HARINGEY COUNCIL

Positive Behaviour Support Services Placements

SERVICE SPECIFICATION

1. Overview

1.1 London Borough of Haringey is seeking to improve the outcomes for their most highly vulnerable social care customers. These are children and adults with Learning Disabilities including autism, those who display behaviour that challenges and those with mental health conditions. Haringey has a growing number of customers with complex needs and, as more people survive birth, Haringey expects a long-term increase in numbers of people with challenging behaviours.

1.2 The proposed commissioned intervention is NICE recommended Positive Behaviour Support (PBS) services delivered in a community setting such as supported living which will prevent traditionally poorer quality of life outcomes particularly for Children and Adults with LD. Haringey is proposing to reach 70 customers (10 customers per year over the 7-year lifetime of the project) who would otherwise be at risk of ending up in hospital or an Acute Treatment Unit in the short term and longer term in residential facilities.

1.3 It is expected that the PBS Service being commissioned, combined with the advantages of good quality accommodation where individuals exercise their rights and responsibilities, with flexible person-centred support to address their needs and aspirations, should enable individuals to live as independently as possible.

1.4 London Borough of Haringey will fund the proposed contract provision through outcome payments.

1.5 The services will be based on a Positive Behaviour Support (PBS) approach to improve life outcomes of vulnerable clients who present 'challenging behaviours' to live in a community setting. The services should deliver financial savings by either reducing costs through stepping down from highest cost residential provision or from prevention of the need for higher cost provision at points in time when care packages need to change.

1.6 Clearly, the savings are an additional benefit of the proposed approach whose priority is the delivery of improved life outcomes for our most vulnerable customers.

1.7 Haringey Council is proposing to commission competent Providers onto a service contract and use this as the means to manage and maintain a quality of PBS provision, most likely in a supported living setting, for its customers.

1.8 This is a developmental specification and during the course of its lifetime any changes to the requirements including the outcomes measures will be developed in partnership with appointed Service Providers. This specification covers the key expectations and general framework for the delivery of outcomes-based PBS services.

1.9 It is the Commissioners aspiration to use this to call off PBS Services for Children and Young People of various ages, typically this will be young people between the ages of 16-18 years but may also include people aged 14-16 years.

1.10 It is expected that Service Providers will embrace Partnership working with Haringey Council, other partners and agencies and work co-operatively, to develop a high quality and resilient PBS where individual customers are able to more proactively design their support and care with the agency by moving towards commissioning based on outcomes.

1.11 LBH actively promotes and advocates personalisation, where customers are given the opportunity to design their support and care with professionals and providers of services.

1.12 Providers are expected to identify changing levels of individual need for care and support on an ongoing basis, and will be required to develop or revise the outcomes-based Individual Care Plan and/or other plans in conjunction with the customer, their family/ Carer, their GP, other healthcare practitioners and the Council.

1.13 Providers' performance will be judged according to the extent to which the agreed outcomes are met and the extent to which an individual's independence is maintained with stable or decreased care and support needs. Providers, in partnership with the Council will be expected to develop review processes, to measure and record achievement of individual outcomes and meet the requirements of the Council's Performance Monitoring Tool where the outcomes payments will be based.

1.14 LBH will work with PBS Providers to ensure that any changes required, for example due to legislation or national drive, is implemented effectively. PBS Providers will be expected to proactively work with Children's and Adult's Social Care Services department to achieve this. It will be the responsibility of the PBS providers to ensure that their staff are appropriately trained and experienced in delivering or supporting delivery of PBS. In assigning staff to a customer, the Provider must consider and ensure that the skills and experience of the staff meet the needs of the user, including cultural, religious and ethnic and communication needs.

1.15 As progress towards greater partnership and joint working is made, it is expected that the Council and the Providers working together will become increasingly cooperative and constructive. This may include future co-location of services, to further develop partnership and joint working. Also, the Council requires that Providers work cooperatively and positively with the ambition to develop and improve individual and service outcomes. This requires that Providers develop strategies to recruit and retain staff, with effective pay, terms and conditions, contracts, training, support and professional development.

1.16 Providers will be expected to be innovative in the use and development of technology to promote independence, provide services to individuals, and to manage workload. This will include, use of Telecare, laptops, tablets, smart phones, e readers and others. It may also include use of electronic care management systems.

1.17 Providers will work co-operatively with the Council, other Providers, Provider Staff, customers and their families/carers to ensure successful transition, where this might apply, from current provision to the new Positive Behaviour Support Services Provision.

1.18 This service specification is to be read in conjunction with all Appendices included.

1.19 The Service requires Providers to deliver PBS Services to adults, including young people in transition (16 years old and above) with various health and care needs, but not limited to the following:

- people who present with challenging behaviour and/or long-term health conditions.
- people with learning disabilities.
- people with moderate to high mental health problems or mental illness, including those with dual diagnosis; and
- Autism and other neuro-developmental disorders

2. Points of referrals

2.1 The point in time where a care package needs to change will be a trigger for a potential customer referral.

2.2 Other points in time where change in care packages are needed provide three other possible routes for adults:

(i) transfer from secure and non-secure hospital settings and Acute Treatment Units (ATUs) i.e. Transforming Care/Winterbourne View re-settlement in the Borough. Haringey currently has 24 people in such settings with an average 4 discharges taking place each year.

