser and the Clinical Commissioning Group or agents acting on their behalf, access to all documents relating to the performance of the service under the Contract.

The Provider, on request, will meet representatives of the Purchaser, the CCG or agents acting on their behalf, to review performance of the Contract including complaints and compliments, service user views and comments and staff expertise.

The Provider will be able to demonstrate to the Purchaser, the CCG or an agent acting on its behalf, that it has a commitment to providing quality services and ensuring customer satisfaction. In order to do this the Provider will have developed a quality assurance system, which continuously reviews and improves the standards of service delivery. Such a system will include but not be limited to the following:

- Seeking the views of service users, families and advocates
- Checking that the specified services are consistently being delivered efficiently, effectively and sensitively, taking account of service users needs and preferences.
- Ensuring that appropriate changes are promptly made where services are not consistently being delivered efficiently, effectively and sensitively, taking account of service users needs and preferences.

- Checking that all records are properly maintained and updated (see 6.2 for further details).
- Regular monitoring and evaluation of complaints, concerns, safeguarding alerts and investigations in addition to the requirements of the Provider's complaints procedure.
- An annual review of performance and customer satisfaction with the services provided.
- Participating in any independent quality assurance process.
- Equality and Diversity and Health and Safety are imbedded in service delivery and procedures followed as appropriate.

A safeguarding policy needs to be in place that aligns with and makes reference to Nottingham and Nottinghamshire Multi-agency Safeguarding Vulnerable Adults Procedure for Raising a Concern and Referring.

15.3 Record keeping

The Provider will ensure appropriate records are maintained and available to the Council, or agents acting on their behalf, including but not limited to:

- Running Records
- Care Plans
- Activity Plans
- Risk Assessments and Management Plan
- Financial transactions undertaken on behalf of service users
- Monitoring and review of Person-Centred Care Plans
- Any assistance with medication or other health related tasks where this has been identified in the Care Plan
- Delivery of First Aid
- Preparing reports for and attending service user reviews
- Health and Safety audits
- Staff rosters
- Visitor's Book
- Safeguarding referrals

In addition, the Provider will keep and make available to the Council or agents acting on their behalf, upon request:

- Details of all staff employed (including volunteers) and staff changes
- Staff records including training, induction and supervision
- Records of all financial transactions carried out on behalf of service users
- Details of all complaints received and actions taken
- Records of all accidents / incidents involving staff/ service Users with follow up risk assessments and records of actions taken
- Health and Safety audits
- Staff team meetings and resident/relative meetings

- MAR Sheet (Medication Administration Record Sheet)

Information on any past or current criminal convictions of staff identified on the enhanced DBS Check

15.4 Monitoring of progress against individual support plan goals will be undertaken as part of the scheduled review of Care Plans.

The Provider will provide relevant information on request for the purpose of monitoring the quality of the service (see 6.1 and 6.2)

The Purchaser has the right to conduct an annual review of the performance of the service. This review will be proportionate to the level and quality of service provided.

In addition, NHS Nottingham City CCG will undertake quality monitoring of Care Homes with Nursing

Residential Care - Core Elements of Care

All residential care homes will be expected to deliver core elements of care (see table below) within the residential and nursing care homes standard rate. A service user's package of care may be some or all of these core elements. The specific elements of care to be delivered will be recorded in the service users Individual Care Plan.

Activity	Type of support
Personal care <ul style="list-style-type: none"> ▪ Washing ▪ Dressing and undressing ▪ Bathing ▪ Hair care ▪ Nail care ▪ Foot care (not chiropody) ▪ Mouth care ▪ Denture care ▪ Shaving ▪ Support with make-up, perfume, aftershave, deodorant etc. ▪ Application of non-prescribed creams and ointments 	With the support of one or two members of staff
Support to get up and go to bed	With the support of one or two members of staff
<ul style="list-style-type: none"> ▪ Support to transfer in and out of bed ▪ Toileting ▪ In and out of wheelchair ▪ In and out of arm chair etc. ▪ From any of the above to any of the above and visa versa 	One to one support or two to one <ul style="list-style-type: none"> ▪ Hoisting ▪ Stand aids ▪ Rotunda
Weighing	<ul style="list-style-type: none"> ▪ With the support of one or two members of staff ▪ Appropriate referral where gain or loss is evidenced. ▪ Regular weighing as identified in the care plan
Mental Capacity Act – capacity assessments	Capacity tests and best interest decisions carried out where applicable
Prompting or assisting with taking medication	Trained and competent care staff: <ul style="list-style-type: none"> ▪ Assisting Resident's handling of medication, ear or eye drops ▪ Assisting Resident's with basic dressings etc. ▪ Monitoring prescriptions, overseeing

Activity	Type of support
	collection of medicines.
Continence Care	<ul style="list-style-type: none"> ▪ Fitting and changing continence pads ▪ Safe disposal of waste
Turning regime	<ul style="list-style-type: none"> ▪ With the support of one or two members of staff ▪ Turning regime appropriate to individual
Night checks	<ul style="list-style-type: none"> ▪ Regular night checks where it is deemed appropriate
Support with meals	<ul style="list-style-type: none"> ▪ Support to eat ▪ Support to drink as and when required ▪ Peg feeding
Meet dietary needs	Specialist dietary requirements e.g. <ul style="list-style-type: none"> ▪ Diabetes ▪ Celiac ▪ Swallowing difficulties ▪ Smooth/thickened fluids etc ▪ Allergies
Meet dietary preferences and choices	<ul style="list-style-type: none"> ▪ Religious ▪ Cultural ▪ Choice e.g vegetarian etc.
Nutritional/fluid intake	Appropriate recording where a risk is identified
Communication – including sight and hearing	All appropriate support and aids available to enable citizens to communicate in the most effective way for them.
Preparation for attendance at appointments	Support and where appropriate accompany to attend medical appointments/bank/solicitors etc.
Purposeful day	<ul style="list-style-type: none"> ▪ Supported interests and hobbies ▪ Activities available daily ▪ Support of staff/Activities Coordinator to engage with citizens ▪ Support to engage in day to day activities e.g. <ul style="list-style-type: none"> - setting tables - making own drinks - preparing vegetables/snacks - folding laundry

Activity	Type of support
Links to family where appropriate and safe	<ul style="list-style-type: none"> ▪ Support and where appropriate accompany to see family and maintain family relationships ▪ Involving family if consent is given in the Care Plans ▪ Informing family of any significant changes
Links to the local community	<ul style="list-style-type: none"> ▪ Support or accompany: <ul style="list-style-type: none"> - to access to local amenities - on trips out - to see friends - to engage in religious activities where appropriate - to engage in education and learning - to engage in voluntary work, or paid employment
ABC / Behaviour charts	<ul style="list-style-type: none"> ▪ Appropriate charts etc in place to reduce risk to citizens and others ▪ Analysis of behavioural chart to understand behaviours and pre-empt where possible. Referral to appropriate agencies for further support.
Rehabilitation where appropriate	Assisting the service user to develop skills that can help them re-establish independence
End of life	End of life plans in place

There is an expectation that most service user's care needs will be met within the core elements. However, there may be occasions when additional care/support is required over and above those set out in the core elements. Any additional care or support will need to be agreed with the Care Manager either prior to placement or upon review by Nottingham City Council Adult Assessment Team.

Nursing Home Specification

1. Introduction

- 1.1 This appendix clarifies the requirements for Care Homes with Nursing which are in addition to the general requirements described in the main body of the Service Specification.

2. Service Description

- 2.1 Under this service Care Homes with Nursing will provide care for service users whose primary need is for accommodation and 'social care', but nevertheless have needs which normally require 24 hour availability of a registered health care professional.
- 2.2 Where assessed as eligible, service users in Care Homes with Nursing may receive a Funded Nursing Care contribution from the NHS. Service users in receipt of NHS Continuing Healthcare are excluded from this Service Specification.
- 2.3 Registered nursing can involve many different aspects of care. It can include direct nursing tasks as well as the planning, supervision and monitoring of nursing and healthcare tasks to meet service user's needs and to recognise a preventable or reversible medical condition.
- 2.4 Providers offering nursing care will provide safe, high quality care that meets the individual health and social care needs of the resident. The Provider will ensure that appropriate onward referrals are made to specialist services in the event of any significant change in the service user's condition.
- 2.5 The range of interventions that the Service will provide in response to an individual service user's needs will include, but is not limited to:

2.5.1 Continence

Care Homes with Nursing will provide effective bladder and bowel management for all service users, male and female, including catheter and stoma care and management of incontinence and constipation. Care Homes will ensure that there is appropriate onward referral to the GP and Community Urology and Colorectal Service where required. Care Homes with Nursing will receive continence products supplied by Nottingham CityCare Partnership following a Continence Assessment. If Care Homes require additional supplies to the assessed amount, then the Care Home will be responsible for the provision. Care Homes with Nursing are responsible for the provision of other equipment, with the exception of those provided through prescription (i.e. catheter and stoma supplies).

2.5.2 Tissue Viability Care

Care Homes with Nursing are responsible for risk assessment, prevention and management of pressure areas and pressure wounds. Where required, Care Homes will make referrals to the Tissue Viability service using their referral process and criteria.

2.5.3 End of Life Care

Care Homes with Nursing will deliver effective palliative care and symptom management at the end of life, including administration of medication via a syringe driver where appropriate.

Care Homes will follow a pathway approach to end of life care, using a formal and recognised end of life care pathway. This will include use of a palliative and supportive care register, protocols for onward referral for specialist advice, provision of holistic assessment, care planning and care delivery in accordance with the resident's wishes. The Provider will ensure appropriate referral and ongoing liaison with the GP and specialist palliative care services where required.

The Care Home must ensure that Staff employed have the knowledge and skills to deliver effective palliative care and symptom management at the end of life.

2.5.4 Dementia/Challenging Behaviour

Care Homes with Nursing will ensure that staff have appropriate skills and competencies to support Service users with cognitive impairment, and that the care environment is appropriate to meet the needs of these service users.

Service users' psychological and emotional needs should be assessed and onward referral made to the GP or specialist services where appropriate.

