



COMMISSIONING PLAN FOR ADULT COMMUNITY MENTAL HEALTH SERVICES

SUPPORTED LIVING AND PERSONAL CARE IN THE COMMUNITY

12 March 2018

Version 10

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**Part One:
Policy Drivers, Strategic Level
Objectives and Outcomes**

1.1 INTRODUCTION

- 1.1.1 This Commissioning Plan is one of a suite of such commissioning plans produced by the South Ayrshire Health and Social Care Partnership setting out the arrangements for the provision of social care and support for people in South Ayrshire. The development and implementation of this plan will be undertaken in accordance with the definition of Joint Strategic Commissioning as set out at Appendix 1 and in line with the Analyse, Plan, Deliver and Review Model developed by Oxford Brookes University which is also detailed at Appendix 1.
- 1.1.2 This Commissioning Plan relates to the provision of Community Mental Health Services for Adults.
- 1.1.3 The Plan has been designed to deliver the strategic outcomes set out in the South Ayrshire Health and Social Care Partnership's [Adult Community Mental Health Strategy](#) for 2017-23 as approved by the Integration Joint Board on 13th June, 2017.

1.2 NATIONAL HEALTH AND WELLBEING OUTCOMES

- 1.2.1 Those who provide the services commissioned through this Commissioning Plan will be required to enable the South Ayrshire Integration Joint Board to demonstrate compliance with the National Outcomes for adults and older people as set out in Regulation as part of the provisions of the 2014 Public Bodies (Joint Working) (Scotland) Act. All of the outcomes which are as follows will apply to the services provided under this Plan:
- **Healthier Living** - People are able to look after and improve their own health and wellbeing and live in good health for longer.
 - **Independent Living** - People, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
 - **Positive Experiences and Outcomes** - People who use health and social care services have positive experiences of those services, and have their dignity respected.
 - **Quality of Life** - Health and social care services are centred on helping to maintain or improve the quality of life of service users.
 - **Reduce Health Inequality** - Health and social care services contribute to reducing health inequalities.
 - **Carers are Supported** - People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.
 - **People are Safe** - People who use health and social care services are safe from harm.
 - **Engaged Workforce** - People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
 - **Effective Resource Use** - Resources are used effectively in the provision of health and social care services, without waste.
- 1.2.2 The following National Outcome for Integrated Children's Service Planning will also apply to services provided through this Commissioning Plan.
- We have improved the life chances for children, young people and families at risk.

1.3 INTEGRATION PLANNING PRINCIPLES

1.3.1 Services provided through this commissioning plan will be developed and delivered in ways that are in accordance with the following Integration Planning Principles as set out in the 2014 Public Bodies (Joint Working) (Scotland) Act:

- The Act states that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service users and that those services should be provided in a way which, so far as possible:–
- is integrated from the point of view of service users.
- takes account of the particular needs of different service users.
- takes account of the particular needs of service users in different parts of the area in which the service is being provided.
- takes account of the particular characteristics and circumstances of different service users.
- respects the rights of service users.
- takes account of the dignity of service users.
- takes account of the participation by service users in the community in which service users live.
- protects and improves the safety of service users.
- improves the quality of the service.
- is planned and led locally in a way which is engaged with the community (including, in particular, service users, those who look after service users and those who are involved in the provision of health or social care).
- best anticipates needs and prevents them arising.
- makes the best use of the available facilities, people and other resources.

1.4 PARTNERSHIP VISION AND VALUES

1.4.1 Provider organisations delivering services commissioned under this Plan will be expected to meet and observe the vision and values of the South Ayrshire Integration Joint Board which are:

(a) **Vision**
'Working together for the best possible health and wellbeing of our communities.'

(b) **Values**

Safety	Caring
Integrity	Individually focused
Engaged	Respectful

1.5 STRATEGIC OBJECTIVES

1.5.1 Providers delivering services under the terms of this Commissioning Plan will assist the HSCP to meet a number of its Strategic Objectives which are:

- We will work to reduce the inequality gradient and in particular address health inequality.
- We will protect vulnerable adults from harm.
- We will support people to live independently and healthily in local communities.
- We will prioritise preventative, anticipatory and early intervention approaches.

- We will develop local responses to local needs.
- We will support and develop our staff and local people.
- We will operate sound strategic and operational management systems and processes.
- We will communicate in a clear, open and transparent way.

1.6 PARTNERSHIP POLICY PRIORITIES

1.6.1 The South Ayrshire Health and Social Care Partnership has set out a number of policy priorities in its Strategic Plan for 2016-19 and services commissioned and delivered through this Plan will be expected to operate in a way that delivers positively against each of these:

(a) Early Intervention and Prevention

The prevention of ill health and early intervention (to prevent the need for more complex and costly treatment in the future) is a priority for the Integration Joint Board.

(b) Personalisation and Self Directed Support (SDS)

Personalisation seeks to enable people to plan and choose health and social care support that is more flexible and can better suit their individual needs. As part of personalisation, individuals are supported to make informed choices about meeting their assessed needs and, where they wish to, are supported to manage the support they receive. Self-Directed Support empowers people to direct their own care and support and to make informed choices about how their support is provided. Regardless of the care setting, services can be tailored to become more suited to individuals' choices and preferences.

(c) Co-Production

Co-production means "delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours." The purpose of co-production is to encourage people and communities to use the human skills and experience they have to help deliver public or voluntary services. Through its approach to Locality Planning and its Participation and Engagement Strategy the Integration Joint Board is committed to service redesign and commissioning, as appropriate, on a co-produced basis.

(d) Technology Enabled Care

The move towards greater utilisation of Technology Enabled Care (TEC) is an integral part of the Integration Joint Board's approach to care planning. South Ayrshire Health and Social Care Partnership is the lead Partnership for the Telehealthcare and Innovations Programme across Ayrshire and Arran.

The '20:20 vision for Health & Social Care' provides the strategic context for TEC and is seen as vital to the successful delivery of this vision. Technology Enabled Care is defined as being "*where the quality of cost-effective care and support to improve outcomes for individuals in homes or community settings is enhanced through the application of technology as an integral part of the care and support*". This Partnership will take positive steps to deliver on this and contribute towards the national Health & Wellbeing Outcomes.

(e) Anticipatory Care Planning

Anticipatory Care Planning and Anticipatory Care Plans (ACPs) are a vital component in addressing Unscheduled Care and avoidable hospital admissions. ACPs are most appropriately deployed with patients at higher risk of hospital presentation and admission and/or presentation at GP Surgeries.