(ii) the situation where parents have been caring full-time for an adult with LD in their own home, but their own health / age condition has reached a point where this is no longer possible; and

(iii) a new resident arriving in the Borough (although families tend to find it hard to move when caring for a high dependency child or adult with LD).

2.3 In summary, children, young people and adults with complex LD and autism in particular those who display behaviours that challenge (i.e. most in need) are assumed to be appropriate for Positive Behaviour Support (PBS) services and will come through a range of pathways, both out of Borough and within.

3. Provider Selection and Referral Process

3.1 Haringey is proposing to commission competent Providers as the means to manage and maintain a quality of provision for its customers. Providers will be invited based on quality criteria i.e. demonstration of their ability to deliver effective PBS support services to usually highly vulnerable individuals. In this way, we believe that a level playing field is being created for VCSE Providers.

3.2 The referral pathway for finding a Provider to work with each new referral will operate as follows:

(i) Enrolled providers will be invited to respond to a Requirement posted on the Sproc.net DPS system. An anonymised pen profile for each customer uploaded to the requirement will be written by the LA social care team, with the involvement of other involved professionals, current services Provider and (where possible) the customer's family. The pen profile will also provide, where available, copies of support plans, assessment reports, incident, and forensic history etc. A specification of particular needs of the

property e.g. outdoor area, special adaptations etc. will be included in the profile.

(ii) there will be family involvement in the decision on choice of Provider as the PBS option will be the only option provided to them i.e. there will not be an alternative residential service offer available.

(iii) For the transition's cohort, we will with agreement of their parent's endeavour that the Provider will have an opportunity to get to know customers and their families in the period before they reach official adulthood (at age 18).

(iv) the individual call-off will be awarded based on three criteria:
   a. a) price.
   b. b) quality of the proposed care plan, and.
   c. c) quality of the transition or discharge plan.

(v) Providers will be provided with a pen profile and will be required to complete a desktop assessment and submit an indicative bid. Three bids will be selected based on the above criteria and selected providers will proceed to a full assessment period and submission of a reviewed bid if relevant. Providers will need to agree to take on each individual client as well as the family and customer agreeing on their chosen Provider. Given lead times for preparing properties or keeping a suitable property void for a period until a customer is able to transfer, there may need to be retainer arrangements on a case by case basis; and

(vi) lastly, to ensure effective transition and discharge arrangements to the services, Providers from inadequate profiling of referred clients, there will also be up to a 13 week (three month) 'support planning period' beginning on the date when service commences to agree on the start point for comparisons of improvements in behaviours that challenge incidents, especially as some of the payment will be linked to each customer's progression.

(vii) Provider will inform Adult Social Services if a service user is absent from the flat either planned or unplanned. The gross price of the Fees shall be changed where the Service User has been absent from the Supported Living Scheme for hospitalisation, as follows:

- First 2 weeks of absence: 100% of Fees paid.
- Next 4 weeks of absence: 90% of Fees paid
- Absence thereafter: 85% of Fees paid for up to maximum of 10 weeks and will be reviewed by the Adult Social Services.

Any further payment must be agreed by the Adult Social Services in writing

4. Performance and Outcomes Framework

4.1 The section below highlights our expectation of what the support should look like for each individual person covered under this specification. This specification will also provide the qualitative framework from which we will monitor and evaluate each person's service.

4.2 The aim of the support should always be to improve the person's overall quality of life.

Broadly the expected outcomes for each person are as follows.

- Successful transition to a community-based setting.
- Reducing behaviours that challenge.

- Reducing future support package costs.
- Improved health condition management/well-being; and
- Increased community engagement activities.

5. Outcomes Measures and Metrics

5.1 Under this specification, each individual participant engaging with the SIB may achieve a main primarily outcome and a certain number of linked secondary outcomes as a basis for payments.

The specific outcomes, metrics and outcomes payments metrics are as follows:

Table 1				
Outcomes	**Description**	**Target**	**Measure**	**% outcomes payment based on this measure**
Outcome A	**Successful transition to community-based setting or sustained caring arrangement in family/parental home**	**100% of customers that receive PBS**	Monitored monthly as the basis for payment	**80%**
Metrics for Outcome A: *A1*	*Number of days in the new or agreed community-based setting following initial of 'Support Planning Period'.* *The Support Planning Period is expected usually to be between 6 - 8 weeks but could be agreed up to 13 weeks.* *The working assumption is that if the new/agreed care arrangements are sustained during the Support Planning Period, it should remain stable.*	***100% of customers that receive PBS***	*No return to hospital* *No return to residential care setting* *Stable community settlement in permanent supported living arrangement or in family/parental home* *Customer feels safe and experiences improved quality of life and health*	
Outcome B	**Basket of outcomes relevant to each customer individually to measure their respective improvements in quality of life outcomes.**	**100% of customers that receive PBS**	Monitored monthly the first year and thereafter if the customer continues to be stable monitor at different intervals as appropriate for	**20% - combined percentages as agreed for each of the 4 metrics below.**