2.5.5 Mobility

Care Homes with Nursing are responsible for the assessment, ongoing monitoring and management of service users with contractures or movement restrictions. Onward referral is made to the GP or community physiotherapy services where additional support is required.

2.5.6 Nutrition

Care Homes with Nursing are responsible for ensuring that nutritional risks are identified and effectively managed. Service users should be screened for nutritional risk on a regular basis, including monitoring of weights. Where screening identifies that a Resident is at risk an appropriate nutrition assessment and Care Plan should be instituted. Onward referral to the GP, dieticians or SALT teams should be made where appropriate.

Where applicable the Care Home with Nursing will ensure that service users with a PEG or Naso gastric feeding tube in situ are managed safely and appropriately and receive adequate nutrition.

3. Equipment

3.1 The purpose of providing equipment is to increase or maintain functional independence and well-being of service users as part of a risk management process. Equipment provision will be focused on resident need and will be provided by the Care Home in line with the Nottinghamshire ICES Care Homes Equipment Policy. The equipment provided must be issued as part of a risk management process and staff competently trained. Whilst it is the expectation that the majority of equipment will be provided by Care Homes, the ICES Policy shows the different routes that both residential and nursing homes can use to access specific equipment where appropriate, including via the NHS, Local Authority, ICES and Community Health Services eg GP prescription, District Nurses and Tissue Viability Services.

Where equipment is to be used for Moving and Handling purposes, a moving and handling assessment should be undertaken to ensure safe transfers for service users and staff. Staff should also be trained in using the specific piece of equipment.

4. Training

4.1 Registered nurses must maintain their registration. When recruiting, Providers should undertake appropriate checks to ensure that the applicant is registered with the Nursing and Midwifery Council (NMC) and undertake annual checks throughout their employment.

5. Medicines Management

Staff must adhere to local MM policies and procedures, for obtaining supplies of medicines, receipt, recording (on MAR sheets and Care Plans), storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines in accordance with:

- The Clinical Commissioning Group (CCG)
- The Handling of Medicines in Social Care Settings by The Royal Pharmaceutical Society of Great Britain 2007 or subsequent revisions;

- Professional advice documents produced by the Care Quality Commission, (or its predecessor, the Commission for Social Care Inspection), including The Administration of Medicines in Care Homes, Medicine Administration Records (MAR) In Care Homes and Domiciliary Care, and the Safe Management of Controlled Drugs in Care Homes or subsequent revisions; and
- The Misuse of Drugs Act 2001 (amended).

Quality Monitoring Guidance

Please be advised that these guidance notes have been produced to support Providers to understand the Quality Monitoring Process and the evidence that will be required on the day of the visit.

In no way are the examples used in these guidance notes exhaustive; they are simply to support Providers with an idea of the types of information that will be looked at. The final report may have evidence of some or all of the examples but could also include evidence that was not in the list of examples given.

Category Residential Care



SECTION 1: ASSESSMENT AND CARE/SUPPORT PROVISION

A. Service Initiation

Outcome	Criteria	Guidance:
<p>Comprehensive assessment / service initiation processes in place.</p> <p>Page 52</p>	A1) Documentation confirms that the provider can meet the needs of the citizen prior to service initiation.	<ul style="list-style-type: none"> Comprehensive pre-admission documentation in place. Evidence of a visit being offered before placement to support an informed choice Respite and short-term placements should also have evidence of a pre-admission process <p><u>Evidence</u></p> <ul style="list-style-type: none"> Completed pre-admission documents in care plans Running records/review of how any visits prior to placement went
	A2) The Mental Capacity Act and DoLS have been considered and acted upon where applicable.	<ul style="list-style-type: none"> MCA and DOLS have been taken into account as part of the pre-admission process Appropriate DOLS authorisation in place where applicable Best interest decision made for citizens who lack capacity to decide where they live. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Completed pre-admission documents in care plans DOLS authorisation in place or evidence of an urgent authorisation in care plan where appropriate.

B. Care/Support Plans

Outcome	Criteria	Guidance:
<p>Care/Support plans are person-centred and record the needs of the citizen whilst ensuring a holistic approach to service delivery.</p>	B1) Care/support plans are person centred, based on citizens' individual needs, preferences and choices.	<ul style="list-style-type: none"> Citizens are at the centre of care delivery Care plans in place to ensure all the needs of the citizen can be met, including any long term health conditions. Person centred approach including, front sheet with personal details and photograph, individual preferences and choices, daily and night time routines, preferred toiletries etc. Life histories in place to support staff to get to know the citizen End of life plan Health action plan (if applicable) <p><u>Evidence</u></p> <ul style="list-style-type: none"> Care plans
	B2) The service is proactive in engaging with a range of professionals and agencies and relevant professionals are involved in care/support planning.	<ul style="list-style-type: none"> Holistic approach to care delivery to ensure that the citizen receives all the care and support needed A variety of professionals are used where appropriate for example (not exhaustive list)

		<ul style="list-style-type: none"> ○ Dementia Out Reach Team ○ Falls Prevention ○ Tissue Viability ○ Continence Advisory Service ○ Speech and Language Team ○ GP ○ District Nurse ○ Chiropodist ○ Dietician ○ End of Life Team ○ Optician/dentists <ul style="list-style-type: none"> • Appropriate follow up information recorded along with the outcome following a professional visit. • Health professional visits are recorded along with the outcome and any follow up appointments. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans • Running records • Handover notes/diaries
	B3) The MCA and DoLS have been considered and acted upon where applicable.	<ul style="list-style-type: none"> • Decision specific mental capacity assessments are in place for those citizens where capacity is in doubt. • DOL authorisations are still in date with a record of the representative visiting along with a review date to ensure the authorisation does not expire. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans • Representative visitors log/running records
	B4) Provider actively seeks citizen, carer/family and, where appropriate, advocate involvement in the care / support planning process.	<ul style="list-style-type: none"> • Citizen is involved in the care planning process where possible, or consultation with family/carers or advocate/IMCA <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans should evidence who has been involved along with signatures and dates • If citizen or family/carers/advocate do not wish to be involved this should be clearly recorded, signed and dated.
	B5) A proactive approach is taken to ensure that citizens' communication needs are addressed.	<ul style="list-style-type: none"> • Communication needs are recorded and acted upon • Aids used to support communication for example (not exhaustive list) <ul style="list-style-type: none"> ○ Hearing aids ○ Glasses

		<ul style="list-style-type: none"> ○ Talking books ○ Picture cards ○ Signs ○ Body language ○ Makaton • Additional guidance information sought for example <ul style="list-style-type: none"> ○ Dementia Outreach Team ○ Speech and Language ○ Discussion with family/carer <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans – in depth care plan where communication needs are identified. • View some of the aids available
	B6) Support is planned to meet agreed outcomes for citizens where appropriate.	If applicable.

C. Risk Assessment

Outcome	Criteria	Guidance:
Page 54	C1) Risk assessments are completed in line with care/support plans, outlining identified risk and relevant preventative measures.	<ul style="list-style-type: none"> • Risks are identified as part of the care planning process which clearly identifies the risk, how to manage the risk and any preventative measures recorded. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans
Comprehensive risk assessments and risk management processes in place.	C2) Processes/strategies are in place and implemented to manage identified risk.	<ul style="list-style-type: none"> • Supporting documentation in place to support and inform risk assessments for example (this list is not exhaustive) <ul style="list-style-type: none"> ○ ABC / behaviour charts ○ Body maps ○ Falls log ○ Weight charts <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans / supporting documentation

D. Reviewing Process

Outcome	Criteria	Guidance:
Care/Support plans are reviewed to ensure citizens' identified needs continue to be met.	D1) Care plans and risk assessments are reviewed and updated within appropriate timescales and/or where changes to individual needs are identified.	<ul style="list-style-type: none"> • Reviews take place monthly or when required and are clearly dated and signed • Changes in need clearly recorded with evidence that care plans / risk assessments have been updated to reflect any changes. • Following hospital visits evidence that full review of care needs has taken place.

		<ul style="list-style-type: none"> Input from professionals directing changes in care delivery including any dietician or health professional <u>Evidence</u> <ul style="list-style-type: none"> Care plans Running records Handover records/book
	D2) Provider actively seeks involvement of citizen, carer/family, and advocacy (where appropriate) and other relevant professionals in the care/support review process.	<ul style="list-style-type: none"> Citizens/families/carers have the opportunity to engage in reviews Citizens/families/carers have agreed how often they wish to be involved in reviews either monthly, 6th monthly, annually or not at all. Any involvement from citizens/families/carers are clearly recorded, signed and dated. <u>Evidence</u> <ul style="list-style-type: none"> Care plans
E. Staff		
Outcome	Criteria	Guidance:
Page 55 Citizens needs are met by a suitable and appropriately trained workforce.	E1) The service is suitably staffed at all times taking into account citizen's needs and preferences.	<ul style="list-style-type: none"> Appropriate level of staffing in place to ensure that the identified needs of citizens are met. <u>Evidence</u> <ul style="list-style-type: none"> Staff rota which should include <ul style="list-style-type: none"> Identified first aider on each shift All staff roles identified Key of abbreviations used Any one to one hours delivered Any dependency tools that are used to identify staffing levels required.
	E2) Assessment and care/support planning is addressed in a structured induction programme, appropriate to the service.	<ul style="list-style-type: none"> Staff complete the Skills for Care – Common Induction Standards which includes Standard 7 Person Centred Support Any in-house inductions must include care planning to ensure staff understand how to use and update them appropriately <u>Evidence</u> <ul style="list-style-type: none"> Staff files Induction template Discussion with staff
	E3) Staff are continually supported and appraised in their role through supervisions, mentoring and appropriate training.	<ul style="list-style-type: none"> Staff receive regular supervisions Supervisions are recorded appropriately and signed by both staff member and line manager. Actions recorded and followed up at next supervision. All mandatory training has been completed by staff along with any supplementary training required to support the needs of the citizens <u>Evidence</u>