1.7 SOUTH AYRSHIRE HSCP COMMUNITY MENTAL HEALTH STRATEGY AND STRATEGIC OUTCOMES

- 1.7.1 The South Ayrshire Adult Community Mental Health Strategy and corresponding strategic outcomes was approved by the Integration Joint Board on 13th June, 2017, and will be a primary driver of services to be commissioned, delivered and monitored under the provisions of this Commissioning Plan.
- 1.7.2 South Ayrshire Health and Social Care Partnership's Adult Community Mental Health Strategy for 2017-2023 applies to all adults with mental health issues, including those aged from 16 years onwards who are in transition into adult services. People with a mental health issues, their families and carers have the right to be valued as individuals and lead fulfilling lives. They have the right to access and participate in their communities and benefit from a fair and inclusive society as well as contributing to the local economy.
- 1.7.3 In 2017, the Scottish Government published *Mental Health in Scotland – a 10-year vision*. The strategy aims to prevent stigma and discrimination related to mental health and improve understanding of how to prevent and treat mental health problems in communities. The purpose of this South Ayrshire Strategy therefore is to:
- achieve the outcomes contained in *Mental Health in Scotland – a 10-year vision* for the people of South Ayrshire;
 - ensure that people with mental health issues and their families are involved in the planning, delivery and review of the services they use; and
 - ensure that the difference made is evidenced.
- 1.7.4 South Ayrshire HSCP's vision is that: "All citizens of South Ayrshire who have mental health issues live longer, healthier lives; are supported to participate fully in all aspects of society; prosper as individuals; and are valued contributors to a fair and equal South Ayrshire."
- 1.7.5 The seven Strategic Outcomes listed in the HSCP's Adult Community Mental Health Strategy and which will govern all that we do in this area are:
- **Flexible, Tailored Provision and Coordinated Approaches**
 - **Prevention**
 - **Recovery**
 - **Addressing Social Stigma**
 - **Choice and Control**
 - **Safety**
 - **Carer's Needs**
- 1.7.6 Each of these high level outcomes has areas of focus that will direct the support that we develop and seek to provide through this Commissioning Plan.

1.8 SELF DIRECTED SUPPORT

1.8.1 The Social Care (Self-directed Support) (Scotland) Act 2013 (SDS) is the mainstream approach to delivering social care in Scotland. Choice and control are key principles in the delivery of SDS alongside a focus on personal outcomes. SDS also promotes self-determination, self-management and active citizenship all of which are central to the delivery of a modern health and social care agenda.

1.8.2 SDS has four options with regards to how services can be delivered. As part of every assessment and review there is a statutory duty to offer the four options if an individual is eligible to receive social care support. The options are as follows:

- **Option 1 - Direct Payment**

The Council provides the individual with a direct payment into a designated bank account. The money can be used to purchase services to meet the outcomes set out in a support plan. This may be the employment of a Personal Assistant or directly purchasing goods or services from a provider.

- **Option 2 - Individual Service Fund**

The assessed level of funding can be held either by a provider (nominated by the individual) or by the Council. The individual has control and flexibility over how and when the services should be provided to meet the agreed outcomes in their support plan.

- **Option 3 – Council Arranged Services**

The Council arranges the support the individual requires to meet their agreed outcomes as set out in the support plan.

- **Option 4 - Mixed Package of Care and Support**

The individual has the choice of using a mix of Options 1, 2 and 3 to meet their agreed outcomes.

1.9 TRANSITIONS

1.9.1 The South Ayrshire HSCP and Provider Organisations appropriate under the terms of this Commissioning Plan will collaborate with other partners to deliver seamless transitions between children and adult services in accordance with the ARC Principles of the Scottish Transitions Forum.

1.10 EQUALITIES

1.10.1 Services commissioned through this Commissioning Plan will require to be compliant with the provisions of the Equality Act 2010; the Equality Act (Specific Duties) (Scotland) Regulations 2012 and the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 and 2016.

1.10.2 The Integration Joint Board and its Partners including those providing commissioned services will (1) eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct; (2) advance equality of opportunity between people who share a protected characteristic and those who do not; and (3) foster good relations between people who share a protected characteristic and those who do not.

1.10.3 The protected characteristics are:

- Age
- Disability (learning disabilities, mental health, physical and sensory)
- Gender re-assignment
- Marriage and Civil Partnership (restricted to elimination of unlawful discrimination in employment)
- Pregnancy and Maternity
- Race
- Religion or Belief (including Non Belief)
- Sex (formerly known as gender)
- Sexual Orientation

1.10.4 The Equality Outcomes adopted by the South Ayrshire Integration Joint Board and a number of other public sector partner organisations in Ayrshire are:

- **In Ayrshire people experience safe and inclusive communities.**
- **In Ayrshire people have equal opportunities to access and shape our public services.**
- **In Ayrshire people have opportunities to fulfil their potential throughout life.**
- **In Ayrshire public bodies will be inclusive and diverse employers.**

1.10.5 Services commissioned through this Plan will be provided equally to all in line with these four outcomes.

1.11 HUMAN RIGHTS

1.11.1 The Provider shall at all times comply, in a manner which is proportionate and relevant to the nature of the Framework Agreement, with the obligations which are incumbent upon South Ayrshire Council as a 'public authority' in terms of the Human Rights Act 1998 ("the 1998 Act") and all secondary legislation made under the 1998 Act.

1.12 NATIONAL HEALTH AND SOCIAL CARE STANDARDS

1.12.1 Services commissioned through this Commissioning Plan will comply with the [National Health and Social Care Standards for Health and Social Care My Support, My Life](#). Providers will embrace the five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing, in their delivery of services and demonstrate that these principles are embodied in the practice of their organisations and staff.

1.13 FAIR WORKING PRACTICES

1.13.1 South Ayrshire HSCP is committed to the support of fair working practices. These practices are also important for workforce recruitment and retention, and thus continuity of service. Public Bodies in Scotland are adopting fair work practices, which include:

- a fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example being a Living Wage Accredited Employer;

- clear managerial responsibility to nurture talent and help individuals fulfil their potential, including for example, a strong commitment to Modern Apprenticeships and the development of Scotland's young workforce;
- promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, race, sexual orientation and disability; support for learning and development;
- stability of employment and hours of work, and avoiding exploitative employment practices, including for example no inappropriate use of zero hours contracts;
- Flexible working (including for example practices such as flexi-time and career breaks) and support for family friendly working and wider work life balance;
- support progressive workforce engagement, for example Trade Union recognition and representation where possible, otherwise alternative arrangements to give staff an effective voice.

1.13.2 In order to ensure the highest standards of service quality the Council expects Service Providers to take a similarly positive approach to fair work practices as part of a fair and equitable employment and reward package.

**Part Two:
Operational Areas, Specification,
Considerations and Requirements**

2.1 SERVICE AREAS

2.1.1 Services procured by means of SDS Option 3 through this Commissioning Plan will be for the following area:

- Supported Living and Personal Care in the Community.

2.1.2 The successful delivery of SDS requires a fundamental change in the process of assessment and the delivery of care and support, and through the utilisation of this Commissioning Plan the South Ayrshire HSCP wishes to work collaboratively and differently with provider organisations to ensure that people receive services by means of the SDS Options that are most suited to meeting their personal outcomes and circumstances. A cultural shift will be necessary to achieve this goal with individuals being put at the heart of service delivery and being offered choice and control.

2.1.3 It will be necessary for a service provider to understand their role and subsequently evidence their contribution in meeting an individual's outcomes. Service delivery must be focused on achieving an individual's outcomes as set out in their support plan. If the commissioner and provider are to successfully deliver choice and control for an individual that meets their outcomes, existing systems will require to be transformed.

2.1.4 The impact providers have in supporting individuals to achieve positive outcomes can be significant. Providers bring an unrivalled insight into changes in an individuals' situation and are able to adapt their service to meet unexpected challenges. Flexibility in service delivery is crucial to achieving the values and principles of SDS and providing real choice and control for individuals. Therefore, support should be flexible and innovative and, at the same time, should not be maintained in the same way where it is not needed, or required.

2.2 SERVICE DEFINITION, DURATION, SPECIFICATION AND DEMAND

2.2.1 The following services will be available within the categories specified to anyone residing in the South Ayrshire geographical area that has been assessed by Social Work as having Mental Health care and support needs.