Table 1				
Outcomes	Description	Target	Measure	% outcomes payment based on this measure
			each customer.	
Metrics for Outcome B- B1	*Reduction in incidents of behaviours that challenge.*	***100% of customers that receive PBS***	*Measured by a frequency and severity diary. Baseline established during support planning period and an agreed plan for further reductions over the first 18 months measured every three months thereafter.*	***The weighting given to the metric will be based on individual needs*** ***2 or more of the metrics may be chosen per customer at any one time***
Metrics for Outcome B- B2	*Improvements in health conditions management.*	***100% of customers that receive PBS***	*Successful delivery of Health Action Plan as devised by GP/LD clinician. For example: epilepsy medicine intake as required and success in controlling episodes; feeding and weight management regimes adhered to; speech and language therapies attendance and tracked improvements.*	
Metrics for Outcome B- B3	*Successful social and community integration/engagement.*	***100% of customers that receive PBS***	*Measures of social integration - i.e. participation in community-based activities e.g. swimming, visiting family, shopping outings etc; voluntary work and / or paid employment - latter only expected after*	

Table 1				
Outcomes	**Description**	**Target**	**Measure**	**% outcomes payment based on this measure**
			around 18 months onwards. Monitored via a diary.	
Metrics for Outcome B- B4	*Subjective measures of progress – customer and where applicable family members and carers.*	***100% of customers that receive PBS***	*Assessment of progression measured using Wellbeing Outcomes Star and / or Strengths and Difficulties questionnaire.*	

5.2 Providers need to ensure that additional requirements are fulfilled for all customers both at an individual and organizational levels:

Table 2		
r	**What We Want to See**	**The Detail**
Individual		
1	Behaviour support is based on a holistic assessment	A copy of a recent (or recently reviewed) assessment report can be provided. The report must provide evidence of assessment of: • History • Immediate antecedents and consequences • Risks and mitigation factors • Genetic context • Physical health context • Mental health context • Broader social context • Communication and social skills. The report must provide evidence of involvement or attempted involvement in the assessment process of: • The individual • The individual's family, friends and independent advocate • The paid carers supporting the person The report provides evidence of the assessment having been conducted in a manner consistent with the Mental Capacity and Care Act. The report includes a summary which integrates the information gathered into a coherent formulation of the factors influencing the person's behaviour.

Table 2		
r	What We Want to See	The Detail
2	There is a written, individualised positive behaviour support plan	• The written plan is targeted and personalised (e.g. includes person's name). • The written plan is different to written plans for other individuals. • The written plan is integrated with a wider person-centred plan for the individual. • A named individual has responsibility for implementing, monitoring and reviewing the plan.
3	A description of the person's challenging behaviour(s)	• The behaviour(s) are operationally defined, observable and measurable.
4	A summary of the most probable reasons underlying the person's challenging behaviour	• The summary is written in everyday language and is consistent with the conclusions of the assessment informing the support plan • The function(s) of the person's behaviour(s) is/are clearly stated
5	Proactive strategies	• Service availability to take referrals as per individual plan agreed for each customer. • The plan states how to avoid or prevent all of the challenging behaviours identified • The plan includes one or more, clearly defined strategies for developing the person's ability to communicate or otherwise more effectively influence what happens to them without displaying challenging behaviour. These strategies comprehensively address the identified functions of the behaviour(s) • Enhancing the quality of life and develop maximum independence in activities of daily living through training or treatment • Withdrawal of support will involve systematic step-down points to ensure the individual is effectively supported and to reduce unsustainable reliance
6	Reactive strategies	• The plan specifies how carers should respond to instances of the person's challenging behaviour(s). • The plan includes one or more non-restrictive strategies for responding to instances of the person's challenging behaviour. • Where restrictive strategies (e.g. physical intervention, seclusion, prn medication) are included, these are not identified as the first reactive strategy to be used without a clear rationale for this being provided. The Provider must ensure appropriate protocols and safeguards are in place. • Circumstances in which restrictive strategies are recommended are defined unambiguously.