		<ul style="list-style-type: none"> • Staff files/record of supervision • Training Matrix which should include, training staff have attended, date attended and when refresher training is due. • Discussion with staff
	E4) Staff are appropriately trained in assessment and support/care planning.	<ul style="list-style-type: none"> • Staff understand the care planning process (of the home) and the importance of keeping information clear and up to date, which is always signed and dated <u>Evidence</u> <ul style="list-style-type: none"> • Training matrix • Staff supervision records • Team meetings
Staff have understanding of assessment and care/support planning	E5) Staff demonstrate an appropriate understanding of needs assessment and care/support planning.	<ul style="list-style-type: none"> • Staff should know when to refer to and update care plans and when to refer information onto other professional agencies such as dietician following weight loss etc. • Appropriate handovers take place to ensure all staff are aware of current needs of citizens. • Staff should be involved in the care planning and reviewing process to understand the importance of keeping information up to date and accurate and why it is important to ensure any changes in need are recorded. <u>Evidence</u> <ul style="list-style-type: none"> • Staff supervision records • Team meetings • Discussion with staff • Handover record/book

SECTION 2: SAFEGUARDING

A. Policies and Procedures

Outcome	Criteria	Guidance:
Appropriate safeguarding policies and procedures are in place to ensure the safety of citizens.	A1) A copy of the 'Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure for raising a concern and referring' is made available to staff and is referenced within or in line with providers' in-house policy.	<ul style="list-style-type: none"> A copy of the 'Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure for raising a concern and referring' can be produced and is referenced. In-house safeguarding policy in place which makes reference to the above procedure and has the appropriate and up to date referrals details. <u>Evidence</u> <ul style="list-style-type: none"> copy of guidance available copy of in-house policy
	A2) Staff have access to and an understanding of safeguarding policies and procedures.	<ul style="list-style-type: none"> Policies and procedures are available to staff to refer to when necessary Safeguarding is discussed in supervisions and team meetings as a regular agenda item. <u>Evidence</u> <ul style="list-style-type: none"> Staff supervision records Team meeting minutes Discussion with staff
	A3) Policies and procedures are regularly reviewed and updated as necessary	<ul style="list-style-type: none"> All appropriate policies and procedures in place with evidence that they are reviewed and updated where appropriate. Staff are informed of any updates and are able to access policies and procedures at all times <u>Evidence</u> <ul style="list-style-type: none"> View policies and procedures Discussion with staff Staff team meetings

B. Safeguarding Information & Referrals

Outcome	Criteria	Guidance:
Relevant information on safeguarding is made available to citizens, relatives and/or carers.	B1) Information on safeguarding is made available and is accessible to citizens and other key partners.	<ul style="list-style-type: none"> Safeguarding is discussed with citizens in a way they will understand. Safeguarding information is made available to all visitors to the home. <u>Evidence</u> <ul style="list-style-type: none"> Citizens / relatives meeting minutes Record of one to one discussions with citizens

		<ul style="list-style-type: none"> • Posters and leaflets available • Information in citizens welcome pack / home information pack • News letters
	B2) Manager and staff know when, how, where and to whom to make a safeguarding referral. There is a designated and appropriately trained safeguarding lead.	<ul style="list-style-type: none"> • Staff know how to make a safeguarding referral both anonymously or; • Staff know who to go to in the organisation who can give information and advise on any safeguarding issues or concerns <u>Evidence</u> <ul style="list-style-type: none"> • Training matrix • Discussion with staff
	B3) A record of safeguarding referrals is maintained.	<ul style="list-style-type: none"> • A record is kept of all safeguarding referrals made by the home including who the referral was made to and on what date with a brief description of the reason for the referral. Where possible with a recorded outcome. <u>Evidence</u> <ul style="list-style-type: none"> • Referrals tracker/log • Running records • Care plans

C. Communication

Outcome	Criteria	Guidance:
<p>Communication practices in place to keep staff, citizens and carers up to date on relevant issues.</p>	<p>C1) Processes are in place to ensure communication of relevant information between staff and other professionals.</p>	<ul style="list-style-type: none"> • Communication practices are in place to ensure all relevant parties are updated on what is happening within the home. • Topical issues are cascaded to all relevant parties where appropriate • Robust handovers take place at the start/end of each shift to ensure the • Staff /Citizen/relatives meetings take place on a regular basis <u>Evidence</u> <ul style="list-style-type: none"> • Staff/citizen/relatives meeting minutes • Newsletters/websites • Handover records • Leaflets and information posters where appropriate • Welcome/information pack

D. Staff		
Outcome	Criteria	Guidance:
Staff have been through appropriate processes to ensure they are suitable to work in this area.	D1) A robust and appropriate recruitment and selection process is followed in the appointment of all staff.	<ul style="list-style-type: none"> Staff have been through an appropriate recruitment process The appropriate DBS checks have been carried out Contract of employment is in place <p><u>Evidence</u></p> <ul style="list-style-type: none"> Staff files Any additional files where relevant.
	D2) Safeguarding is addressed in a structured induction programme, as appropriate to the service.	<ul style="list-style-type: none"> Staff complete the Skills for Care – Common Induction Standards which includes Standard 6 Principles of safeguarding in Health and Social Care Any in-house inductions must include safeguarding to ensure staff understand how when and who to make a referral The organisations own Whistle Blowing policy is discussed with all new starters <p><u>Evidence</u></p> <ul style="list-style-type: none"> Staff files Induction template Discussion with staff Staff supervision records
Staff are appropriately trained to safeguard citizens.	D3) All mandatory safeguarding training appropriate to the service has been undertaken and is updated regularly.	<ul style="list-style-type: none"> All staff should undertake safeguarding training, including, domestic, kitchen, handyperson, laundry etc along with any volunteers working within the home. Regular refresher training should be undertaken <p><u>Evidence</u></p> <ul style="list-style-type: none"> Training Matrix
	D4) Effectiveness of training is monitored, within an appropriate timescale, to ensure staff are fully competent and confident in day to day service delivery.	<ul style="list-style-type: none"> Staff understand how to make a safeguarding referral Staff understand the organisations Whistle Blowing policy and know where this is kept should they need to refer to it Safeguarding is discussed regularly at team meetings and supervisions to ensure staff are reminded of the importance of safeguarding and their responsibility to refer. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Staff meeting minutes Supervision records Discussion with staff Any evaluation documentation (if used)

SECTION 3: EQUALITY AND DIVERSITY

A. Commitment to Equality and Diversity

Outcome	Criteria	Guidance:
<p>Page 60</p> <p>Equality and diversity considerations are central to service delivery.</p>	A1) Equality and Diversity needs are discussed with citizens and addressed in care/support plans.	<ul style="list-style-type: none"> Care plans reflect the citizen's cultural, spiritual, religious choices and preferences along with how these choices will be supported. End of life wishes are recorded Right to vote has been discussed and preference recorded Proactive approach taken where possible to source any support that may be required to support citizen's choices. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Care plans Review meetings Any evidence of family/carer consultation (if citizen lacks capacity)
	A2) The diverse needs and preferences of citizens.	<ul style="list-style-type: none"> Citizens are involved in the menu planning process Appropriate meals are outsourced if the home cannot meet the dietary preferences of citizens. Citizens dietary preferences are recorded and adhered to where possible for example (list not exhaustive) <ul style="list-style-type: none"> Vegetarian Cultural/religious preferences Likes and dislikes Citizens dietary requirements are recorded appropriately both in the care plans and on individual dietary requirement sheets held in the kitchen for example (list not exhaustive) <ul style="list-style-type: none"> Smooth/soft diet Allergies Diabetic diet Dietician input Kitchen staff are aware of the dietary preferences and requirements of citizens. Appropriate risk assessments in place for those citizens who could be at risk e.g. allergies, poor appetite etc. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Citizens meeting minutes Care plans – evidence of discussion taking place and actioned where appropriate Individual dietary sheets (kept in the kitchen)



		<ul style="list-style-type: none"> • Discussion with kitchen staff • Risk assessments • Fluid charts/nutritional charts where appropriate • Dignity and respect
B. Staff		
Outcome	Criteria	Guidance:
Staff are aware of and appropriately trained in relation to Equality and Diversity Page 61	B1) Staff demonstrate an appropriate understanding of, and are aware of the importance of, equality and diversity, when delivering care/support.	<ul style="list-style-type: none"> • Staff are aware of the citizens individual preferences and choices • Staff (including kitchen staff) understand the importance of ensuring citizens equality and diversity needs are discussed and supported. <u>Evidence</u> <ul style="list-style-type: none"> • Staff meeting minutes / supervision records • Discussion with staff
	B2) Staff receive appropriate induction and training in relation to equality and diversity.	<ul style="list-style-type: none"> • Staff complete the Skills for Care – Common Induction Standards which includes Standard 4 Equality and Inclusion • Any in-house inductions must include Equality and Diversity to ensure staff understand the importance of citizens preference and choices <u>Evidence</u> <ul style="list-style-type: none"> • Staff files • Induction template • Discussion with staff • Staff supervision records

SECTION 4: INVOLVEMENT AND EMPOWERMENT

A. Service Information and Communication

Outcome	Criteria	Guidance:
<p>There is an appropriate level of information available about the service.</p> <p>Page 62</p>	A1) Information about the service is available and accessible to citizens and other appropriate parties.	<ul style="list-style-type: none"> Information about the home and the services offered is made available to both new and existing citizens, families and carers <p><u>Evidence</u></p> <ul style="list-style-type: none"> Up to date Welcome/Information Pack Leaflets/posters/newsletters Website
	A2) Processes are in place to keep citizens and other appropriate parties up to date on relevant issues.	<ul style="list-style-type: none"> Evidence that up to date topics are discussed with citizens/families/carers either in a group setting or on a one to one basis. <p><u>Evidence</u></p> <ul style="list-style-type: none"> One to one discussion notes Citizen/relative meeting minutes