2.2.2 'Supported Living and Personal Care in the Community' include a diverse range of person centred support and care for adults with Mental Health issues. The overall aim of the commissioned services is to empower service users to live safe and independent lives in their own homes and within the wider community. Where appropriate, this will include the delivery of personal care in their own homes to maintain their health and wellbeing.

2.2.3 The objectives of the Supported Living and Personal Care in the Community to be delivered under this Framework are to:

- Enable Service Users to develop a range of personal skills for them to remain in their own home; and to achieve and maintain or increase their potential in relation to physical, intellectual, emotional and social capacity.
- Empower Service Users to successfully engage and contribute to the needs of their local community.
- Support Service Users to access and sustain training, voluntary and employment opportunities.

- Enable service users to form and maintain social contact with friends, family and carers.
 - Develop innovative and effective social networks and participate in learning individual or group activities.
 - Offer alternative care outwith residential/nursing care.
 - Offer a flexible service to prevent inappropriate admission to hospital and facilitate timeous discharge.
 - Work in partnership with service users, their families, carers in planning the provision of care.
 - Work in partnership with other departments, agencies and providers to plan for and deliver effective services.
 - Support all staff through supervision, training and staff development.
- 2.2.4 People with Mental Health issues receiving support and care services are likely to have greater and more profound supported living needs and are likely to have a higher degree of vulnerability. The Provider will also deliver personal care to maintain Service User's health and wellbeing needs. These services will be provided in a flexible and seamless manner to meet the needs of the Service User.
- 2.2.5 Commissioned services in this area will be for Service Users who require a range of supports at varying levels including;
- (1:1 or 2:1) direct support (up to and including 24/7 care packages).
 - Waking night or sleepover in Service User's home.
 - Responsive support service for any times of crisis out with the Service Users established support plan agreement.
 - Thematic Group Activities.
- 2.2.6 Services will be requested in terms of individual Service User support and care needs (as outlined within their support plan agreement and personal outcomes), and will aim to maximise service user capability such as; supported living skills and independence through use of coaching techniques and innovation, including appropriate assistive living technologies.
- 2.2.7 Service Users in supported living arrangements can live in a variety of different settings for example:
- With another person/s that they have chosen to live with in shared or clustered accommodation; and
 - on their own within their own home.
- 2.2.8 The service will operate 365 days per year and will provide support for up to 24 hours to meet the needs determined at the point of referral.
- 2.2.9 Through this service, the Provider will contribute to the avoidance of inappropriate admissions to hospital or other 24 hour care setting; contribute towards meeting immediate statutory care requirements of Service Users; while maintaining as far as practicable their independent living needs.
- 2.2.10 The Supported Living and Personal Care in the Community Service to be delivered by the Commissioned Providers will support Service User's to meet their personal outcome needs with the following (this list is not exhaustive).

- Managing bills and money;
- Cooking and healthy eating;
- Shopping and collection of living essentials (prescriptions etc);
- Managing medication and medical appointments;
- Managing the home/tenancy;
- Learning new home related living skills for increased independence;
- Utilising personal or public transport;
- Promoting service user health and wellbeing
- Access to shops and services,
- Claiming benefits/form filling etc
- Organising home repairs
- Being a good neighbour

2.2.11 Commissioned Providers will support Service Users to make and keep medical appointments, provide background health information to health personnel, and support the Service User to follow through health advice and treatment plans (in line with the terms of South Ayrshire Council's Medication Assistance Policy) as requested by health personnel.

2.2.12 Commissioned Providers will provide sufficient discreet supervision to avoid danger in both every day and emergency situations balanced with an assessment of risk and support to manage challenging behaviour by the least restrictive means, and encouraging other forms of communication and emotional expression.

2.2.13 Commissioned Providers will enable/facilitate contact with the family of service users, carers and other significant people by maintaining and nurturing existing and new relationships and help people feel comfortable about visiting.

2.2.14 The Personal Care services to be delivered by the Commissioned Providers will assist Service Users to maintain their personal health and wellbeing outcomes needs with the following tasks.

All Personal Care Tasks including:

- Assistance with getting up and going to bed.
- Assistance with washing and bathing, including cleaning as a result of incontinence.
- Assistance with dressing and undressing.
- Assistance with toileting.
- Assistance with dental/denture care.
- General Assistance with mobility and ensuring access to drinks, snacks etc.
- Assistance with nail care – filing only (not cutting).
- Commissioned Providers will be expected to ensure that assistance with hair washing and hair care is provided to those Service Users who have been identified as requiring this assistance.

2.2.15 This type of assistance may at specific times act to supplement supported living services in the delivery of domestic tasks for a particular time bound activity such as bathing/bedding. Appendix 2 is an illustration of additional care tasks (This list is not exhaustive).

2.2.16 Commissioned Providers will require to have capacity within their services to provide support at peak times during the day e.g. morning, mealtimes, and bedtime, as well

as providing specific and sometimes specialised services to service users, not only at agreed times, but also (within the overall parameters of the service) on an unscheduled basis, for example, where responsive support is required out with support plan agreements, or to facilitate discharge from, or prevent admission to, hospital.

2.2.17 The Community Based Services to be delivered by Commissioned Providers will enable service users to meet their personal outcome and fulfil the long term Mental Health Strategic outcomes of Flexible, Tailored Provision and Coordinated approaches, Recovery, and Choice and Control. This could be 1:1 or as part of a group, or through participation in group based activities.

2.2.18 This will include the organisation and facilitation of a wide range of activities designed to improve wellbeing and personal fulfilment which could include access to employment, volunteering or learning opportunities. Providers will work collaboratively with the relevant stakeholders to assist service users to maintain positive social relationships within the wider community and to be an integral part of this.

2.2.19 Volunteering opportunities could be provided within the community or within the Commissioned Provider's own organisation.

2.2.20 It is expected that service users receiving such types of support will experience a broad range of non-repetitive activities that will improve their overall wellbeing and provide opportunities for development.

2.2.21 **Service Numbers and Projections Within Each Service Area**

Within each of the following areas the existing number of service users and hours of support being provided as at January 2018 are as follows:

The numbers of Mental Health service users in receipt of Care at Home (personal care) and Supported Living Support are detailed in table 1 below by service type and the associated cumulative hours across the South Ayrshire area.

Table 1: Service Supports and Hours per Week

Service Type	Service Users	Hours per week
Care at Home	11	71
Supported Living	163	1,817
* Community Based Supports	*	*

Source: SA HSCP Finance Section, January 2018

The points to note in table 1 above are as follows:

- Supported Living figures are inclusive of any Community Based Support hours currently being delivered to South Ayrshire Mental Health service users living on their own homes.
- The Community Based Supports services are delivered at various facilities within the local community, or at educational or social amenities dependent upon the service user's needs and personal outcomes. The demand for these types of support provisions are difficult to project and may fluctuate due to educational term times, holiday periods and changing needs.

- Some service users may receive more than one type of support provision in order to effectively meet their overall needs and outcomes.

Table 2 below outlines the numbers of South Ayrshire Mental Health service users in receipt of a sleep over service within their own home, and the associated cumulative hours.

Table 2: Sleepover Support

Service type	Service Users	Hours per week
Sleepover	2	126

Source: SA HSCP Finance Section, January 2018

Demographic change and future demands

Demand for Mental Health Supported Living and Personal Care in the Community support services fluctuates, and cannot be entirely accurately forecasted. The HSCP will work closely with commissioned providers to ensure, where possible, adequate planning occurs in the continued development and delivery of effective Mental Health Services.