Table 2		
r	What We Want to See	The Detail
7	Monitoring and reviewing arrangements	• The plan specifies expected outcomes (in terms of reductions in challenging behaviour, improvements in quality of life, reduction's in restrictive practices) and how these will be measured. • The plan includes a timetable and organisational arrangement for review (e.g. through a multidisciplinary meeting in 6 months)
8	The plan is implemented, monitored and evaluated (Outcomes)	• Data on expected outcomes demonstrates reductions in challenging behaviour and/or improvements in quality of life and/or reductions in restrictive practices leading to review and continuation of the plan or • Data on expected outcomes demonstrates no change or worsening in challenging behaviour and/or quality of life and/or use of restrictive practices leading to reassessment and redevelopment of behaviour support strategies
Organisational		
1	Provide leadership for, and take ownership of, the implementation of PBS	• Clear, written statement of policy and practice commitment to PBS that is available to all staff and accessible to customers and family members • At least one member of executive team/Board has specific responsibility for organisation-wide implementation of PBS
2	Develop and maintain an inclusive strategy for organisation-wide PBS	The strategy includes components relating to: • The primary prevention of challenging behaviour through organisation-wide procedures and methods of working • The secondary prevention of challenging behaviour through the identification and support of at-risk individuals • The implementation of PBS with individuals who display challenging behaviour of a defined severity. The strategy is informed by consultation with customers, frontline staff and family members and is reviewed annually
3	Provide person-centred supports and services	• Services provided to individuals are clearly related to the needs and aspirations of those individuals and their families/friends/advocates • The Provider must be able to change aspects of its provision in response to requests/complaints by individuals and their families/friends/advocates • The Provider must be able to change or audited aspects of its organisational procedures (e.g. duty rotas, staff

Table 2		
r	What We Want to See	The Detail
		recruitment, quality assurance etc.) to adapt them to the needs and aspirations of individuals and their families/friends/advocates. • The person supported will be involved in the selection of staff to support them • The support the person receives will be provided by a core number of regular trained staff, sufficient to cover 24 hours. This should be evidenced through planned rotas
4	Provide acceptable physical environments	The physical environments where services are provided are within a typical range (for that type of environment) in respect of: • Space • Aesthetic appearance • Noise • State of repair Standard adaptations to fittings and fabric have been made to increase environmental safety without disrupting the environment's typical nature The organisation will adapt the physical environment to reduce the likelihood of challenging behaviour and/or to increase the safety of the individual or others wherever this is identified This could include the use of assistive technology where this can be proven in meeting the broad 5 outcomes of the service
5	Provide an "active support" model of care	• All customers routinely participate in personalised, meaningful activities for the majority of their time • All customers have personalised and predictable routines and timetables • Staff are skilled in providing personalised levels and kinds of assistance – enhancing participation, preventing challenging behaviour and reducing risk • The organisation collates information on levels of participation in meaningful activity and uses the information to review and change support arrangements
	4.Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm	• All customers are free from physical and emotional abuse, harassment, and neglect and self-harm. Customers feel safe in their homes and life

Table 2		
r	What We Want to See	The Detail
6	Provide well trained and supported staff, deployed in the right places at the right times	• The organisation will ensure all training is centred around the person's individual support package including PBS. • All support staff receive in-house training in PBS which is refreshed at least annually. • All support staff with a leadership role (e.g. shift leaders, frontline managers) have completed, or are undergoing, more extensive training in PBS which includes practice-based assignments and independent assessment of performance. • All staff with a role (which may be peripatetic or consultant) in respect of assessing or advising on the use of PBS with individuals have completed, or are undergoing, externally-validated training in PBS which includes both practice- and theory-based assignments with independent assessment of performance at National Qualifications Framework Level 5 or above. • All staff involved in the development or implementation of PBS strategies receive supervision from an individual with more extensive PBS training and experience. Staff in consultant roles are supervised by an individual (within or outside the organisation) with a relevant postgraduate qualification e.g. applied behaviour analysis, positive behaviour support, clinical psychology • The organisation must be able provide flexible deployment of staff to support an individual during a period of crisis.
7	Have a quality assurance strategy which is driven by a desire for organisational development and learning.	A range of data are systematically collated and considered within the organisation on a monthly basis, informing organisational responses in respect of specific individuals or services: • Frequency and severity of challenging behaviour • Use of restrictive practices (physical intervention, seclusion, prn medication) • Injuries sustained as a result of challenging behaviour • Safeguarding alerts • Extent and variety of customer participation in meaningful activities A range of data are systematically collated and considered within the organisation on an annual basis, informing organisational responses in respect of specific services or more widely: • Attainment of specific objectives identified in PBS plans for individuals • Customer and family carer/friend/advocate satisfaction • Support staff turnover, sickness, stress, and morale • Changes in the abilities and general health of customers.

Table 2		
r	What We Want to See	The Detail
8	Driving Up Quality self - assessment QA tool	The organisation will complete the self - assessment of the service on an annual basis and be able to use examples from previous reports of how services and people's lives have been improved.

Table 3	
Information Only Requirements	Reporting Method
1. Number of complaints received	Quarterly Workbook
2. Number of safeguarding incidents	Quarterly Workbook
3. Number of Customers with a diagnosed long-term condition – please specify	Quarterly Workbook
4. PBS specific training sessions provided to staff	Quarterly Workbook
5. Number of staff supervision/support sessions	Quarterly Workbook
6. Number of referrals to access community groups	Quarterly Workbook
7. Percentage of permanent staff leaving the service during the reporting period	Quarterly Workbook

5.3 These outcomes will be measured through reviews and feedback from customers and carers or upon their exit from the Service, with support from advocacy or carers with power of attorney etc. as appropriate. The Provider will make available evidence and other necessary information, as requested by the Council, to enable audit of evidence submitted to support the Outcomes and Performance Indicators below.