B. Empowerment

Outcome	Criteria	Guidance:
<p>Citizen empowerment is central to the Service.</p>	B1) Citizens are supported to engage in activities of their choice.	<ul style="list-style-type: none"> Citizens life history, interests and hobbies are recorded Activities that take place are linked to citizens interests and hobbies Activities that citizens engage with / do not engage with are recorded to help inform future activities. Citizens are aware of and have been involved in selecting any pre-planned activities e.g. posters, leaflets, activities plan, discussion in citizens meetings etc. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Care plans Activity records/file Citizens meetings Photographs

	B2) Citizens are supported to be involved in the wider community where appropriate.	<ul style="list-style-type: none"> Community links important to the citizen have been identified in the care plan with evidence of how this is supported Relatives/carers have been involved where applicable <u>Evidence</u> <ul style="list-style-type: none"> Care Plan One to One discussion notes Care review records Activity records/file
	B3) There is evidence that independence is promoted where applicable.	<ul style="list-style-type: none"> Care plans outline what the citizen can do for themselves and what they need support with. Any aids (communication, mobility etc.) required are recorded in the care plan Mealtimes are supported in a discreet and appropriate manner with the citizens being able to take their time and not feel rushed. Appropriate aids are sought to support citizens to be as independent as possible for example <ul style="list-style-type: none"> Stand aids Walking aids Special crockery / cutlery Communication aids Glasses, hearing aids, dentures Appropriate/distinctive signage Sensors Door alarms Citizens have access to a call bell in their rooms, for those citizens unable to use the call bell then a process is in place to ensure their needs are met, along with any appropriate risk assessments Citizens are able to be involved in the running of the home should they wish to do so by setting the table, preparing vegetables, helping with laundry etc <u>Evidence</u> <ul style="list-style-type: none"> Care plans/risk assessments/reviews Observation of the environment Observations of staff and citizens
	B4) Information is available to citizens, family etc about how to complain and (where applicable) there is evidence that citizens understand how to complain.	<ul style="list-style-type: none"> Citizens, family and carers are supplied with information on how to make a complaint Complaints procedure is a regular agenda item at citizens and relatives meetings The complaints procedure is on display <u>Evidence</u> <ul style="list-style-type: none"> Citizens/relatives meeting minutes Notice boards

		<ul style="list-style-type: none"> Welcome/information pack Care plan reviews
	B5) There is a robust complaints procedure in place and complaints are recorded appropriately.	<ul style="list-style-type: none"> An up to date Complaints Procedure is in place and regularly reviewed Complaints are logged and responded to within appropriate timescales with outcomes recorded. <u>Evidence</u> <ul style="list-style-type: none"> Policies and Procedures folder Complaints log book/records
C. Citizen Involvement		
Outcome	Criteria	Guidance:
Page 64 Citizens are empowered and involved in decisions about their services and can make changes.	C1) Citizens are supported to inform and make changes to their individual support / care.	<ul style="list-style-type: none"> Citizens are supported to be engaged in all aspects of care delivery Citizens are able to make changes to the care they receive or discuss alternative methods of care delivery should they wish to do so e.g. female/male only carers to give personal care, do /do not wish to be checked on at night, option of a choice of aids to support independence, sensor mats etc. Citizens involved in care planning with evidence of how often they wish to be involved in reviews. <u>Evidence</u> <ul style="list-style-type: none"> Care plans One to one discussion notes Care plan reviews
	C2) There is evidence that citizens have been involved in / consulted about any changes to service provision.	<ul style="list-style-type: none"> Citizens involved in the interviewing of new staff Citizens are actively involved in any changes to the environment both inside and in the garden i.e. decoration, furniture, garden plants/flowers, pets etc. Regular questionnaires are completed by citizens to ensure their views are taken into account. <u>Evidence</u> <ul style="list-style-type: none"> Outcome of any surveys that have taken place Citizen meeting minutes or one to one records Staff recruitment documentation

D. Staff		
Outcome	Criteria	Guidance:
Staff understand principles around involvement and empowerment.	D1) Staff demonstrate an understanding and awareness of citizen involvement and empowerment when delivering care and support.	<ul style="list-style-type: none"> • Staff understand the importance of allowing citizens to be as independent as possible. • Care plans evidence that citizen involvement and empowerment is pivotal to person centred care <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Discussion with staff • Dignity champions • Team meeting minutes • Supervision records • Care plans

1. Introduction

Nottingham City Council is focused on reducing disadvantage and poverty by ensuring local residents are supported in accessing employment and training opportunities created in the City. This is underpinned by the Council leadership's manifesto commitment and key targets contained within the Nottingham Plan:

- Reduce unemployment by 25% to less than 10,000 Job Seekers Allowance claimants by 2015
- Raise the proportion of working –age adults with at least level 2 qualifications to 90%
- Move the city of Nottingham up out of the 10% most deprived authorities in England
- Ensure that no neighbourhood is in the most deprived 5% nationally
- Half the proportion of children living in poverty (defined as the % of children living in households dependent on out-of-work benefits)

Training and employment are recognised routes out of deprivation and the Authority's Economic Development and Procurement Teams are working to ensure that local employment and training opportunities are available for all appropriate major City Council contracts.

A key element of this is the inclusion of employment & training opportunities as part of our contracts with third parties. Where we consider the contract includes appropriate opportunities we will include relevant questions as part of the evaluation of that tender. These questions will focus on employment and training opportunities that the contract may deliver and how the contractors proposals for engaging with the Employer hub to assist with their recruitment requirements.

2. Nottingham City Employer Hub

The Nottingham City Employer Hub has been created to provide a recruitment and training service which responds to employer workforce needs by coordinating the resources and expertise of local and regional agencies including Job Centre Plus, CVS Groups, the Work programme and local FE Colleges. Working in partnership with employers contracted to provide services or goods to the Council, the Employer Hub designs a bespoke package of support that targets engagement activity to provide a job ready local workforce.

The Employer Hub:

- Advertises all vacancies directly to community groups and local agencies
- Promotes vacancies at recruitment fairs, targeted open days and community events
- Facilitates pre-employment training (PET) for individuals seeking work to prepare them for working in the sector
- Pre-screens applications to ensure all applicants put forward for interview meet the job and person specification
- Integrates additional pre-qualifying or candidate assessment criteria as desired by the employer
- Provides suitable interview facilities at a variety of venues across the City
- Assists Employers in accessing funding available for workforce development

3. Definitions of Employment & Training Opportunities

New Vacancy

An employment opportunity created as a result of the Development which provides a new vacancy to be offered by the Employer Hub to local candidates.

New Entrant Trainee

A person that is leaving an educational establishment (e.g. school, college or university) or a training provider; or an adult who has not been employed in the sector during the previous 6 months and who is seeking employment that includes training towards a qualification; or trainee employed by another contractor or supplier whose contract of employment is being terminated or who is working part-time and who is therefore seeking another position to complete their training period. A new entrant trainee can be an Apprentice or Graduate entrant.

Work Experience

Unwaged 4-week work placement opportunities for interns, students, trainees and job-seekers

Apprenticeships

Employees that earn a wage and work alongside experienced staff to gain job-specific skills. Off the job, usually on a day-release basis, apprentices receive training to work towards nationally recognised qualifications. Anyone living in England, over 16 years-old and not in full-time education can undertake an apprenticeship

Accredited Training Course

A training course recognised by an institution of learning which maintains those standards requisite for its graduates to gain recognition

The use of the Employer Hub recruitment and training service is entirely **free** for all City Council contractors

4. Contact for Further Information

Employer Hub

Nottingham City Council

4th Floor

Loxley House

Station Street

Nottingham

NG2 3NG

Employer.hub@nottinghamcity.gov.uk

0115 876 2912



Nottingham City Vulnerable Adults Workforce Strategic Core Knowledge Standard v.1.5 Oct'13



The whole workforce understands the vision and the key strands for the way forward of the Vulnerable Adults Plan

Vision

- investing in services that reduce needs and dependency and lowers future costs;
- developing innovative and new ways in which to mobilise and make use of all the resources of the community; and
- enabling vulnerable citizens to remain independent for longer and make choice based personalised services a reality in Nottingham.

Key Strands

1. Greater investment in prevention and early intervention, particularly where needs and costs are already increasing significantly.
2. Focus on building community capacity, personalisation and citizen choice.
3. Joint working to drive collaboration, integration and efficiencies between providers, citizens and partners.

The minimum skills and knowledge expected for the whole workforce in line with the Core Values from the Workforce Strategy

1. Effective Communication

- trust & respect
- developing rapport & partnerships
- consulting, informing & negotiating
- active listening & empathy
- clear language
- Choices, decision making & signposting
- Appropriate use of confidentiality & information sharing

2. Personal Development

- Maintains a personal development plan
- Evaluates own performance & effectiveness of learning
- Be aware of standards and codes practice that relate to your work role
- Use of reflective practice to contribute to personal development
- Professional Qualifications

3. Principles of Safeguarding

- Understand key legislation
- Recognise signs of harmful behaviour, neglect or abuse
- Understand risk factors
- Responding appropriately to suspected or disclosed abuse
- Whistle blowing policy/ procedure.

4. Health, Safety & Security

- Understand key legislation
- risk & effects
- reporting risks
- moving & handling safely
- Dealing with emergencies
- Maintaining security e.g. premise, homes
- Health, Care & Support
- Infection prevention and control

5. Quality and Service Improvement

- Effective and efficient use of resources
- Work within own limits
- Share constructive views & ideas for improvement
- Roles, responsibilities, expertise & Leadership
- Duty of Care
- Regulatory Standards
- Supervision—Reflective

6. Equality, Diversity & Inclusion

- Understand key legislation
- Treat everyone with dignity & respect
- Provide inclusive support
- Acknowledge others different perspectives
- Person centred approach

To support development of skills and knowledge listed above some development options are described below.

