COMPLEX HOME CARE SPECIFICATION

CHILDREN/YOUNG PEOPLE HOME &

COMMUNITY SUPPORT PSEUDO DPS

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**Children & Young People’s Home & Community Support Pseudo Dynamic Purchasing System**

**Complex Home Care Specification**

1. **Introduction**
   1. The Children & Young People’s Home & Community Support Pseudo Dynamic Purchasing System (PDPS) is for the commissioning of Home Care, Community Support and High-Level Family Support for children/young people with disabilities and/or complex needs aged 0-25.
   2. Local Authorities have a statutory duty to offer a range of Short Breaks to children/young people and their families (Children Act 1989 and Breaks for Carers of Disabled Children Regulations 2011).
   3. Text

      Description automatically generatedFeedback from parent carers and families about their experiences of home & community support has been sought to inform the content of this service specification and overall approach to services. This includes, but is not limited to, the following feedback:
   4. The Provider may be commissioned by the following organisations as individual Children’s Commissioners, either individually or collectively:
      * Peterborough City Council (PCC)
      * Cambridgeshire County Council (CCC)
      * Cambridgeshire & Peterborough Integrated Commissioning Board (C&P ICB)
   5. This document outlines the quality standards and expectations for Providers on the PDPS delivering ‘Home Care’ for children/young people.
2. **Related documents**
   1. This document sits alongside the *Complex Community Support Specification*, which relates to the provision of ‘Community Support’ for children/young people. Home Care refers to support within the child/young person’s home, usually relating to the provision of personal care, while Community Support refers to supporting a child/young person to access the community.
   2. It is expected that children/young people with learning and physical disabilities who require personal care in the home will be supported by packages that are commissioned from this specification.

* 1. However, it is recognised that some Home Care packages for children/young people can require more complex and specialist staff skillsets or training that are above that of ‘Generic Home Care’, which is procured through the *Generic Home Care Specification*. ‘Complex Home Care’ may relate to children/young people with severe learning disabilities, severe behaviours which challenge, complex physical conditions, and/or multiple health needs where additional skill sets are required. Where this is the case, this *s*pecificationwill be used.
  2. The referral will outline which specification a package is to be procured from. Once a package has commenced, if there is evidence this needs to be amended, a discussion between the Provider and relevant Brokerage Team can be held on a case-by-case basis using the *Contract Rate Criteria.*

1. **Service Users**
   1. This specification is for the provision of Home Care for children/young people with disabilities and/or complex health needs aged 0-18 (at point of procurement).
   2. Once a young person who is receiving a package of Home Care through this specification reaches 18, their support may continue to be procured from this specification up to the age of 25 (at the latest) while a transition plan is put in place. New packages of Home Care for young adults 18-25 will, alternatively, be brokered through other compliant procurement routes available.
   3. The provider will work with children/young people who are open to the 0-25 Disability Social Care Team in CCC or PCC following an assessment of need, an application to the relevant decision-making panel (for PCC) and referral has been made through the relevant Brokerage Team.
   4. This shall include, but is not limited to, children/young people with:
      * Physical disabilities and/or moving and handling needs,
      * Severe learning disabilities,
      * Autism,
      * Complex health needs including life limiting conditions,
      * Multiple health conditions,
      * Cognitive and/or sensory impairments,
      * Profound and multiple learning disabilities,
      * Present with severe behaviour that challenges.
   5. The provider may also receive referrals to support the Out of School Tuition or Alternative Provision to support a child/young person with disabilities and/or complex needs; this may include delivery of personal care. These referrals will be distributed by a Casework Officer in the relevant SEND & Inclusion Team as the child/young person may not be open to the 0-25 Disability Social Care Team in PCC or CCC.
   6. Where an Education package of support is put in place for a child/young person who is already accessing a Home and/or Community Support package procured from this PDPS, the allocated provider will be approached first to deliver the package in order to maintain continuity for the child/young person and their family.
2. **Service Outcomes**
   1. The provider will work in partnership with the child/young person, their parent/carers and professional partners, such as Social Workers, to deliver an outcome-based and personalised approach to Home Care.
   2. The provider will meet the needs of and improve outcomes for the child/young person and, where appropriate, their family. These outcomes must be outlined within the Care & Support Plan.
   3. Examples of outcomes that may be included within a Care & Support Plan can be seen below; this has been separated by outcomes for the Children & Young People’s Home & Community Support PDPS as a whole and outcomes specific to the delivery of Home Care.

Diagram

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* 1. The provider will be expected to build a rapport with the child/young person and their families, supported through continuity of staff.
  2. The provider has a responsibility to engage regularly with children/young people and their families to review the support being provided, ensuring it is meeting the outcomes set out for the child/young person and the needs of the family, and have systems in place to implement service improvements where necessary.
  3. Services will respond in a timely manner and reliable.