5.4 Providers should also adhere to the PBS Competence Framework 2015. The Framework is available on the PBS Coalition blog: http://pbscoalition.blogspot.co.uk/.

6. Transition from existing provision

6.1 At the beginning of the contract period as deemed appropriate customers may need to be transitioned to these new arrangements. The Provider will work in partnership with the Council's Children's and Adult Services department, CCG, and customers to plan and agree the most appropriate transition arrangements, when this applies.

6.2 A transition plan will be agreed at the outset of the contract. Existing customers will be transferred to the Provider in a planned manner, with all customers being transferred into the new provision within three months of the contract start date.

7. Workforce

7.1 The Provider will:

- Have appropriate level of skilled and competent Staff to meet the needs of customers safely to an appropriate standard and this must be reviewed on an on-going basis.
- Maximise Staff continuity and minimise use of temporary Staff.
- Ensure that Staff work to provide the least restrictive support and care to the customer.
- Ensure that Staff receive regular line management and professional supervision as appropriate; and
- Put in place learning and development opportunities for Staff to carry out their roles and keep their skills up to date.

7.2 To meet customer needs, training may include acquiring specialist skills and competencies as required. A number of the staff skills are competences to deliver the PBS Service as set out in the PBNS Competency Framework and in Appendix 3.

7.3 The Provider will have robust processes in place that identifies the training needs of its staff that will enable it to continue to meet the care and support needs of customers.

7.4 These requirements will apply to Volunteers if they are utilised in the delivery of the Service.

8. Positive behaviour cashflow template

8.1 Providers are required to submit bids using the positive behaviour cashflow. The PBS service cost is calculated as an average monthly payment figure over the projected contract period. The payments are modelled on 80% of the average monthly payment figure paid each month in arrears and 20% paid quarterly in arrears - which assumes that all agreed outcomes have been achieved. In the event of a placement breakdown before the end of the contract period there will be a recalculation based on the average cost V the submitted High/Medium/Low intensity figures submitted at the start of the interventions to the date the interventions ended. The Provider and Council will enter into negotiations to agree the final payment where relevant.

8.2 Process for reimbursing the cost difference if a placement breaks down during the call-off contract period:

- Any decisions will depend on whether it is a service user issue or a provider issue. Such decisions will be made on a case by case basis.

- If the circumstances indicate that placement breakdown occurred where other mitigating actions could have been taken by the provider, the Council will amend the "PBS support cost & Cashflow" template to reflect actual placement timeframe. The Provider will be asked to re-submit costs using the revised template that demonstrates the breakdown of costs for the actual placement period. For avoidance of doubt, the rates to be used when completing the revised template are the hourly rates submitted at tender. The Council shall calculate the difference between the projected and actual costs of the service and will share up to 20% of the losses accrued by the Provider for that placement during the period.

- Where circumstances indicate that the placement breakdown could not have been prevented due to a service user issue, the Council will amend the "PBS support cost

& Cashflow" template to reflect the actual placement timeframe. The Provider will be asked to re-submit costings using the revised template that shows breakdown of cost for actual placement period using the hourly rates original submitted at tender for this placement. Upon receiving the information, the Council shall calculate the difference between projected and actual costs of the service and will pay 100% of the losses accrued by the Provider during the placement period.

- The Council reserves the right, not to make any payment towards any loss due to placement breakdown where circumstances indicate that the placement breakdown could have been prevented if the provider employed appropriate interventions and/or invested in appropriate resources (e.g. staff training and support, appropriate level of skilled or qualified staff) in delivering the service.

Appendix 1- Proposed Intervention: Positive Behaviour Support (PBS) Services

1. The main rationale for choosing PBS is because of the strong evidence base and because it is a NICE best practice recommendation from the Department for Health for provision of community-based care and support for Adults with LD. NICE issued PBS guidance in 2015.
2. We do expect Providers to be able to offer variations within the overall PBS approach. For example, each individual will have a unique PBS Plan, which will include both Proactive strategies - designed to help address and reduce the

volume and incidence of behaviours that challenges - and Reactive Strategies – to ensure the customer and those around them are kept safe.

3. Whilst the specification of PBS will not be prescribed, the expectations of Providers in terms of quality and consistency, and the linkage of payments to achievement of outcomes will help provide a clear performance management framework and aligned incentives.
4. Our intention is that individual support contracts will be up to 7 years from commencement of service.
5. The main innovations Haringey Council is seeking to implement through this service are:

   (i) the design of the commissioning process with appropriate referral pathways that include inputs from the customer, their family, the social care and health teams and the Provider.
   (ii) an outcome-based payment model with a basket of outcomes linked to the improvement in the individual quality of life measures of customers; and
   (iii) access to social investment financing with its risk transfer benefit to encourage growth in VCSE Providers' capacity and capability.
   (iv) fostering the development of a competent Provider market is also a core objective of our proposed commissioning approach.