Access free E-learning, useful website links and Bite-sized learning worksheets to support learning at www.vulnerableadultworkforce.co.uk/trainingandskillsforyou

Includes examples of further development subjects; Mental Health, Dementia, Learning Disability, plus more

EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE
10 SEPTEMBER 2014

Subject:	Hucknall House Decommissioning		
Corporate Director(s)/ Director(s):	Alison Michalska, Corporate Director Children and Adults, alison.michalska@nottinghamcity.gov.uk tel: 0115 8763132.		
Portfolio Holder(s):	Councillor Alex Norris, Portfolio Holder for Adults, Commissioning and Health.		
Report author and contact details:	Clare Gilbert, Commissioning Manager, 0115 8764811 Clare.gilbert@nottinghamcity.gov.uk		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision	<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital		
Significant impact on communities living or working in two or more wards in the City	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total value of the decision: This information is exempt. Please see exempt appendix 3.			
Wards affected: All	Date of consultation with Portfolio Holder(s): 20 August 2014		
Relevant Council Plan Strategic Priority:			
Cutting unemployment by a quarter	<input type="checkbox"/>		
Cut crime and anti-social behaviour	<input type="checkbox"/>		
Ensure more school leavers get a job, training or further education than any other City	<input type="checkbox"/>		
Your neighbourhood as clean as the City Centre	<input type="checkbox"/>		
Help keep your energy bills down	<input type="checkbox"/>		
Good access to public transport	<input type="checkbox"/>		
Nottingham has a good mix of housing	<input type="checkbox"/>		
Nottingham is a good place to do business, invest and create jobs	<input type="checkbox"/>		
Nottingham offers a wide range of leisure activities, parks and sporting events	<input type="checkbox"/>		
Support early intervention activities	<input checked="" type="checkbox"/>		
Deliver effective, value for money services to our citizens	<input checked="" type="checkbox"/>		
Summary of issues (including benefits to citizens/service users): Hucknall House Short Breaks Service is currently commissioned by Nottingham City Council from Nottinghamshire Healthcare NHS Trust (the Healthcare Trust) to provide short breaks to families caring for adults with learning disabilities who have complex needs. Due to the high cost of the service and concerns about the limitations of the service in meeting future need, it is proposed that the service is decommissioned and suitable alternative provision is identified.			
Exempt information: Appendix 3 to this report is exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because it contains information relating to financial values of existing contracts and, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because making contract values of existing contracts, which are planned to be market tested, available to other organisations, would prejudice the open tender process.			
Recommendation(s):			
1. To decommission Hucknall House Short Breaks Service.			
2. To note that suitable alternative arrangements for respite will be found for all the current users of the Hucknall House Service as described in paragraph 5.5 below and will be the subject of a future Executive Board Commissioning Sub Committee report.			

1 REASONS FOR RECOMMENDATIONS

- 1.1 Following a review of respite provision it was identified that Hucknall House does not provide good value for money, does not meet the needs of future citizens and that alternative provision could be provided at a reduced cost. The Council are required to provide one year's notice to the Healthcare Trust of the intention to cease the contract.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 A further report will be tabled at Committee detailing future commissioning intentions.
- 2.2 In 2013 a review of overnight respite provision was undertaken. This refers to the provision of planned and emergency short breaks for carers in order to support carers in maintaining their carer role and in preventing carer breakdown. Overnight respite is usually provided within a residential service or through dedicated respite units.
- 2.3 The review included the Hucknall House Short Breaks Service. Hucknall House is a service provided by Nottinghamshire Healthcare NHS Trust. The commissioning responsibility for the service was transferred to Nottingham City Council from Nottingham PCT under the Valuing People Now transfer of social care provision in 2009 with the corresponding finances to fund this transfer. A year's notice is required to exit the service.
- 2.4 Hucknall House is a 5 bedded unit based at Highbury Hospital. It provides respite for individuals with autism and learning disability who exhibit challenging behaviour. Some individuals attending the unit have very high support needs. The key issues that emerged from the review were: the high cost of the service, the physical restrictions of the current accommodation, the staffing structure, and the perspective of carers of those utilising the service
- 2.5 Whilst the quality of the care provided is high, the physical structure of the unit is not appropriately configured to best support current users and does not have sufficient space or facilities to meet the physical and behavioural needs of young people transitioning from children's services.
- 2.6 The service is regularly used by one individual, whose behavioural needs are such that it is not deemed safe for any other residents to be supported at the same time. This means that approximately monthly, the unit is effectively closed from Friday afternoon until Monday morning in order to accommodate him. The service user does not stay overnight, so the unit is empty overnight on the days that he attends. This obviously has significant implications for the occupancy rates of the unit.
- 2.7 A recently published Care Quality Commission (CQC) Report commented; 'We saw that the environment was not comfortable, but institutional in appearance, which did not promote people's wellbeing when accessing a short stay service.' It concluded; 'The trust should consider improving the environment in Hucknall House.'
- 2.8 The unit is a nurse led service providing 24 hour nursing care. This is a very high staffing model for citizens who usually live at home without nursing care. The staffing structure only allows for three staff at anyone time which restricts the activities that can take place. This lack of activity was highlighted as an issue in the CQC report.

- 2.9 Parents and carers were consulted as part of the review and have subsequently been consulted more formerly in relation to the proposal to close the service. The response has been overwhelming; with most families attending the consultation events or making direct representation. The service is held in the highest possible regard and is seen as providing a safe haven for their loved ones as well as a service that carers have complete trust in. This is seen as crucial in providing a meaningful break. Any form of change is likely to cause severe distress to the citizens using the service. Lack of communication skills mean that they will not be able to understand why their service is changing and are likely to exhibit challenging behaviours in communicating this distress.
- 2.10 Throughout the process, discussions have been taking place with the Nottinghamshire Healthcare NHS Trust as to possible options and they jointly participated in the consultation process with parents and carers. Given the concerns in relation to quality and cost, parents and carers identified a number of proposals for consideration by the Trust. These included; increasing occupancy levels, extending the property and reducing the level of nursing staff.
- 2.11 The Nottinghamshire Healthcare NHS Trust have made it clear that any proposals involving the continued commissioning of the service including maintaining the status quo would require considerable financial investment to make the building fit for purpose. Based on previous work undertaken by the Trust, they have estimated that the cost of this work would be in excess of two million pounds. The Trust would look for some capital contribution from the City Council for this work and the rest of the cost would then be added to the price of the contract. This would significantly add to the cost per individual. Any potential economies of scale would not prevent an overall increase in cost. If the City Council required a reduction in the level of nursing staff, the Trust would seek recompense from the Council to meet redundancy costs.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Do Nothing. Maintain the current service indefinitely. This would enable continued and valued provision for the citizens and families currently utilising the service. However, given the need to upgrade the building, this would involve significantly increased investment for a service that is substantially more costly than market equivalents. For this reason, this option was rejected.
- 3.2 Develop and increase the service. This would secure additional capacity and enable the service to be developed to meet future need. As above, this option is not economical as it would require very significant investment by the City Council and a large ongoing financial commitment. For this reason, this option was rejected.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 See exempt appendix 3

5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

- 5.1 The principle risks in relation to the proposed closure are: the impact for families caused by any change in provision, the level of disruption may lead to some families to seek permanent residential care for the person that they are caring for, the lack of suitable alternative provision, and the cost of alternative suitable provision.

- 5.2 If the decision is made to decommission Hucknall House, the Healthcare Trust will require a one year notice period. This will allow transitional arrangements to be made in a planned way. If appropriate placements can not be identified within the timescale, a short extension of the contract can be agreed with the Trust.
- 5.3 It is recognised that for many of the citizens impacted by the proposal and their families, the impact will be significant. Steps to mitigate the impact include: the allocation of a named social worker, meetings with carers, social workers and Hucknall House staff to identify suitable alternative provision, visits to new providers by family members, and access to the Carers First Service which provides carer support
- 5.4 Individualised packages of care will be developed for all service users currently attending Hucknall House. Where these can be sourced from existing provision, funding will be acquired through the relevant decision making processes.
- 5.5 Given the specific needs of those attending Hucknall House, it is likely that there will be insufficient appropriate provision in the community at the moment and that new provision will need to be procured. Discussions have already taken place with potential respite providers and there is scope for further development in the market. If the decision to decommission is agreed, then procurement recommendations can be confirmed. A future paper will be presented to the Executive Board Commissioning Sub Committee detailing procurement arrangements for additional services. Whilst one or two citizens may require more expensive provision than that provided by Hucknall House, social work and market intelligence suggest that most individuals will be accommodated at reduced costs.
- 5.6 Legal advice: The report does not raise any significant legal issues. Andrew James.

6 SOCIAL VALUE CONSIDERATIONS

- 6.1 As Hucknall House is a Nottingham based service, closing the service, may lead to some loss of local jobs. However, alternative provision will be locally sourced which will support the development of new posts elsewhere in the City.

7 REGARD TO THE NHS CONSTITUTION

- 7.1 The Nottinghamshire Healthcare NHS Trust have been involved at each stage of the process including consultation with parents and carers.

8 EQUALITY IMPACT ASSESSMENT (EIA)

- 8.1 An EIA is attached. Due regard has been given to the equality implications identified in the attached EIA.

9 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

- 9.1 Family and Carer Consultation.

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

- 10.1 Valuing People Now: transfer of the responsibility for the commissioning of social care for adults with a learning disability from the NHS to local government and transfer of the appropriate funding 2008, Department of Health

10.2 Care Quality Commission Nottinghamshire Healthcare NHS Trust Services for People with Learning Disability or Autism Quality Report July 2014

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Steve Oakley Head of Quality and Efficiency
steve.oakley@nottinghamcity.gov.uk Tel no: 0115 87 62836

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Equality Impact Assessment Form

Name and brief description of proposal / policy / service being assessed

Hucknall House Short Breaks Service is currently commissioned by Nottingham City Council from Nottinghamshire Healthcare NHS Trust (the Healthcare Trust) to provide short breaks to families caring for adults with learning disabilities who have complex needs. Due to the high cost of the service and concerns about the limitations of the service in meeting future need, it is proposed that the service is decommissioned and suitable alternative provision is identified.

Information used to analyse the effects on equality

A review was undertaken of the service and consultation took place with affected parents and carers. Efforts were made to directly consult with the citizens affected, but due to their very limited communication, this has not been possible. See consultation summary attached.