2.2.22 Contract Duration

2.2.22.1 This Commissioning Plan is being prepared as part of the Community Mental Health Strategy and Implementation Plan agreed by the IJB for the period 2017-22. As such, new contracts put in place under the terms of this commissioning plan will run until the end of the current Strategy in 2022. On that basis, as contracts will commence in 2018 they will be put in place for a period of four years and run until 2022 which is the maximum period permitted under the terms of a framework agreement.

2.2.23 Service Level Outcomes and Indicators

2.2.23.1 The Adult Community Mental Health Strategy for 2017-23 identified seven long term outcomes to be worked towards during the period of the Strategy and of this Commissioning Plan.

2.2.23.2 The following short, medium and long-term service outcomes will be used as part of future contract management arrangements during the period of this Commissioning Plan to allow Commissioners and Providers to assess the progress that is being made towards the attainment of the overarching strategic outcomes:

2.2.23.3 Indicators will be developed prior to contract commencement that will enable progress against each of the undernoted outcomes to be assessed.

Short term	Medium term	Long term
<ul style="list-style-type: none"> ... Have an increased awareness that mental health can improve ... Have an increased understanding of how to self-manage ... Have a better understanding of their personal strengths ... Know more about how to look after their physical health 	<ul style="list-style-type: none"> ... have improved wellbeing ... be making progress towards achieving their personal goals ... be better able to self-manage (e.g. self-soothing, appropriate self-referral) 	<ul style="list-style-type: none"> ... more people with mental health problems are in recovery
<ul style="list-style-type: none"> ... Have an increased awareness of risk 	<ul style="list-style-type: none"> ... take more informed risks 	<ul style="list-style-type: none"> ... people with mental health problems are safer
<ul style="list-style-type: none"> ... have more understanding of how to influence the services that support them ... receive services which are more person-centred ... Have an increased understanding of the life skills they need 	<ul style="list-style-type: none"> ... feel more in control of their support ... Have improved life skills ... Be more able to make informed decisions about aspects of their life 	<ul style="list-style-type: none"> ... Have increased choice and control over their life
<ul style="list-style-type: none"> ... Are better able to access appropriate services 	<ul style="list-style-type: none"> ... Have fewer avoidable hospital admissions 	<ul style="list-style-type: none"> ... people who are at risk of, or who are currently experiencing mental health problems, are supported at the earliest possible opportunity
<ul style="list-style-type: none"> ... Have carers who have a better understanding of how to support them 	<ul style="list-style-type: none"> ... Be more likely to have carers who have a support plan in place 	<ul style="list-style-type: none"> ... have carers who are more able to continue in their caring role
<ul style="list-style-type: none"> ... feel more listened to 	<ul style="list-style-type: none"> ... live in a society which is better informed about mental health 	<ul style="list-style-type: none"> ... people with mental health problems are less stigmatised
<ul style="list-style-type: none"> ... have more opportunities to be involved with their local communities ... have increased confidence to take part in activities they are interested in 	<ul style="list-style-type: none"> ... feel more accepted in their local communities ... have more opportunities to engage in work / training / education / volunteering ... have more opportunities to engage in social activities 	<ul style="list-style-type: none"> ... people with mental health problems are more socially included

2.2.24 Technology Enabled Care (TEC)

2.2.24.1 The use of assistive technology to increase a Supported Person's independence, enhance their support and experiences, should be used both in relation to communication and to support daily living. Through delivery of the Support Plan and Personal Plan, all possible assistive technology options will be identified to deliver the Service in a way which maximises the Supported Person's independence, while ensuring that risk to the Supported Person is managed. The outcome of the assessment for use of assistive technology should be incorporated in the Support Plan and Personal Plan and outcomes monitored. Any details of the limits of the system and associated risk assessment should also be documented and be known to Staff delivering support.

2.2.25 Overnight Support

2.2.25.1 Some service users may require 24 hour care to be provided at the standard hourly rate (see section 3.2). This will involve waking night provision.

2.2.25.2 Sleepover provision is under review given the Scottish Government's decision to pay sleepover rates at the Scottish Living Wage. Where this is reviewed in future the South Ayrshire HSCP may require all such provision to be undertaken as waking night support. A decision on this will be made in 2018-19.

2.2.25.3 Sleepover or waking night cover will only be provided on a one to one basis where assessed and agreed as being required for medical reasons or to meet complex care requirements.

2.2.26 Innovation

2.2.26.1 Commissioned Providers will demonstrate how it will be innovative and respond to changes in the wider market place. As a minimum any commissioning and procurement processes will be carried out in a transparent way that ensures there is no distortion of the market place, and that unduly favours or disadvantages a particular provider.

2.2.26.2 Some examples of innovative approaches are outlined below:

- A block of supported accommodation required significant upgrading and 4 frail people with long term mental health issues would need to be temporarily decanted to other accommodation while this work was completed. The block was owned by the care provider. The work required would mean that the residents could be out of their homes for potentially 3 months. They had all lived in the block for more than 10 years and up to 20 years. They were all clear they wished to return to their accommodation when the work was completed. Consideration was given to the desirability of this given the increasing frailty of the residents and the fact there were stairs in the block. Concern was also expressed regarding the fact that this would be two moves – back out and back in again. The care provider, social work and the Housing Department met to consider options and 4 newly built tenancies less than a mile from the block were made available. Over a 3 month period prior to the block needing to be emptied the care provider, Advocacy Services, Social Work and Housing worked closely and sensitively on considering this option with the 4 people. They were given the opportunity to visit the new houses before they were built, to discuss this option with advocacy as a group and on a 1-1 basis and with their care provider and with their social worker.

Ultimately they agreed to take the new tenancies and over the following months the care provider worked extremely well and sensitively with the residents both as a group and on a 1-1 basis in supporting with this transition offering re-assurance, guidance and direct support when required. Without the knowledge of the people and the experience of supporting people through such transitions it is unlikely it would have been as successful as it has been. The move has led to very positive outcomes in terms of increased confidence, independence, better living conditions and feeling part of the new community in which they live while continuing to live with those they have shared accommodation with for many years.

- A man with long standing mental health issues who lacked confidence in travelling any distance and would be at risk if he did so was very keen to follow his long standing interest in classical music. There were concerts taking place in London and he expressed a wish to go but was quite despondent at the possibility of this happening. He had no confidence in this being even a remote possibility. Discussion took place about how his current supports were designed and it was agreed that, while his emotional and social support were important and continued to be superficially met by the frequent contact he had with services for this purpose, it was not reaching particularly deeply into any cultural needs he may have. It was agreed that he would partly fund and the social work team would partly fund a trip to two of these concerts over a weekend. However, it was noted that it would be important to make sure that, rather than having for example two members of staff attend on a shift basis who may see this as “work” it would be far better to find someone who shared this interest and would take equal pleasure in this trip. As a consequence he and one member of staff went as companions rather than as carer and client. As a consequence they were able to share their knowledge and experience and take equal pleasure in the weekend and its activities.

2.2.27 **Volunteers**

2.2.27.1 The Health and Social Care Partnership acknowledges the integral role of volunteering in many third and independent sector organisations and it encourages all of the organisations that it commissions through this Plan to adopt a policy on the use of volunteers, to recognise the important role of volunteers in this sector and to implement the provisions of its policy in this regard throughout the period of any contracts that it has with South Ayrshire Council under the terms of this Commissioning Plan.

2.2.27.2 Volunteer policies should support and nurture the generous volunteering spirit of those who contribute. Professional staff should work in partnership with dedicated volunteers who bring a range of skills to the organisations and services concerned.