1. **Operating Model**
   1. The services shall be available 7 days a week, 52 weeks a year.
   2. For PCC, services will not be delivered on Bank Holidays unless requested on a case by case basis at the relevant decision making panel. The hourly rate for Bank Holiday support must be specified within the pricing schedule.
   3. The provider will be required to have an office base that is in a location accessible to all staff.
   4. The provider will be required to be open about their rostering information, staffing capacity and availability.
   5. The provider will be required to operate an open approach to accounting and pricing transparency.
   6. The hourly rate for overnight support will be specified within the pricing schedule; the hours for which this applies will be decided on a case by case basis between the provider and the relevant Brokerage Team.
   7. The hourly rate should be inclusive of any mileage incurred and this should be outlined in the pricing schedule.
   8. In exceptional circumstances, additional mileage above 20 miles per session that incur additional costs above the agreed hourly rate can be agreed in writing between the relevant Brokerage Team, Contract Manager and the Provider. This figure is flexible and can be discussed on a case by case basis.
   9. The provider is required to respond to all referrals received; if the provider declines a referral a rationale must be given.
2. **Cancellations and Notice Periods**
   1. All cancellations or aborted sessions are to be reported to the relevant Brokerage Team at the end of each calendar month (as a minimum) using the template provided by the relevant Brokerage Team.
   2. Cancellations made by families on arrival can be charged at the full amount and cannot be re-booked; this will be deducted from the child/young person’s allocation.
   3. Cancellations made by families within 24 hours can be charged at half of the session time which will be deducted from the child/young person’s allocations.
   4. Where a cancellation incurs a charge, a sessional report must be completed and submitted alongside the relevant invoice. More detail on Sessional Reports can be found in Section 15.
   5. For CCC, cancellations made by the provider are not chargeable and are expected to be re-booked by the provider in liaison with the parent/carer. All cancellations must be reported to the relevant Brokerage Team as per 6.1. For PCC, cancellations made by the provider are not chargeable and cannot be rebooked. All cancellations must be reported to the relevant Brokerage Team as per 6.1.
   6. The provider is expected to provide a minimum of one month’s notice if they are unable to sustain the delivery of a package of support. If this is not possible, a discussion is to be had on a case-by-case basis with the relevant Brokerage Team as soon as possible to reduce any possible disruption to the child/young person and their families.
   7. If the child/young person and their family wish to cease their package of support with a provider, we expect them to give one months’ notice. This will be communicated by the Social Worker/Early Help Co-ordinators to the relevant Brokerage Team, who will then inform the Provider. In the case that the family wish to cease their package of support with a provider with immediate effect, this will be communicated to the provider by the relevant Brokerage Team and will follow the cancellation processes detailed in 6.2 and 6.3.
   8. If the Local Authority wish to cease the package of support, this will follow the cancellation processes detailed in 6.7.
3. **Service Requirements**
   1. The provider is required to deliver the service throughout Cambridgeshire and/or Peterborough where PCC or CCC have responsibility for securing provision for the child or young person.
   2. The provider will be expected to work with children/young people to achieve the outcomes set out in their Care and Support Plan through the following types of care:
      * Provide personal care within the home.
      * Post-operative support to transition the child/young person back home post-operation and during the rehabilitation process; this is likely to be a short-term piece of work.
      * Support with health-related tasks where additional skill sets are required above ‘generic’ home care. This could include, but is not limited to: gastrostomy feeding, diabetes pump, uncontrolled epilepsy, complex medication regimes, catheter care and suctioning.
      * Support children/young people in gaining independence and preparing for adulthood.
      * Supporting with Out of School Tuition or Alternative Provision as per Section 3.5.
   3. In providing these services the provider is required to be registered with the Care Quality Commission (CQC) and to maintain that registration throughout the contract period. All Providers must meet the ‘Fundamental Standards’ and Key Lines of Enquiry as set out in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014/2936 and the Care Quality Commissioning (Registration) Regulations 2009.
   4. Where a provider is rated ‘Requires Improvement’ by the CQC a full contract monitoring visit (see Section 14) will be undertaken by the Contract Manager and the relevant Brokerage Team to review the quality and safety of the provision. The provider will be suspended from receiving new referrals until appropriate action has been taken.
   5. The provider must ensure that they have the ability to provide the service with a sufficient number of trained and competent staff.
   6. For CCC only, the provider may also receive referrals through this PDPS for support at the internally commissioned Activity Short Breaks service.
4. **Joint working**
   1. The provider will be expected to work with the Contract Manager to meet evolving requirements during the contract period, including developing their service offer to reflect the evolving needs of children/young people with disabilities, with the development of outcome-based commissioning.
   2. The provider will develop relationships with other key partners, such as Health, Education, the Positive Behaviour Support Service (PBS) and other providers, where necessary.