	Could particularly benefit (X)	May adversely impact (X)	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<p>The proposal to close Hucknall House is likely to have a short term negative implication for most current users and the service and their carers. The intention is to commission equivalent or better respite provision elsewhere.</p> <p>The impact relates to the disability of the service users. Most of the service users have very limited communication skills and many of those attending the unit are on the autistic spectrum. These factors mean that most service users will find any change difficult. They will not be able to understand the reasons for the change or be able to clearly communicate their feelings about it</p> <p>The unit is primarily attended by men with only one woman attending.</p>	<p>To undertake individualised assessments of all service users attending Hucknall House.</p> <p>To involve parents and carers at each stage of the process</p> <p>To appoint a named social worker to each family</p> <p>Social workers, Hucknall House staff and family and carers to work together to identify the most appropriate alternative accommodation. This will include cultural and gender requirements</p> <p>Parents and carers to visit potential respite options</p> <p>Where no appropriate provision is available, to procure accommodation in line with identified needs</p> <p>To utilise the year's notice period to allow transition to take place in a planned way</p>
Men, women (including maternity/pregnancy impact), transgender people	x <input type="checkbox"/>	x <input type="checkbox"/>		
Disabled people or carers	x <input type="checkbox"/>	x <input type="checkbox"/>		
People of different faiths/beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>		
Lesbian, gay or bisexual people	<input type="checkbox"/>	<input type="checkbox"/>		
Older or younger people	<input type="checkbox"/>	<input type="checkbox"/>		
Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults)	<input type="checkbox"/>	<input type="checkbox"/>		

Outcome(s) of equality impact assessment:

No major change needed X Adjust the policy/proposal ☐ Adverse impact but continue ☐ Stop and remove the policy/proposal ☐

Equality Impact Assessment Form

Arrangements for future monitoring of equality impact of this proposal / policy / service:

Transition arrangements will be monitored on a quarterly basis from the start of this process in October 2014 and equality considerations will form part of this process

Approved by (manager signature): Clare Gilbert Lead Commissioning Manager
Clare.gilbert@nottinghamcity.gov.uk Tel no: 0115 87 64811

Date sent to equality team for publishing: 29th August 2014

Executive Board Commissioning Sub-Committee
10 September 2014
Hucknall House Decommissioning – Appendix 2

Hucknall House Consultation with Parents and Carers

This is a record of the consultation that has taken place with parents and carers of citizens utilising Hucknall House Short breaks Service, following a proposal to close the service and to find alternative provision.

The consultation events were jointly arranged between the City Council and Nottinghamshire Healthcare NHS Trust with parents and carers. The meetings took place on the 30th June and the 3rd July in neutral venues. Both events were attended by, Oliver Bolam, Head of Specialist Services, Steve Oakley, Head of Quality and Efficiency, Clare Gilbert, Lead Commissioning Manager, staff from Hucknall House and a representative from the advocacy service, Your Voice, Your Choice. In addition on the 30th June the meeting was attended by Michelle Handsaker, Nottinghamshire Healthcare NHS Trust, Nick Webster, Senior Practitioner for Learning Disabilities and Jon Rea, Engagement and Participation Officer.

On the 30th June the meeting was attended by family members and carers of 5 of those attending the service and a further 4 families were represented at the second meeting. One face to face meeting took place with one family member who was unable to attend and two phone calls.

In addition, a number of those who had made contact made further written submissions through the forms provided or by individual submissions. The majority of the 18 families affected have therefore directly responded to the consultation.

At the meeting and in the consultation packs, information was given as to the reasons for the proposed closure including, the limitations of the building, the staffing structure and the cost of the service.

This report seeks to capture the views and opinions of the parents and carers utilising the service.

Current Provision

The overwhelming response of parents and carers was a very positive appreciation of the service provided by Hucknall House. A respite provision that they can fully trust is essential in enabling them to manage the day to day care of someone with a complex learning disability. Hucknall is on a site that feels safe and there is no risk of individuals leaving the premises unattended. For those attending Horizon day Centre it provides seamless support

Many of those using Hucknall House have been doing so for 10 years or more. The citizens who attend feel safe in the service and parents and carers

have great trust in the staff and the quality and flexibility of the service being offered.

Parents and carers largely did not perceive that the physical layout and look of the building was in any way detrimental to the level of the service being provided and did not feel that those attending the service would particularly benefit from any additional activities.

Impact

All of those who responded expressed severe concerns of the impact on the citizens that they are caring for and themselves, if the project is closed.

Given the severity of the needs of those attending the service, carers are already under significant stress.

Those attending the service have very limited ability to communicate their needs and many are on the autistic spectrum. Most attending the service exhibit behaviour that challenges. This means that change is very difficult for those going to Hucknall House. Consistent care and support is key. Users of the service will not understand why their provision is changing and the impact is likely to be distressing. In most cases the impact of the change will fall on the carers in managing an increase in challenging behaviour. Some carers had experienced other changes in provision which had resulted in a long term detrimental impact.

Some carers were concerned that due to the negative impact of the change, they may no longer be able to continue in their caring role.

Given that appropriate alternative provision could not be offered until the needs of each individual were assessed, carers had no way of assessing the quality of the alternative provision being offered. In some cases, new provision would need to be commissioned to meet the needs of those attending Hucknall House.

Additional concerns included:

- The new service will not be safe. People feel safer with an NHS provision, rather than the private sector. Carers wanted to have strong guarantees as to the quality of the service and staffing that would be provided
- The new provision will not be able to retain a stable pool of staff or longevity of provision
- The new service will not be as flexible as Hucknall particularly in relation to emergency respite
- The proximity of the new provision and the need for appropriate transport
- Flexibility to meet individual needs will be lost
- As new services are not health based, will they meet the health needs of those attending?

- Safety , would alternative provision prevent people from absconding
- Continuity of current staff, Concern that staff are going to soon leave Hucknall House because of the proposed closure
- 1 year timeframe for identifying new provision was perceived as inadequate to procure appropriate provision

Carers felt that financial savings were being put before the needs of the most vulnerable members of society.

Reducing the Impact

Carers were asked to consider what might help to reduce the impact if proposals to close the service did go ahead. The responses fell in to two areas, the process of arranging the new service and the service itself.

The Process

- Getting carers involved from the outset and include carers at every stage of the process
- Named social worker for each family
- Undertaking a shared assessment between health and social care
- Increased support hours to carer to alleviate transition to new service
- Parents have choice of service and suitable provision is identified
- Parents to visit new service first and a trial visit for the service user
- Transition arrangements, Hucknall House Staff to link to new service
- Sharing information between families affected

New Service

- Appropriately trained staff
- New service has detailed knowledge of issues, needs provided by families and staff known to the individual.
- Maintain current routines
- Ensure transition plans and ongoing care plans are developed with families
- Work closely with families - good communication
- Service as close to home as possible or in location that meets families requirements
- Reassurance around management of challenging behaviour
- Communication – high needs as mostly unable to communicate
- Need flexible service
- Parents can carry out unannounced visits
- Families being able to talk to other families who use those services.
- Information provided to new providers by Hucknall/Horizon

Addressing the Business Case for Closure

Carers were asked to identify potential mechanisms for addressing the quality issues raised and the high cost of the service. These were the suggestions made.

Reducing Current Costs

- To invest more in the building including opening up the other half of the building
- Reduce the levels of nursing care
- Increase capacity to reduce per head cost
- To not offer a single person service
- Work with County – to increase the numbers accessing Hucknall House
- Develop services to meet needs of both physical needs and challenging behaviour
- To raise money through families contributing to the cost
- Outsourcing the current service to another provider
- Deliver the service in a different way

Carers also identified ways in which the continuation of the current service is preventing further costs

Prevention of Future Costs

- Cost of re-deployment of current staff
- Risk of carer breakdown leading to increased cost to the council
- Disruption – causes increased cost and increased behaviour problems
- Difficulty in finding alternative provision

Carers also identified a number of questions about the proposal which they wanted addressing.

Questions

- Will the level of service provision reduce?
- Will families need to contribute financially to the new service?
- Will there still be access to emergency respite?
- Is there going to be transport to day services and access to maintaining daytime activity.
- Can direct payments be used to pay for over night respite?
- Would new service be able to do things like take blood?
- What happens if the new respite provision breaks down?

Report compiled by Clare Gilbert
Strategic Commissioning Officer
Nottingham City Council
14th August 2014

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EXECUTIVE BOARD COMMISSIONING SUB COMMITTEE**10 SEPTEMBER 2014**

Subject:	Public Health Contracts		
Corporate Director(s)/ Director(s):	Dr Chris Kenny Director of Public Health		
Portfolio Holder(s):	Councillor Alex Norris, Portfolio Holder for Adults, Commissioning and Health		
Report author and contact details:	Rachel Doherty, Partnership Manager, Early Intervention Directorate, Nottingham City Council, rachel.doherty@nottinghamcity.gov.uk, 0115 8765108		
Key Decision	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to call-in
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Reasons:	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision		Revenue <input checked="" type="checkbox"/> Capital <input type="checkbox"/>
Significant in terms of its effects on communities living or working in an area consisting of two or more wards in the City	<input checked="" type="checkbox"/> Yes		No <input type="checkbox"/>
Total maximum value of the decision: £ 2,620,292			
Wards affected: All	Date of consultation with Portfolio Holder(s): Councillor Alex Norris - 20 August 2014		
Relevant Council Plan Strategic Priority:			
Cutting unemployment by a quarter	<input type="checkbox"/>		
Cut crime and anti-social behaviour	<input type="checkbox"/>		
Ensure more school leavers get a job, training or further education than any other City	<input type="checkbox"/>		
Your neighbourhood as clean as the City Centre	<input type="checkbox"/>		
Help keep your energy bills down	<input type="checkbox"/>		
Good access to public transport	<input type="checkbox"/>		
Nottingham has a good mix of housing	<input type="checkbox"/>		
Nottingham is a good place to do business, invest and create jobs	<input type="checkbox"/>		
Nottingham offers a wide range of leisure activities, parks and sporting events	<input type="checkbox"/>		
Support early intervention activities	<input checked="" type="checkbox"/>		
Deliver effective, value for money services to our citizens	<input checked="" type="checkbox"/>		
Summary of issues (including benefits to citizens/service users):			
This report seeks approval to recommendations relating to the re-procurement of a number of contracts for the delivery of Public Health services due to expire on 31 March 2015.			
Exempt information:			
Appendix 1 is exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because it contains information relating to the financial affairs of a particular person (including the authority holding that information) and having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because it is commercially sensitive and may jeopardise contract negotiations.			
Recommendation(s):			
1. Approve the procurement of those services outlined in exempt Appendix 1, Tables A and B in line with Council procurement procedures.			
2. Approve the procurement of the Locally Commissioned Public Health Services (LCPHS) outlined in exempt Appendix 1, Table C, in line with Council procurement procedures.			
3. Delegate authority to the Director of Public Health in consultation with the Portfolio Holder for Adults and Health, to agree the final values and award contracts for the services listed in exempt Appendix 1, Tables A, B and C, providing these do not exceed the maximum values indicated.			