2.2.27.3 Volunteers are a major resource and can make a vital contribution to individuals supported and to services provided. Commissioned organisations should encourage, develop and support volunteer involvement in their work in which volunteers are considered important stakeholders. The time, energy and skills offered by volunteers benefit us all and will bring benefits to volunteers themselves and to those with whom they volunteer.

2.2.27.4 A volunteer is understood to be a person who does voluntary work on behalf of an organisation by choice and is unpaid. We will encourage a relationship with a

volunteer that is based on mutual responsibility and commitment, with volunteers having both rights and responsibilities.

2.2.27.5 In encouraging the use of volunteers as Commissioners we would expect them to be appointed in accordance with legislative and regulatory requirements and to be offered training to fulfil their roles.

2.2.27.6 Commissioned Providers will have robust management arrangements in place to ensure the effective delivery of services through regular supervision of staff and support to staff and volunteers.

2.2.27.7 The use of volunteers will be encouraged in the provision of services as identified in the Service Specification, but not as a substitute for staff as defined by the Care Inspectorate's minimum staffing requirements for the provision of services

2.2.28 Recognition of Carers

2.2.28.1 The HSCP wishes to promote the principle of "shared care" where the Local Authority works in partnership with the parents or carers of service users in the tasks of caring, as identified in the Care Plan.

2.2.28.2 The Service Provider should ensure that carers are offered the following:

- the opportunity to give an opinion regarding the most appropriate ways of offering care to the Service User
- the opportunity to provide care where they wish to and in a way where there is no compromise to the health, safety and wellbeing of the service user; and
- recognition of the care they offer.

2.3 OPERATIONAL MANAGEMENT

2.3.1 Location of Service

2.3.1.1 Services will be provided in the service users home or local communities in South Ayrshire. Commissioned Providers will require having an office base within South Ayrshire or in an adjoining local authority area.

2.3.2 Commissioning Arrangements

2.3.2.1 The framework will aim to minimise service delivery duplications and negative environmental impacts experienced when multiple Providers deliver supports in the same areas. In order to deliver more holistic and responsive services for service users at the conclusion of the initial tender phase, individual service users who currently receive Supported Living and Personal Care in the community Providers will be allocated/reallocated work delivery packages. The HSCP will determine the geographical size and shape of each package to be allocated and will agree with successful providers the awarding of work packages.

2.3.2.2 Termination of the service to any service user will be through a process of review of their care and support needs and will involve the Commissioner and Provider.

2.3.3 Individual Commissioning Arrangements

2.3.3.1 All new referrals after the contract mobilisation phase will be determined by the Social Work Resource Allocation Group and resources will be allocated in line with the support plan and in accordance with the total available financial resources.

2.3.3.2 The Council shall notify the preferred Service Provider of their requirement for Services. The agreement used by the Council shall be in the form of the template entitled Individual Support Agreement (ISA) set out at Appendix 3, which shall be accompanied by the Individual Service User Documentation appropriate to the Service User e.g. Care Plan. Once the ISA has been fully completed it will be kept under review and updated herein to reflect decisions taken through the Resource Allocation Group.

2.3.3.3 No payment shall be made for the Service or any part thereof unless they are agreed between the Parties and identified within the ISA.

2.3.4 Risk Management and Emergency Situations

2.3.4.1 Whilst the aim of the services within this framework is to provide care and support in a way which promotes positive risk taking and independence, emergency situations may arise and these should be managed in accordance with individual service provider's procedures.

2.3.4.2 In responding to any emergency situation the principles of the Adults with Incapacity (Scotland) Act 2000 should apply in relation to taking decisions or acting for a Supported Person:

- The intervention must be necessary and must benefit the Supported Person;
- The intervention must be the minimum necessary to achieve the purpose;
- The adult's present and past wishes and feelings must be taken into account;
- The views of the adult's nearest relative and primary carer, and of any other person with powers to intervene in the adult's affairs or personal welfare, or with an interest in the adult, must be taken into account; and
- The adult must be encouraged to use any skills he or she has.

2.3.4.3 The Commissioner will provide information from the Assessment and Care Management process to allow the Provider to manage their risk assessment and emergency situation duties under the terms of this plan.

2.3.4.4 In order that the Service operates in compliance with these principles and reduces the need for further intervention Commissioned Providers will;

- undertake risk assessments in relation to identified actual or potential risks to a Supported Person and have in place action plans to prevent or manage such risks;
- deal with any incidents of violence in accordance with the guidance from the Mental Welfare Commission;
- record and report any serious incidents of violence, aggression, the use of restraint or any other serious incidents to a Supported Person's Care Manager, HSE and, any other statutory partner agency as required at the earliest opportunity;

- undertake to give full information, including any known history of behaviour which challenges or anticipation of challenges, to the Commissioner about any Supported Person for whom they provide care and support;
- work with the Commissioner in developing the least restrictive strategies to ensure successful outcomes for the Supported Person; and
- the staff employed by Commissioned Providers will have the necessary training and confidence to fulfil their roles and responsibilities.

2.3.4.5 In the event of any emergency relating to a service user's accommodation, the Commissioned Providers will adhere to the requirements of this Commissioning Plan, including as a minimum:

- immediately seek the help of the emergency services where there is an urgent risk to the health of a Supported Person;
- seek the timely help of a Supported Person's appropriate Health Care Professional when there is a serious health issue; and
- have a system to support front-line Staff who need help and support when emergencies arise, including access to manager and extra Staff support through that manager.

2.3.4.6 In addition to the foregoing, in response to any emergency, Commissioned Providers will:

- have their own internal systems for recording events and supporting Staff;
- inform the appropriate Care Manager of events as soon as is reasonably practical but no less than 24 hours following the incident;
- jointly plan the response appropriate to psychiatric/psychological or physical emergencies with the Commissioner with the aim of preventing recurrence of the emergency; and
- ensure the Care Inspectorate, Health and Safety Executive and/or Mental Welfare Commission are informed in accordance with the relevant reporting responsibilities.

2.3.4.7 The safety of the Supported Person must be paramount in any emergency and Commissioned Providers must act accordingly even if there is conflict with some of the requirements in relation to notification to the Commissioner.

2.3.5 **Adult Support and Protection**

2.3.5.1 Providers engaged under the terms of this Commissioning Plan will be required to agree to adhere to the South Ayrshire Council Adult Support and Protection Procedures ([click here](#)) and to work in accordance with any inter-agency guidelines that are in place from time to time. The Service Provider shall immediately notify the Council of any allegations, evidence or suspicion of abuse in accordance with South Ayrshire Council Adult Support and Protection Procedures.

2.3.5.2 It shall be a material condition of any contract entered into under the terms of this Commissioning Plan that the Service Provider shall provide copies of its policies and procedures for the protection of Adults at Risk to the Council, Staff, Volunteers and Service Users and their representatives, and that all Staff and Volunteers are trained in these policies and procedures.

2.3.5.3 Providers shall have a policy and procedure for reporting details of any allegation or suspicion of financial, physical, sexual or any other form of abuse of a Service User.

Service Providers shall immediately inform the Council of any such reports. The disclosure of such reports shall not be regarded as a breach of confidentiality and the use of information.

2.3.5.4 Service Providers shall have in place, implement and regularly review policies and procedures designed to prevent abuse and for responding to actual or suspected abuse, neglect or exploitation.