Appendix 2- Eligibility Criteria

1. The Services are for people with a learning disability and/or autism and mental health problems or behaviour that challenges, who:

- *are aged 18 years or more.*
- *young people in transition (16 years old and above); are ordinarily resident in Haringey and/or registered with a Haringey GP.*
- *have been assessed by the Council as eligible for services under the 2014 Care Act.*
- *have been deemed eligible for Continuing Care or Continuing Health Care.*
- *whose eligible need for support or care may be reduced or delayed by the provision of these services.*
- *will have their outcomes under the Care Act met by these services.*
- *have the means to pay occupancy charges or are eligible for Housing Benefit, and*
- *have No Recourse to Public Funds and are sectioned under the Mental Health Act and for whom the CCG and/or the Council has a duty to provide s117 aftercare.*

2. Providers may also be asked to provide care and support to individuals who have been assessed as having a primary health need and are continuing healthcare eligible. The definition of a primary health need is defined in the National Framework for Continuing Healthcare and Funded Nursing Care (2013)[1].

3. There will be no specific exclusions - each case shall be considered individually. If the Provider rejects an applicant to a Service, the Provider shall give clear and detailed reasons for the exclusion and allow a right of appeal.

4. The service will be outcomes led and expected to meet a range of health and care needs, a summary of these are outlined in Appendix 2. This will mean the service will deliver care to range of care categories such as those who have learning disabilities, customers with cognitive difficulties, those with mental health and/or behaviour that challenges. It will also include those with long term conditions and disabilities and will come from a diverse cultural, religious, and ethnic background. This list is not exhaustive. Service Providers are required to have appropriate registrations to deliver care to people over 65 by award of contract.

Appendix 3- Overarching Outcomes

1. The implementation of this Specification must satisfy overall the Outcomes as described by the Care Act 2014 and contribute to the outcomes for customers

which are sought by the Department of Health*, the Adult Social Care Outcomes Framework* and against which CQC will be inspecting and registering:

Adult Social Care Outcomes Framework

(i) Enhancing quality of life for people with care and support needs
(ii) Delaying and reducing the need for care and support
(iii) Ensuring that people have a positive experience of care and support
(iv) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

2. NHS Outcomes Framework Domains & Indicators

Domain 1 Preventing people from dying prematurely.
Domain 2 Enhancing quality of life for people with long- term conditions.
Domain 3 Helping people to recover from episodes of ill- health or following injury.
Domain 4 ensuring people have a positive experience of care.
Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm.

Appendix 4- NHS & Adult Social Care Outcomes

NHS & Adult Social Care Outcomes	Description/Detail of Outcome	Linked KPIs	Additional KPIs from Provider	How the Provider will Measure Outcomes
Ensuring quality of life for people with care and support needs Enhancing quality of life for people with long-term conditions	People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to meet their needs. Carers can balance their caring roles and maintain their desired quality of life. People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.	Proportion of people with an up-to-date care/support plan, risk assessment & management plan, Positive Behaviour Support Plan Proportion of adults in paid employment Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. Proportion of people who use services who have control over their daily lives Proportion of people using social care who receive self-directed support, and those receiving direct payments Proportion of people making active use of community opportunities and facilities		
Delaying and reducing the need for care and support Helping people to	Everybody has the opportunity to have the best health and wellbeing throughout their life and can access support and information to help	Proportion of people who were still at home 91 days after discharge from hospital Numbers of hospital admission days per		

	them manage their care needs. Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services. When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.	resident/customer Proportion of customers who have reduced frequency of hospital admission Proportion of people with an up-to-date Health Action Plan Proportion of adults with a learning disability and with a mental health problem who have had an Annual Health Check in the previous 12 months Proportion of people that have a GP, Dentist and Optometrist Proportion of people who have had a dental check in the last 12 months Proportion of people who have had an eye check in the last 24 months Proportion of eligible people who have an up-to-date NHS Check, Cervical Cancer Screening, Bowel Cancer Screening & Breast Cancer Screening Reduction/improvement in the incidents of challenging behaviour		
Ensuring that people have a positive experience of care and support Ensuring that people have a	People who use social care and their carers are satisfied with their experience of care and support services. People know what choices are available to them locally, what they are entitled to, and who	Overall satisfaction of people who use services with their care and support Carers feel that they are respected as equal partners throughout the care process.		

	to contact when they need help. People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual	Proportion of people who use services and carers who find it easy to find information about support		
Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm Treating and caring for people in a safe	Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injuries. People are supported to plan ahead and have the freedom to manage risks the way that they wish.	Proportion of people who use services who say that those services have made them feel safe and secure Numbers of safeguarding alerts raised Proportion of completed safeguarding referrals where people report they feel safe		