- | |
|--|
| 4. Delegate authority to the Head of Quality and Efficiency to sign the final contracts and contract extensions in respect of all services detailed in exempt Appendix 1, Tables A, B and C following approval by the Director of Public Health to the agreed contract awards. |
| 5. Approve the budget to support the contractual values set out in exempt Appendix 1. If the contractual values are over and above the indicative maximum values a separate report will be presented for approval. |

1 REASONS FOR RECOMMENDATIONS

- 1.1 The Public Health contracts listed in exempt Appendices 1 Table A, are due to expire on 31 March 2015, but do not have an existing option to extend. It is recommended that these contracts are re-procured on a time limited basis in order to ensure citizens can continue to access services, while longer term commissioning strategies are finalised. The exempt appendix sets out the rationale for re-procuring each service, along with details of the proposed maximum service values, contract duration and details of potential efficiencies. It is envisaged that the re-procurement of services listed in exempt Appendix 1, Table A will commence during quarter 3, so that it can be completed in time for new contracts to be in place from 1 April 2015.
- 1.2 It is further recommended that the Public Health contract detailed in exempt Appendices 1 Table B, which is also due to expire on 31 March 2015, but does have an option to extend is also re-procured on a time limited basis. In this instance work to release efficiencies is more advanced and extensive remodelling is not required. It is also best practice to test the market through an open tender process, unless there are clear circumstances that prevent this. Table B sets out the rationale for re-procuring the service, along with details of the proposed maximum service values, contract duration and potential efficiencies. Again it is envisaged that the re-procurement will begin in quarter 3, so that it can be completed in time for a new contract to be in place from 1 April 2015.
- 1.3 For 2014/15, Locally Commissioned Public Health Services (LCPHS) contracts for a number of sexual health services were directly awarded to General Practitioners and community pharmacy providers. Previously known as Locally Enhanced Services, these LCPHS contracts offer citizens easy open access to a range of sexual health and contraception services. For 2015/16 and 2016/17, it is recommended that an accreditation type procurement exercise is undertaken. It is envisaged that the re-procurement of services listed in exempt Appendix 1, Table C will commence during quarter 3 and be completed in time for new contracts to be in place from 1 April 2015.
- 1.4 General Practitioners and community pharmacies are important providers of demand led community based primary care services. There is good evidence that open access to sexual health services is important to address identified public health needs across Nottingham City. In particular, the LCPHS contracts enable front line providers to help address the high rates of sexually transmitted infections in the City and reduce further transmission. As well as ensuring easy access within local communities, the services offer the additional benefit of building on well-established and trusted relationships between citizens and their local GP and community pharmacists.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Under the provisions of the Health and Social Care Act (2012) the City Council now has a statutory responsibility to commission a range of Public Health services to improve the health of Nottingham citizens. All ongoing contracts for the delivery of Public Health services were transferred from NHS Nottingham City to the City Council in April 2013.
- 2.2 Following the high level work completed through the Health Improvement Strategic Commissioning review, Public Health policy leads are now considering the specific commissioning requirements relating to each Public Health theme. This work will include considering how further savings and efficiencies can be best identified and implemented across the Public Health agenda.
- 2.3 A number of contracts for the delivery of health improvement, sexual health, children's and other Public Health services are due to time expire on 31st March 2015. Where there is existing approval to extend these contracts, this may be used to extend activity for one year to the end of 2015/16. This will ensure that continuity of service provision is maintained and that citizens can continue to access services while consideration of future commissioning plans is completed. In all cases contract negotiations will be undertaken with a view to reducing costs and ensuring the best value possible is obtained. In light of the Government Spending Review the need to achieve maximum efficiency and effectiveness is a priority for Public Health. These short term extensions will ensure Public Health is not committed to long term contractual arrangements which may prevent the required savings being achieved. Contract performance will be monitored closely throughout the year to ensure that services are delivered effectively and best value is obtained.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Decommissioning all services in exempt Appendix 1 Tables A, B and C, on expiry of the contract dates. This would provide no continuity of service and would not be in the best interests of citizens. A range of services, essential to addressing health inequalities and meeting the health priorities set out in the both Nottingham Plan and the Health and Wellbeing Strategy, would be lost. The local authority also has a specific mandatory responsibility to ensure that a comprehensive programme of sexual health services is provided. The LCPHS contracts detailed in exempt Appendix 1, Table C offer a relatively low cost alternative to the Genitourinary Medicine (GUM) service provided by NUH Trust. Any reduction in activity is likely to lead to increased take up of more expensive GUM and CASH provision. For these reasons, this option was rejected.
- 3.2 Extending the contracts in exempt Appendix 1 Tables A, B and C rather than re-procuring them for a further year. It is considered important to test the market through an open tender process, unless there are clear circumstances that prevent this. Dispensation from financial regulations would be required for a one year extension and would not ensure best value. For these reasons, this option was rejected.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 The annual cost of the contracts included in exempt Appendix 1 is £0.821m and £2.620m for the maximum life of the contracts.
- 4.2 The funding of the contracts can be contained within the Public Health budget allocation. None of the services, referred to in Appendix A, have been identified as being reduced or

stopped to contribute towards the budget savings challenge from 2015/16 onwards.

4.3 Approval is given to award contracts up to their current annual cost. Any increase in contract values above that level will require further approval to be gained through the appropriate process.

4.4 As noted in 2.3 above, contract negotiations will be undertaken with a view to reducing costs and ensuring best value. Contract performance will be closely monitored to ensure the outcomes align to the City Councils framework to achieve value for money and deliver on the principles of economy, efficiency and effectiveness.

5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

5.1 **Legal comments:** This report does not raise any significant legal issues provided the proposal to re-procure the services is carried out in accordance with the applicable procurement regime. While the procurement regime for this type of services is changing it is anticipated that the new regulations will not be in force until 2015 and therefore should not impact on the procurement of these services. Legal Services will work with the Public Health team as necessary to assist with the contract terms and the accreditation process.

6 SOCIAL VALUE CONSIDERATIONS

6.1 Over recent years commissioners within Public Health have carried out extensive research and consultation to consider how health improvement commissioning will best impact on reducing health inequalities, achieving outcomes and improving economic, social and environmental well-being in Nottingham. By virtue of the type of services being commissioned the health of local people will be improved, generating other related social and economic improvements. Such considerations indicate a compliance with the Public Services (Social Value) Act 2012.

7 REGARD TO THE NHS CONSTITUTION

7.1 Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.

8 EQUALITY IMPACT ASSESSMENT (EIA)

8.1 An EIA is not needed as the report does not contain proposals for new or changing policies, services or functions, financial decisions or decisions about implementation of policies development outside the Council.

9 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

9.1 None

10 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

10.1 Health and Social Care Act (2012)

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

- 11.1 Steve Oakley, Head of Quality and Efficiency, Early Intervention Directorate, Tel: 0115 87 62836, email: steve.oakley@nottinghamcity.gov.uk
- 11.2 Kaj Ghattaora, Commercial Manager, Early Intervention Directorate, Tel: 0115 87 65748
Email: kaj.ghattaora@nottinghamcity.gov.uk
- 11.3 Dee Fretwell, Finance Analyst Children and Adults, Strategic Finance, Tel: 0115 87 63711, email: dee.fretwell@nottinghamcity.gov.uk
- 11.4 Andrew James, Team Leader Contracts and Commercial, Legal Services, Tel: 0115 87 64431, Email: andrew.james@nottinghamcity.gov.uk

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EXECUTIVE BOARD COMMISSIONING SUB COMMITTEE**10 SEPTEMBER 2014**

Subject:	Children in Care Contracts Commissioning		
Corporate Director/ Director(s):	Alison Michalska, Corporate Director, Children and Families Candida Brudenell, Strategic Director of Early Intervention		
Portfolio Holder(s):	Councillor David Mellen, Portfolio Holder for Children's Services		
Report author and contact details:	Holly Macer, Lead Contract Officer, Placement Service, Early Intervention Directorate, T: 0115 8764816 E: holly.macer@nottinghamcity.gov.uk		
Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subject to call-in	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input checked="" type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision	<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital		
Significant impact on communities living or working in two or more wards in the City	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total value of the decision: This information is exempt. Please see exempt appendix 2.			
Wards affected: All	Dates of consultation with Portfolio Holder(s): 16 May 2014 and 07 August 2014 – Councillor David Mellen		
Relevant Council Plan Strategic Priority:			
Cutting unemployment by a quarter	<input type="checkbox"/>		
Cut crime and anti-social behaviour	<input type="checkbox"/>		
Ensure more school leavers get a job, training or further education than any other City	<input type="checkbox"/>		
Your neighbourhood as clean as the City Centre	<input type="checkbox"/>		
Help keep your energy bills down	<input type="checkbox"/>		
Good access to public transport	<input type="checkbox"/>		
Nottingham has a good mix of housing	<input type="checkbox"/>		
Nottingham is a good place to do business, invest and create jobs	<input checked="" type="checkbox"/>		
Nottingham offers a wide range of leisure activities, parks and sporting events	<input type="checkbox"/>		
Support early intervention activities	<input checked="" type="checkbox"/>		
Deliver effective, value for money services to our citizens	<input checked="" type="checkbox"/>		
Summary of issues (including benefits to citizens/service users): Approval to commission a block contract of 20 local children's residential care placements, was granted by the Executive Board Commissioning Sub Committee on 16 July 2014. This report seeks approval for a contract length of up to ten years.			
Exempt information: An appendix to this report is exempt under paragraph 3 of section 12A to the Local Government Act 1972, as it contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining the exemption outweighs the public interest in disclosing the information, because it would disadvantage negotiations between the provider and contractor. The exempt appendix contains the value of the decision and the financial advice.			
Recommendation(s):			
1	To agree to a contract length of up to ten years for the block contract of 20 local children's residential care placements, up to the value in exempt appendix 2.		
2	To grant delegated authority to the Strategic Director of Early Intervention to agree the terms of the contract length, up to a maximum of ten years and up to the value in exempt appendix 2.		