2.3.5.5 Service Providers shall deliver to the Council copies of written guidelines to be followed by all Staff and Volunteers in identifying, investigating and reporting (both internally and to other external agencies who have legal duties to protect Adults at Risk) abuse or suspected abuse of Adults at Risk in the care of Service Providers. These guidelines shall include guidance on:-

- Identifying adults who are at risk of, harm or who are being or are suspected of being harmed or who have been or are suspected of having been harmed;
- Recognising risk from different sources in different situations and recognising harmful behaviour by other Service Users, colleagues, and family members;
- The duty of Staff to report suspected, harm;
- The duty of Service Providers, where appropriate, to investigate such reports and communicate information to such external agencies that have legal duties to protect Adults at Risk, including informing the Council of the harm or suspected harm;
- The procedures for reporting harm or suspected harm both internally and to other external agencies who have legal duties to protect Adults at Risk;
- The duty of Service Providers and their staff or volunteers to co-operate with any Adult Support and Protection inquiry or investigation and to share information as required in the course of such inquiry or investigation.
- Protection for whistle blowers;
- Working within best practice; and
- Child protection, where appropriate.

2.3.5.6 Staff and Volunteers shall be obliged to adhere to the above mentioned guidelines, which shall emphasise that all those who express concern shall be treated seriously and shall receive a positive response from management at all levels.

2.3.5.7 These guidelines shall take account of any inter-agency policies operational in the Council's area that relate to the protection of Adults at Risk.

2.3.5.8 Service Providers shall ensure that prompt action is taken in response to individual complaints or concerns raised by Staff, Volunteers and/or the Service Users. Any such action shall follow the timescales in accordance with South Ayrshire Council Adult Support and Protection Procedures.

2.3.5.9 Service Providers shall ensure that where harm has taken place, an action plan including risk assessment in relation to victim care/support and dealing with perpetrators is undertaken. Service Providers shall use appropriate independent services including advocacy, counselling or victim support. The action plan shall be constantly monitored.

2.3.5.10 The Council, having statutory lead responsibility under the Adult Support and Protection (Scotland) Act 2007 to protect Adults at Risk reserves the right, in consultation with the Service User and/or their representative and other statutory bodies, to withdraw the Service User from the care of a Service Provider where

there are concerns about the safety, protection and welfare of Adults with respect to the service being provided to the Service User or to any other Service User. Any such decision shall be communicated to the Service Provider.

2.3.6 Registration

2.3.6.1 Approved registration with the relevant Regulatory Bodies and the Care Inspectorate in terms of the Public Services Reform (Scotland) Act 2010 is required for all Commissioned Providers.

2.3.6.2 Commissioned Providers will be appropriately registered by the Care Inspectorate to deliver all Supported Living and Personal Care in the Community functions outlined in this Commissioning Plan. Failure to secure and maintain Registration and compliance with the Health and Social Care Standards or (subsequent revision to the standards) will be a Material Breach of the Commissioning Plan and will result in termination of the Provider's participation in the subsequent contractual arrangements. Commissioned Providers must also meet all the conditions required by the Care Inspectorate for Registration.

2.3.6.3 South Ayrshire HSCP will only consider tender submissions from Service Providers who have a minimum of grade three (3) across all Care Inspectorate quality themes.

2.3.6.4 Throughout the Duration of the contract the Service the Provider will maintain as a minimum grade three (3) for all quality themes. The Provider will endeavour to attain grade four (4) or above for all quality themes. Where a Service receives a grade of two (2) or less for any theme (as used by the Care Inspectorate) that Commissioned Provider will be given an opportunity to improve this grade by means of an improvement plan agreed with the Care Inspectorate.

2.3.6.5 Failure to improve grades may result in temporary Suspension of the Commissioned Provider. Following re-attainment of a grade of three (3) or above, the South Ayrshire HSCP will review any temporary Suspension taking into account the recommendations made by the Care Inspectorate.

2.3.7 Learning and Development

2.3.7.1 Commissioned Providers must ensure compliance with mandatory training requirements, National Health and Social Care Standards and any other training required to meet the identified needs of the Person, including the accreditation requirements for registration with the Scottish Social Services Council (SSSC).

2.3.7.2 Commissioned Providers must be able to evidence a robust on-going training strategy to ensure that staff are trained to the relevant SVQ as specified by the SSSC.

2.3.7.3 Training must be provided to all new Staff that meets all the appropriate training requirements, including

- An introduction to the service objectives and outcomes as outlined in this Commissioning Plan
- An understanding of the emotional impact of debility and degenerative illness on Persons and Carers.
- An understanding of the impact of social isolation and the importance of strong social networks.

- The importance of citizenship and persons being supported in a manner that enables them to retain strong feelings of self-worth
- An understanding of a range of assisted communication measures
- Adult Support and Protection.
- An overview of relevant legislation, for example, but not limited to, the Adults with Incapacity (Scotland) Act 2000, Adult Support and Protection (Scotland) Act 2007, Regulation of Care (Scotland) Act 2001 and Disability Discrimination.
- An introduction to the policies, procedures and codes of practice of the Provider
- Health and safety matters including an understanding of risk management and risk assessment.
- Moving and handling training by a qualified trainer including use of appropriate hoists, slings and other equipment
- Guidance on the type of tasks to be undertaken and the way in which Persons and carers should be treated
- A reasonable level of competence and diligence in the preparation of food and basic food hygiene
- An ongoing programme of training must be made available which enables staff to continuously improve their skills and knowledge.
- Dementia Awareness
- Promoting positive behaviour
- Infection control
- Specialist training must be provided to Staff by Commissioned Providers to meet any specific needs of the Persons Plan.

2.3.8 **Community Benefit**

2.3.8.1 The South Ayrshire Council Procurement Strategy has as an objective to achieve improved standards of sustainable procurement in accordance with the duties set out within the Procurement Reform (Scotland Act) 2014.

2.3.8.2 Through this Commissioning Plan we will seek to work in partnership with all providers to ensure that we improve the way that we work in delivering services which benefit the area and the communities in which we operate with a focus on reducing inequality.

2.3.8.3 The HSCP will, therefore, seek to use contracts awarded under the scope of this Commissioning Plan to deliver wider social benefits such as:

- Improving education and skills.
- Improving local employability.
- Work experience placements/programmes.
- Delivering training and development.
- Enhancing & improving local community projects.
- SME, supply chain and social enterprise development.
- Other; Sponsor charity work.

2.3.8.4 Commissioned Providers will be required to provide an outline of all community benefits that can be offered in relation to contracts they are appointed to. All community benefits offered will be monitored to ensure delivery as part of established contract key performance indicators.

Part Three: Financial Framework

3.1 SERVICE AREA BUDGETS

3.1.1 The total annual budget available for fund the services set out in Section 2 will be as shown below (based on figures as at 1st April 2018):

	AREA	Budget
1	Supported Living and Personal Care in the Community	£1,742M

3.2 RATE INFORMATION

3.2.1 South Ayrshire Health and Social Care Partnership will offer one standard hourly rate for Supported Living and Personal Care in the Community services funded under this Commissioning Plan, which will be **£16.10** per hour for financial year 2018-19. Waking night charges for this service will be consistent with this hourly rate, however where a sleep over service is required under this framework; an hourly rate of **£8.40** currently applies.

3.2.2 These rates be reviewed on an annual basis to take account of increases in the Scottish Living Wage and may be increased each year in terms of inflation as determined by the Director of Health and Social Care of the South Ayrshire HSCP.