   3. Providers may be asked to attend any Child in Need (CIN) Meetings, Child in Care (CiC) Reviews and/or Child Protection conferences wherever possible. If this is not possible, providers will be asked to submit a report ahead of the meeting. Attendance at these meetings cannot be invoiced for.
   4. In the case where a package of support is transferred to a new provider, the providers will be expected to do a handover where possible to support with consistency and transition in delivery.
5. **Emergency Processes**
   1. The provider must ensure there is an on-call system with an experienced manager who is appropriately experienced in Children’s Social Care Services available to respond to out of office hours calls.
   2. In the event of an emergency the relevant Brokerage Team are to be notified at the earliest opportunity, or the Emergency Duty Team (EDT) within PCC or CCC must be contacted if out of hours.
   3. The provider will ensure staff and family contact details are available at all times in case of emergency.
   4. The Provider will inform the Social Worker, Contract Manager and the relevant Brokerage Team of any child protection or safeguarding concerns, allegations or serious incidents within twelve (12) hours of them occurring.
6. **Staff Training and Knowledge Requirements** 
   1. The provider will follow safer recruitment practices and ensure all staff:
      * Have completed all relevant employment checks when employed, including (but not limited to) a suitable DBS/Enhanced DBS check before starting work, right to work in the UK, references, registered with any relevant professional body and, where necessary, are allowed to work by that body.
      * Are trained and have the necessary skills and competencies to safely deliver the service and associated activities to meet the needs of and deliver support to the children/young people referred to the service.
      * Are suitably skilled and experienced to enable each child/young people to meet the outcomes set out within their care plan.
      * Have attained, or are working towards attaining, any nationally recognised and/or accredited training and/or standard pertinent to the category(ies) of children/young people with disabilities. See list of required training in Section 10.4.
      * Are able to understand the different needs of children/young people with disabilities in the home environment.
      * Are able to forge open, honest and trustworthy relationships with children/young people with disabilities and their families within professional boundaries.
      * Are proactive in developing the confidence of parent/carers in the service, ensuring them that their child/young person is safe.
      * Are able to communicate effectively and appropriately with the child/young person and their families, who may have a variety of needs.
      * Are able to speak and understand English to a good conversational standard under Part 7 of the Immigration Act 2016.
      * Understand and address any concerns that the family or the child/young person may have while receiving their home care.
   2. The provider must be able to show how their safeguarding policies and practice adhere to the Local Children’s Safeguarding Board and PCC and CCC safeguarding policies.
   3. The provider will be asked to complete the CCC & PCC Children’s Commissioning Team Safeguarding Toolkit as part of their mobilisation. The Contract Manager can also request completion of the Safeguarding Toolkit at any point over the contract. There will be an expectation that the provider ‘fully meets’ all requirements of the Toolkit; where this is not the case the process in paragraph 14.9 will be followed.
   4. As a minimum, the provider is expected to provide training to staff in:
      * Safeguarding; this is to include Disabled Children, Child Protection, Child Sexual Exploitation and Female Genital Mutilation
      * E-Safety Training
      * Mental Capacity Act and Deprivation of Liberty Safeguards
      * Technology Based Communication Aids
      * Non-Verbal Communication Methods
      * Autism Awareness Training
      * Introductory level course to PROACT SCIPr®, or another accredited Positive Behaviour Support (PBS) approach to Behaviour Management, Physical Intervention and Restraint that promotes the least restrictive options that are in the individual’s best interest.
      * Fire Safety
      * Risk Assessment/Risk Management
      * Basic First Aid
      * Moving and Handling
      * Infection Prevention and Control
      * Food Safety
      * Fluids and Nutrition
      * Health and Safety
      * Medication Administration
   5. Staff will receive regular supervisions to provide support and staff development; regularity can be dependent on hours worked, with a maximum of three (3) months between supervisions.
   6. Staff working with children/young people must have:
      * Up to date information and clear guidelines on a child/young person’s needs, including medication administration.
      * Broad based outcomes from each child/young person’s Care & Support Plan.
      * Information and any instructions regarding religious/cultural preferences.
   7. The provider must ensure that each staff member responsible for the delivery of care is fully aware of the requirements of this specification and the contract and be able to demonstrate a commitment to maintaining and delivering high quality services for children/young people with a variety of needs and/or conditions to ensure all aspects of their care are met.
7. **Policies and Procedures**
   1. The full list of policies the provider must have up to date and annually reviewed can be found in Appendix 1. The Contract Manager may request sight of these policies at any time throughout the contract.
   2. In order to support and maintain quality standards, the provider must have a written Statement of Purpose and a child/young person’s guide which accurately outlines the service provided, the setting and the manner in which the service is provided; these may be requested by the Contract Manager at any time throughout the contact. The organisations policies, procedures and any written guidance to staff must accurately reflect the Statement of Purpose.
   3. The provider must have effective and robust mechanisms in place to monitor the management of medications, whether prescribed or not, and have escalation policies in place if there is non-compliance by the child/young person.