1 REASONS FOR RECOMMENDATIONS

- 1.1 The block contract for children's residential care placements will address current market challenges by ensuring increased local capacity and greater choice for Nottingham City's

children and young people. It will also enable the Local Authority to significantly reduce the current spend on residential care placements.

- 1.2 A contract length of up to ten years is recommended to achieve best value for money for Nottingham City Council. Offering this level of financial stability through a minimum occupancy guarantee, will enable providers to plan longer term and to invest in the infrastructure and resources required to ensure successful and consistent services are delivered to children and young people at a reduced cost to the Local Authority.
- 1.3 To allow for any increase in demand, the contract will include the opportunity for providers to deliver services above the minimum occupancy guarantee at a discounted rate. This will provide flexibility to meet any changing demand, and enable best value for money to be achieved.
- 1.4 Analysis confirms that a proportion of Looked After Children will always require residential care placements. In addition to NCC's own internal residential estate, since 2010 NCC has consistently commissioned an average of 55 external residential care placements at any one time. It is therefore reasonable to assume that the need for 20 residential placements will be present throughout the duration of up to a ten year contract.
- 1.5 The procurement process to commission the block contract will ensure compliance with the Council's Financial Regulations and Contract Procedure Rules. It will support the modernisation agenda and will meet the Council's aims to ensure value for money, quality and variety of services.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 On 16 July 2014, the Executive Board Commissioning Sub Committee granted approval for the commissioning of a block contract for 20 local children's residential care placements. It is anticipated that the proposed block contract will achieve an increased percentage of children and young people placed locally, a significant reduction in local authority spend on residential care (alongside improved budget management and forecasting), efficiencies via reduced staff time and travel expenses (e.g. social care and quality assurance visits), efficiencies via reduced need to commission out of area services (e.g. CAMHS, education), and greater forward planning for the local authority and provider, leading to improved outcomes and placement stability greater consistency of service delivered
- 2.2 Consultation with the Portfolio Holder for Children's Services has confirmed support for a contract length of up to ten years.
- 2.3 Robust contract management, including appropriate and timely termination clauses, will mitigate any risk of NCC being disadvantaged by the arrangement.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 A shorter contract length may disadvantage NCC through losing the opportunity to achieve best value for money. For this reason, this option was rejected.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 A longer contract, of up to ten years, could benefit the Local Authority by managing costs and reducing the reliance upon future resources required to undertake additional procurement processes.

- 4.2 The estimated maximum cost can be met from the existing External Placements Budget.
- 4.3 The arrangement would generate savings which would contribute to the Big Ticket Savings already included in the Medium Term Financial Plan.
- 4.4 No additional budget is required to implement the block contract, as the costs of the contract will be met through the existing External Placements Budget. This will require a commitment for a maximum amount from this budget to be allocated for the block contract annually.
- 4.5 Financial comments, provided by Finance Analyst Steve Lynk, are contained within the exempt appendix.

5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

- 5.1 There are no Crime and Disorder implications.
- 5.2 **Legal Observations:** This report proposes a tender for the block purchase of children's residential care places. This type of social services is currently classified as a Part B service under the Public Contracts Regulations 2006 (as amended) and the procurement rules only apply in a very limited way. However the City Council must comply with the general duties under the EU treaty to ensure equal treatment and non-discrimination. A tender will be undertaken and the Legal Services and Procurement teams will provide advice to the Early Intervention Directorate to help them meet these duties. As the proposal is for a contract up to a ten year term the City Council should include appropriate break and termination provisions. The EU has adopted new procurement directives. The UK Government is proposing to transpose the directives into law in England and Wales by the end of 2014. The Early Intervention Directorate need to be aware that if the procurement is not commenced until later in the year it may be subject to the new rules. Legal Services will discuss with the Early Intervention Directorate the potential impact of the procurement directive and new regulations. (Advice provided by Andrew James Team Leader, Contracts and Commercial).

6 SOCIAL VALUE CONSIDERATIONS

- 6.1 Consideration has been given to how the services being commissioned could improve the economic, social and environmental well-being in Nottingham. By virtue of the type of services being commissioned, social improvements are expected to be delivered, particularly for the children and young people receiving the services, but also for the wider economic well-being of Nottingham.
- 6.2 It is anticipated that improved outcomes for Nottingham's Looked After population will be achieved by enabling an increased number of children and young people to remain living locally in high quality care provision.
- 6.3 There is potential to create increased employment opportunities for local citizens due to residential care provision either being established or expanding in the Greater Nottinghamshire area.
- 6.4 Considerations to support compliance with the Public Services (Social Value) Act 2012, will be embedded throughout the procurement process.

7 REGARD TO THE NHS CONSTITUTION

- 7.1 Not applicable

8 EQUALITY IMPACT ASSESSMENT (EIA)

8.1 An EIA is attached (see appendix 1)

9 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

9.1 None.

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

10.1 Children in Care Placements – Commissioning and Sufficiency Strategy 2014 – 2016, Corporate Parenting Board, 31 March 2014

10.2 Block Contract for the Residential Care of Looked After Children, Executive Board Commissioning Sub Committee, 16 July 2014

10.3 Nottingham City Council Children in Care Placements Commissioning and Sufficiency Strategy

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Steve Lynk, Finance Analyst, steve.lynk@nottinghamcity.gov.uk

11.2 Andrew James, Team Leader, Legal Services, andrew.james@nottinghamcity.gov.uk

11.3 Steve Oakley, Head of Quality and Efficiency, Early Intervention Directorate, steve.oakley@nottinghamcity.gov.uk

Equality Impact Assessment Form

Name and brief description of proposal / policy / service being assessed

A Strategic Review into Nottingham City's Children in Care Placement Market has identified opportunities to respond to current and emerging market challenges. Included amongst these, is a recommendation for a block contract of 20 children's residential care placements (with two external providers) within a 20 mile radius of the City Centre. This arrangement has the potential to achieve improved outcomes by ensuring that a greater number of children and young people are placed locally, and will also enable the local authority to significantly reduce the current spend on residential care placements. The contract will be secured through an open procurement process and managed by the Strategic Procurement Team.

Information used to analyse the effects on equality

This proposal contributes to Nottingham City's statutory duty to secure sufficient accommodation for its Looked After children and young people. The service itself already exists and there are therefore no new equality impact considerations. The proposal is to change the way in which the service is commissioned, not the service itself.

A period of consultation was undertaken with the internal and external provider market. The consultation process invited participation, asking colleagues, partners and providers for feedback and comments to help shape the plan for implementation. No equality concerns were identified.

The recommendations have been approved by the following NCC governance forums; Children and Families Leadership Team, Children and Families Big Ticket Programme Board and the Corporate Parenting Board.

The contract will be secured through an open procurement process and managed by the Strategic Procurement Team, who has a duty to ensure that all procurement processes are fair, transparent and non-discriminatory. The tender process will be openly advertised to the market and allow appropriate timescales to ensure that all providers have an equal opportunity to respond.

The service specification will be written in a way which will be inclusive, to encouraging a wide variety of providers to apply. Providers will be asked to demonstrate how they will effectively meet the needs of the City's Children in Care, which will include an understanding of the issues affecting young BME people in care.

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	Could particularly benefit (X)	May adversely impact (X)	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	Men, women (including maternity/pregnancy impact), transgender people An increase in local residential care provision has the potential to create employment opportunities for local citizens.	The proposal will comply with the European Union Procurement Directives, the Public Services (Social Value) Act 2012 and NCC's Contract Procedure Rules and Financial Regulations to ensure it is fair, transparent and non-discriminatory.
Men, women (including maternity/pregnancy impact), transgender people	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disabled people or carers	<input type="checkbox"/>	<input type="checkbox"/>	Other (e.g. marriage/civil partnership, looked	
People of different	<input type="checkbox"/>	<input type="checkbox"/>		

Equality Impact Assessment Form

faiths/beliefs and those with none.			after children, cohesion/good relations, vulnerable children/adults) Nottingham City's Looked After Children will particularly benefit from the proposal. The block contract arrangement will guarantee placement availability within a 20 mile radius of Nottingham City Centre, enabling an increased number of children and young people to be placed closer to their home.	The contract will be secured through an open procurement process and managed by the Strategic Procurement Team, who has a duty to ensure that all procurement processes are fair, transparent and non-discriminatory. The tender process will be openly advertised to the market and allow appropriate timescales to ensure that all providers have an equal opportunity to respond. The service specification will be written in a way which will be inclusive, to encouraging a wide variety of providers to apply. Providers will be asked to demonstrate how they will effectively meet the needs of the City's Children in Care, which will include an understanding of the issues affecting young BME people in care. Legal advice will be sought as appropriate throughout the tendering process.
Lesbian, gay or bisexual people	<input type="checkbox"/>	<input type="checkbox"/>		
Older or younger people	<input type="checkbox"/>	<input type="checkbox"/>		
Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Outcome(s) of equality impact assessment:

No major change needed ☒ Adjust the policy/proposal ☐ Adverse impact but continue ☐ Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / policy / service:

To be reviewed at each stage of the procurement process.

Approved by (manager signature): Joy Chambers, Placement Service Manager, Early Intervention Directorate, joy.chambers@nottinghamcity.gov.uk, 0115 8765025

Date sent to equality team for publishing: 20.06.14

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