3.2.3 Any changes to rates will take account of both efficiency measures and cost pressures. The Council will at all times work with stakeholders to ensure the services delivered within this framework are as sustainable and efficient as possible.

3.3 SCOTTISH LIVING WAGE

3.3.1 For services being commissioned under the provisions of this Commissioning Plan, the Health and Social Care Partnership will only contract with provider organisations that have implemented the Scottish Living Wage and are committed to this on an on-going basis, where this is applicable to the Community Mental Health Services concerned. From 1st May, 2017 this has been set at £8.45 per hour.

3.4 PARTIAL RURALITY ENHANCEMENT

3.4.1 In that the majority of South Ayrshire's population and service links are contained within and around the main towns or Ayr, Prestwick and Troon (Northern area of South Ayrshire), through this Framework agreement a partial rurality enhancement will apply to the standard hourly rate outlined in this Commissioning Plan when delivering Supported Living and Personal Care in the Community in selected geographic areas as undernoted.

South Ayrshire areas/locations	Partial Rurality Enhancement applicable
Ballantrae, Pinmore, Pinwherry, Colmonell, Barrhill, Lendalfoot and surrounding areas of all	6%
Girvan, Dailly, Old Dailly, Turnberry, Maidens, Barr, Kirkoswald, Maybole, Kirkmichael, Crosshill, Straiton, Minishant, Dunure/Fisherton and surrounding areas of all	3%
All other South Ayrshire areas/locations	None

3.5 EXCEPTIONAL SUPPORTS

- 3.5.1 Should an exceptional support situation arise where a Mental Health service user has needs beyond the specified service scope of this framework (e.g. where complex training, operational practices or equipment may be required), the South Ayrshire HSCP will work collaboratively with the provider to arrive at an appropriate solution.

3.6 PAYMENT ARRANGEMENTS

- 3.6.1 Our intention is to put in place contractual arrangements designed to deliver against agreed short, medium and long-term outcomes and to use the indicators detailed in Section 2.2.23 of this Commissioning Plan to monitor progress in this regard. This monitoring activity will be undertaken in accordance with the Health and Social Care Partnership's agreed contract monitoring framework. It will also be undertaken in partnership with provider organisations.
- 3.6.2 In assessing progress against outcomes, an evaluation of progress against the personal outcomes of the persons being supported will be undertaken at contract monitoring meetings by operational Social Work Staff and Contracting and Commissioning Officers in conjunction with the provider organisation concerned.
- 3.6.3 Commissioned Provider organisations will be required to retain financial records on a monthly basis detailing the hours of support provided to service users by members of their staff, together with details of any other relevant costs and maintain these in the format of an agreed record of service delivery.
- 3.6.4 However, given that services provided will have an outcome focus payment will not be based exclusively on retrospective claims based on actual hours worked. Personal and service outcomes to be delivered will be agreed prior to the commencement of the contract during mobilisation; these outcomes will attract a standing four weekly payment in arrears of 70% of 1/13 of the annual contract value. The service provider's remaining balance will be paid four weekly in arrears following receipt and validation of a completed four weekly record of service delivery.
- 3.6.5
- 3.6.6 If a commissioned provider's overall four weekly service delivery level falls below 70% of the original agreed amount, an immediate review of their standing four weekly (70%) payment will take place to avoid potential overpayments occurring.
- 3.6.7 Commissioned Providers may not under the provisions of this Commissioning Plan exceed the total annual value of the contract in any 12 month period as any excess will not be authorised for payment by South Ayrshire Council.

3.7 FINANCIAL DIVERSIFICATION

- 3.7.1 The Health and Social Care Partnership will actively encourage the providers with whom it is contracting for the services identified in this Commissioning Plan to seek funding from a range of sources. Diversification will require consideration of funding streams that will complement the public service funding that will be paid through this Commissioning Plan and will include but not necessarily be restricted to external grant support, fund raising activities and subsidiary commercial operations. A commitment to and evidence of financial diversification will be considered and

scored as part of the evaluation of tenders received as part of this commissioning exercise.

3.8 BEST VALUE

3.8.1 The duty of Best Value in Public Services as outlined by the “Public Finance and Accountability (Scotland) Act¹ will apply to the Integration Joint Board and south Ayrshire Council and Provider Organisations commissioned through this Plan will be required to assist both bodies to fulfil this duty.

3.8.2 The duty is as follows:

- To make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, and in making those arrangements and securing that balance.
- To have regard to economy, efficiency, effectiveness and equal opportunities requirements, and to contribute to the achievement of sustainable development.

3.8.3 There are nine characteristics of Best Value that public service organisations are expected to demonstrate:

- Commitment and Leadership.
- Sound Governance at a Strategic and Operational Level.
- Accountability.
- Sound Management of Resources.
- Responsiveness and Consultation.
- Use of Review and Options Appraisal.
- A Contribution to Sustainable Development.
- Equal Opportunities Arrangements.
- Joint Working.

3.8.4 Contract monitoring arrangements will consider these nine characteristics and compliance with them over the lifetime of each contract.

3.9 FINANCIAL REPORTING

3.9.1 Each organisation commissioned under the terms of this commissioning plan will submit a copy of its audited annual accounts each year within six months of the end of its financial year. These will clearly identify and detail all monies paid by South Ayrshire Council for services provided through any contract entered into under the provisions of this commissioning plan and will detail all expenditure incurred by the provider organisation in the delivery of services in accordance with that contract.

¹ Best Value in Public Services – Public Finance and Accountability (Scotland) Act
<http://www.legislation.gov.uk/asp/2000/1/section/11>

Part Four: Contract Monitoring Arrangements

4.1 RELATIONSHIP MANAGEMENT

- 4.1.1 The South Ayrshire Health and Social Care Partnership will, on all appropriate occasions, seek to work collaboratively with providers both in the preparation of this Commissioning Plan and in the future management of contracts awarded to deliver the services set out within it.
- 4.1.2 The management of contracts and the monitoring of provider performance will assist the South Ayrshire Health and Social Care Partnership in deciding how to spend and utilise its resources to get the best possible services and wider supports for local people, now and in the future.
- 4.1.3 Effective contract monitoring is essential to ensure that all parties are working together to support and meet the needs of service users. The management and monitoring of service delivery requires a partnership approach between the Commissioner and the Provider, who are both responsible for monitoring the delivery of outcomes for the supported person.
- 4.1.4 The Commissioner and the Provider will use their best endeavours to respond to any issues raised between contract monitoring meetings, and any such issues and responses will be discussed as part of the formal monitoring process and reporting arrangements.

4.2 CONTRACT MANAGEMENT ARRANGEMENTS

- 4.2.1 The Contracts and Commissioning Team is responsible for developing the operational protocols for the effective coordination and management of contracts in accordance with national procurement legislation and South Ayrshire Contract Standing Orders.
- 4.2.2 Contract Managers and Care Managers have distinct but equally crucial roles in ensuring that service users receive high quality services. Contract Management ensures that services purchased from the Third and Independent Sectors meet the objectives of the South Ayrshire HSCP, whilst Care Management ensures that services remain relevant and responsive to the needs of individual service users.
- 4.2.3 Commissioned Service Provider will ensure that service users receive support and care from the provider in accordance with the contract terms and conditions and service specification. The contract management arrangements for care and support services are outlined below and provide clarity and the distinction between:
- **contract manager** (operational senior manager/team manager will manage the overall performance in terms of the contract agreement);
 - **care manager** (will ensure that individual service user outcomes monitoring is aligned to care management plans/individual placement agreements in accordance with the contract service specification);
 - **service provider manager** (will maintain responsibility for establishing individual contracts and monitoring effectiveness in meeting outcomes and for the performance of the provider against the service specification for each individual they support);
 - **contracts and commissioning** (will analyse relevant information, facilitate joint working on contractual compliance, put improvement action plans in place in discussion with providers and contract managers); and

- **corporate procurement** (will offer specialist support and advice to Social Work including Contracting & Commissioning on procurement issues and are responsible for the tendering process in accordance with the South Ayrshire Council's Standing Orders.)