Appendix 5- Method of payment for the PBS Service

1. Payment for the PBS Service will be based on two key elements:

Payment Components	Description	Payment Details
Transition/Support Planning Stage	• To over a period of up to 13 weeks to enable the Provider to get to know the patient and develop roust transition and support/care plans and agreeing these with the MDT. • The Provider will be expected to work collaboratively with the exiting provider (if one is in place), community and hospital teams and families including participating; discharge/transition planning meetings, CTRs, CPAs etc. • Undertaking staged home visits with the customer and/or shadowing. • The Provider use this period to mobilise service resources including the key staff team to support the customer;	Fixed payment to be agreed with the Provider for this phase. Payment will be based on hourly rates agreed with the Provider
Service Implementation Phase	• Service commences, for example following successful discharge from hospital, residential care or as agreed with the MDT and family.	• Based on the payment arrangement as outline in sections 12.2-12.3 of the specification.

2. The proportion of the payments for the outcomes have been arrived at after careful consideration.

3. An 80% weighting has been applied to ***Outcome A- Successful transition to community-based setting or sustained caring arrangement in family/parental home***. This weighting has been chosen so that Providers have their marginal

operating costs (mainly staff costs) covered. It also reflects the fact that PBS can only be delivered well with a consistent and high-quality team of staff. Haringey Council does not want Providers to struggle to cover marginal costs and so be tempted to cut corners which, usually, leads to poorer quality care and outcomes.

4. Payment for Outcome A measures- ***Successful transition to community-based setting or sustained caring arrangement in family/parental home*** for which the proposed payment is 80% of the weekly fee paid monthly in arrears. We consulted with both Providers and investors during the development research and arrived at this figure because it covers the marginal operating costs of Providers.

5. Similarly, for Providers to make a margin, they will need to deliver on the ***Outcome B- Basket of outcomes relevant to each customer individually to measure their respective improvements in quality of life outcomes*** measures. Payment for the Outcome B- basket measure of improvements in quality of life outcomes is set at the remaining 20%. The rationale is to incentivise the care provider to deliver PBS effectively so that the customer can lead as independent a lifestyle as possible.

6. The choice of the ***Outcome B*** measures and timelines for achieving them will be bespoke to each customer and reviewed on a quarterly milestone basis.

7. There is no 'cohort' of common outcomes. Although there are four main measure in outcome B measure, the Provider will only gain payment for achieving the targets set for the first three measures:

B1- Reduction in incidents of behaviours that challenge.
B2- Improvements in health conditions management.
B3- *Successful social and community integration and engagement; and*
B4- Subjective measures of progress.

The fourth Outcome B measure is subjective and, whilst important for showing a measure of customer perceptions of progress, will not be directly linked to the Outcome B basket for payment purposes.

8. As Outcome B measures are expected to be based on individual needs, combination of and weighting given to outcome measures B1-B3 will be specific to each customer. However, given the customer group the Service will be targeted at it is likely that more weighting will be given to B1 and B2 during the initial phase of the Service and later on B3. An illustration is provided below:

Table 4				
Months	**B1**	**B2**	**B3**	**B4**
6-18 months	*10%*	*7.5%*	*2.5%*	*Subjective indicator will not attract any payment*
18-36 months	*10%*	*5%*	*5%*	
Over 36 Months	*5%*	*5%*	*10%*	

In this way, Providers will have an incentive to continue to improve the quality of life of customers throughout the contract term.

9. The remaining 20% will be paid quarterly in arrears and linked to the successful delivery of improved outcomes in three areas:
(i) reduction in number and severity of behaviours that challenge incidents.
(ii) adherence to a health plan and treatment; and
(iii) community engagement.

10.The social care team/MDT/Care Manager/Care Coordinator and the Provider, in consultation with the customer and their family, will agree the milestones each quarter. A dispute resolution and appeal process will be built into the process to ensure an adequate governance structure.

11. If one of the quarterly milestones is missed then the outcome payment for that quarter will be 17.5% (instead of 20%). A further miss at the end of the next quarter will reduce the outcome payment to 12.5% i.e. a further 5.0%. If milestones are missed for three consecutive quarters then a further 7.5% will be deducted taking it down to 5%. This will trigger a full performance review of service as three sets of missed outcomes is likely to be indicative of deep-seated problems in the Service.

12. If the next quarterly milestones are reached successfully, then the payment level will revert to 20%. Each quarter is self-contained with respect to milestones and outcome payments.

13. Commissioners intend to work collaboratively with Providers to ensure that they receive the maximum 20% payment for each quarter as this will mean that the best outcomes for customers are being delivered. The contract is not designed to be punitive for Providers.