   4. When taking a child/young person into the community using a vehicle, the appropriate car insurance must be in place and valid.
8. **Equality and Diversity**
   1. The services will be accessible and delivered with a strong understanding of the Equality Act 2010.
   2. The provider will promote equality and inclusion through fair and accessible services and their employment practices.
   3. The provider must be able to demonstrate an ability to develop and implement services to meet the specific cultural needs of each individual child/young person and their family. Services will be provided to a culturally diverse population of children/young people with disabilities and providers must therefore be sensitive to cultural, ethnic and religious practices and beliefs.
   4. The provider should seek to respond positively to diversity and co-produce services with children/young people and their parent/carers to ensure any issues of diversity are considered.
9. **Environment** 
   1. Providers will be encouraged to allocate staff within a local geographical area, therefore reducing the need to travel distances.
   2. The provider will ensure appropriate recycling of any materials used within the home.
10. **Monitoring and Quality Assurance**
    1. PCC and CCC are responsible for monitoring the quality of the services provided, ensuring they meet the individual needs of the children/young people accessing the service.
    2. Provider performance will be monitored against Key Performance Indicators (KPI), which are directly linked to the outcomes of Home & Community Support. The KPI can be found in Appendix 2.
    3. The service will be monitored on a quarterly basis, where providers will be expected to provide detailed performance reports using the template provided by the Contract Manager.
    4. Monitoring will include, but is not limited to, the following areas:
       * Number of children/young people supported and their progress towards outcomes.
       * Hours of support provided.
       * Number of calls cancelled by both provider and families.
       * Number of referrals accepted and rejected.
       * Contract breaches.
       * Safeguarding issues.
       * Feedback from parent/carers and children/young people (where appropriate), including complaints and compliments.
       * Recruitment.
       * Results of compliance visits by the CQC.
       * Reflective practice – what’s working well, which elements have proved challenging, what are the plan to resolve the challenges?
    5. Bi-monthly liaison meetings with the relevant Brokerage Team to discuss the day to day running of the packages and progress towards the child/young person’s outcomes will be held in addition to the quarterly monitoring.
    6. A mechanism for parent/carers to provide feedback about the service must be available at all times. Providers will also be expected to request feedback from children/young people (where possible) and their families about the service on a regular basis (annually as a minimum), for example, through an electronic feedback form.
    7. Annual contract monitoring visits will be held to review the quality and safety of the provision in more detail. This will include reviewing policies and procedures, viewing staff and child/young person’s records and gathering feedback from families accessing the service as well as other stakeholders.
    8. The regularity of contract monitoring meetings and visits is flexible and may be dependent on the performance of individual providers and any concerns of the Contract Manager and the relevant Brokerage Team, as well as whether a service has been delivered in each monitoring period.
    9. If a provider is assessed as not delivering quality services, or has been rated ‘Requires Improvement’ by the CQC, the provider will be automatically suspended from any new referrals and an action plan will be created between the Contract Manager, the relevant Brokerage Team and the provider with timescales for completion to manage risk and ensure contract compliance. Providers’ engagement with the action plan will inform ongoing risk assessment of the service with non-engagement triggering further action.
    10. If there are repeated incidents or significant safeguarding concerns in relation to a provider, this may lead to an automatic suspension and the transfer of packages to an alternative provider. This decision will be made by the Contract Manager and relevant Brokerage Team, following conversations with the provider.
    11. The provider will be required to complete the PCC & CCC Autism Toolkit as part of mobilisation. This will be reviewed annually as part of contract monitoring processes.
11. **Invoicing Requirements and Sessional Reports**
    1. The provider will be expected to invoice 4-weekly or monthly as a minimum and must submit one invoice per child/young person, detailing the dates and hours delivered for that period.
    2. The provider will be expected to submit individual sessional reports for each session delivered, and this must correspond with the invoice for that session. Invoices will not be paid until these sessional reports have been received and quality assured.
    3. Sessional reports must meet the following criteria:
       * The child/young person’s full name and surname must be written in full on each report.
       * Reports must be legible if handwritten.
       * The start time and end time is to be recorded in the 24-hour format.
       * The full date, including year must be recorded.
       * The Support Worker must print and sign their name – on the occasion the session was 2:1, both Support Workers must print and sign their name.
       * Parent/Carers must print and sign each sessional report. Where a sessional report is electronic, a mechanism is required to demonstrate that reports have been shared with parent/carers.
       * An outline of activities undertaken, behaviours, emotions, changes in circumstances, medication administration, personal care, financial transactions, must be included.
12. **List of Appendices**

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| Appendix 1 | Policies and Procedures |
| Appendix 2 | Key Performance Indicators |