Appendix 6 – Summary of Care Needs (Not Exhaustive)

Customer needs
Behaviour • Aggression, violence or passive non-aggressive behaviour • Severe dis-inhibition • Intractable noisiness or restlessness and/or wandering • Resistance to necessary care and treatment (this may therefore include non-concordance and non-compliance) • Severe fluctuations in mental state • Extreme frustration associated with communication difficulties • Inappropriate interference with others • Identified risk of suicide
Cognition • Marked short term memory issues • Long term memory problems • Disorientation to time and place • Limited awareness of basic needs and risks • Difficulty making basic decisions • Dependant on others to anticipate basic needs

Customer needs
Psychological and Emotional needs • Unable to express their psychological / emotional needs • Mood disturbance • Hallucinations • Anxiety • Periods of distress • Withdrawn from attempts to engage in daily activities
Communication (relates to difficulty with expression and understanding, not with the interpretation of language) • Difficulties with expressive and/or receptive communication • Communication through the use of non-verbal means • Use of communication aids
Mobility • Inconsistent ability to weight bear • Completely unable to weight bear • Risk of falls • Needs careful positioning • Unable to assist or cooperate with transfers and/or repositioning • Involuntary spasms or contractures
Nutrition – food & drink • At risk of malnutrition, dehydration, and aspiration • Significant unintended weight loss or gain • Risk of choking • Use of artificial feeding e.g. PEG

Customer needs
Continence • Incontinent of urine and/or faeces • Catheterised • Requiring stoma care • Chronic urinary tract infections
Skin (including tissue viability) - a skin condition is taken to mean any condition that affects, or has the potential to affect, the integrity of the skin. • Skin condition that requires monitoring or re-assessment. • Risk of skin breakdown requiring intervention. • Pressure damage or open wound(s) • Open wound, pressure ulcer with full thickness skin loss and necrosis extending to underlying bone.
Breathing • Shortness of breath which may require the use of inhalers or nebuliser • Episodes of breathlessness that do not respond to management • Requires low-level oxygen therapy. • Breathing independently through a tracheostomy • Difficulty in breathing which requires suction to maintain airway • Non-invasive ventilation • Invasive ventilation
Drug therapies and medication • Requires supervision and administration and/or prompting • Non-concordance or non-compliance • Administration of complex medication • Medication via PEG • Requires on-going pain control

Customer needs
Altered states of consciousness • A range of conditions including stroke and epilepsy
End of life Care • Symptoms associated with dying e.g. pain, chest secretions, difficulty breathing • Emotional support during the dying process • Implementation of agreed plans e.g. ACP

Appendix 7- Guidance documents and links (This is not an exhaustive list)

1. Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
   NICE guideline Published: 29 May 2015

   
   NG11 Guidance 20150529 .pdf

2. Including positive behaviour support in the core service specification; Peter McGill, Tizard Centre March 2013.

3. Ensuring Quality Services: core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges. (LGA & NHS)
   http://www.local.gov.uk/documents/10180/12137/L14105+Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa925f

4. A positive and proactive workforce (Skills for Care and Skills for Health 2014) http://www.skillsforcare.org.uk/Documents/Topics/Restrictive-practices/A-positive-and-proactive-workforce.pdf

5. Services for People with Learning Disabilities and Challenging Behaviour and/or Mental Health Needs (revised edition) DH (Ed Prof. J Mansell) 1993 and 2007)

6. Positive and Proactive Care – a guide to minimising restrictive practices (Department of Health 2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

7. Supporting staff working with people who challenge services (Skills for Care with the NDTI, February 2013)
   http://www.skillsforcare.org.uk/document-library/skills/people-whose-behaviour-challenges/supporting-staff-working-with-challenging-behaviour-(guide-for-employers)vfw-(june-2013).pdf

8. PBS Competency Framework May 2015
   http://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf

9. Skills for Care's Autism Skills and Knowledge List http://www.skillsforcare.org.uk/Documents/Topics/Autism/Autism-skills-and-knowledge-list.pdf

10. Driving Up Quality Self-Assessment Guide 2013

http://www.drivingupquality.org.uk/self-assessment

Appendix 8- ISA & Payments

ISA and payments

Up to one year ahead	ISA call-off	Support planning period	Outcomes delivery
Transitions cohort anonymous profiles published up to one year ahead of Individual Service Agreement (ISA) call-off. Other customers unlikely to be able to offer any more lead time than the formal ISA call-off process. Costs at provider's risk.	ISA call-off process is scheduled to last six weeks from posting of detailed customer profile to award. Providers will have opportunities to meet current carers, families, etc. Award based on price and quality of care and transfer / discharge plans. Costs at provider's risk	Three month support planning period starts on first day of PBS service delivery. Three months designed to allow for setting of overall objectives for first 18 months of PBS service and specific outcomes to be measured over the first quarter (three months). Providers will be paid at 100% of quoted costs monthly in arrears.	Start of PBS service delivery where payments are linked to successful achievement of agreed outcomes. Measured on a quarterly basis with new outcome targets agreed at start of each quarter. Payments now made based on flat weekly rate quoted to win the ISA. 80% monthly in arrears : 20% quarterly in arrears linked to outcomes achieved.

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