4.2.4 The South Ayrshire HSCP and the Commissioned Providers will meet at intervals, to monitor and review the Contract as required. The South Ayrshire HSCP will be responsible for convening these meetings and will include officers from its commissioning and operational services. Additional meetings may be convened at intervals to be agreed, or as required to support the delivery of services.

4.2.5 An officer of South Ayrshire HSCP/Council may visit the Provider's offices to monitor the terms of the contract agreement. Access will usually be agreed by prior appointment, except where there is reasonable cause for concern, when such visits may take place without notice.

4.3 OUTCOMES AND KEY PERFORMANCE MEASURES

4.3.1 Robust management arrangements will be in place to ensure effective delivery of the service. Specific outcome goals to be achieved for individuals will be agreed between service users, and where appropriate, families/carers and the provider and will be recorded and reviewed. The provider will report individual service user outcomes using a suitable assessment tool, for example, an outcomes tracker or equivalent. Reporting progress on these outcomes and measures will not only be statistical, but will be accompanied by qualitative information extracted from the continual evaluation of progress and service.

4.3.2 The service level outcomes and indicators detailed in Part 2, Section 2.2.23 will be utilised by the South Ayrshire HSCP Commissioners to monitor/evaluate the service performance throughout the duration of contracts awarded under the terms of this Commissioning plan. This approach will enable progress towards the attainment of long-term Community Mental Health Strategy outcomes to be monitored.

4.4 CONTRACT MONITORING AND REPORTING ARRANGEMENTS

4.4.1 As detailed in Part 3 there is a statutory duty to secure 'Best Value' to maintain an appropriate balance between the quality and cost of services purchased from service providers. The South Ayrshire HSCP has a legal obligation to ensure that services are delivered to meet service user needs and that they are provided with the support they need to deliver their outcomes at the right time and in the right place.

4.4.2 Service provider performance will be monitored by the South Ayrshire HSCP Contracts and Commissioning Team in accordance with the Contract Monitoring Procedures and Performance Framework. The Framework requires submission of management information in accordance with the following schedule:

	ACTIVITY	FREQUENCY
1.	Service Activity Summary	6 monthly
2.	Staffing	6 monthly
3.	Complaints and Incidents	6 monthly
4.	Governance	6 monthly
5.	Consultation/Engagement and Participation	6 monthly
6.	Care Inspectorate/Self Evaluation/Quality Assurance	6 monthly
7.	Partnership Working Activity	6 monthly
8.	Future Level and Frequency of Monitoring	As appropriate but no less than 6 monthly
9.	List of Service User Activities	6 monthly
10.	List of Service User Outcomes Skills Tracker	6 monthly
11.	Staff and Volunteer Profile	Annually
12.	Finance (Operational Budget and Other Income)	6 monthly
13.	Community Benefits	Annually

4.4.3 Management information will be submitted for the following reporting periods, to be received by South Ayrshire HSCP no later than 28 Days following the end of the relevant reporting period:

- 1st April to 30th September;
- 1st October to 31st March.

4.4.4 Management information will be submitted electronically to the South Ayrshire HSCP and, where required, in the format specified, or in an alternative format as agreed. The format may be subject to change by mutual agreement throughout the lifetime of the commissioning period.

4.4.5 In addition to local contract monitoring arrangements, Scotland Excel, the Centre of Procurement Expertise for the local government sector, develops, manages and monitors national collaborative contracts for services where there is a strategic requirement identified across local government. Contract monitoring processes and systems will be streamlined, where possible, with external bodies which request similar information including Scotland Excel and the Care Inspectorate.

4.4.6 Information will be collected by the Contracts and Commissioning Team from all Providers to enable trend and performance information to be analysed to inform and enhance future service delivery.

4.5 EXIT PLAN/EXIT STRATEGY

- 4.5.1 In the event that the contract is terminated and to ensure minimum business and customer disruption, Commissioned Service Providers will prepare an Exit Plan during the contract implementation phase and submit it to the South Ayrshire HSCP for approval. The Service Provider will ensure that the Exit Plan deals with as a minimum; Continuing Service Requirements, Data Security and Privacy, Knowledge and Documentation Transfer, Costs and Personnel.
- 4.5.2 Exit strategies will be reviewed annually, or when a significant change occurs. The South Ayrshire HSCP may also request the Exit Plan as deemed necessary throughout the contract Term. The Provider will detail and submit any revisions and submit for approval to the South Ayrshire HSCP.
- 4.5.3 The South Ayrshire HSCP will have responsibility for ensuring that both parties are working towards the planned fulfilment and exit of the contract.
- 4.5.4 An Exit Strategy will be prepared by the South Ayrshire HSCP and will include a full review of the contract and providers performance throughout the contract term.

4.6 CONTRACT REVIEWS AND OPTION APPRAISAL

- 4.6.1 All services will be subject to a desk top review of service delivery at appropriate intervals. The information gathered from the monitoring process over the life of the contract will be used to undertake formal contract reviews and option appraisal.

4.7 PROVIDER FORUMS

- 4.7.1 The Provider Forums will be the main vehicle for the South Ayrshire HSCP and Third and Independent Sectors providers to engage, to collaborate and to develop and continually improve the contract monitoring and reporting framework arrangements. Regular meetings will be held. In addition, the South Ayrshire HSCP will convene meeting/meetings with Providers at least annually to discuss the contract agreement and performance and to develop a supplier development programme to identify performance measures for future contracts.
- 4.7.2 The Contract Monitoring Procedures and Performance Framework will be reviewed on a regular basis in partnership with service providers to encourage innovation and best practice. This comprehensive approach will ensure all provider services are sustainable and continue to offer a reliable and consistent service to people, maintain their wellbeing and achieve Best Value.

Part Five: Strategic Level Risks

5.1 STRATEGIC LEVEL RISKS

5.1.1 Through the development and lifespan of this commissioning plan, it is important to consider associated risks, and to mitigate them as far as practicable. The undernoted outlines perceived of areas potential risk, and approaches to mitigate them as far as possible.

Risk Title	Risk Description	Impact Description	Mitigating Steps
Commissioning Plan objectives remaining consistent with the overall SAH&SCP's priorities and strategies.	Key strategic priorities or legislative change occurring, resulting in Plan's service delivery outcomes being less affective.	Failure to achieve best value or meet statutory requirements, reputational damage, financial loss, statutory breach and litigation.	Robust appraisal of strategic and legislative service delivery requirements ahead of developing specification for external service, and throughout lifetime of contract. Ability to vary contract during term to take account of any required adjustments needed to meet strategic or legislative change.
Adult Support and Protection	There is a risk that the Council and the Health and Social Care Partnership fail to provide adequate adult support and protection to MH clients	Accident incident or crime resulting in harm or abuse to an adult. Legal prosecution/civil litigation. Significant damage to reputation of Health and Social Care Partnership, Council and other Community Planning Partners. Financial impact of any prosecution or claims made. Impact on resource allocation.	Provision of Adult Support and Protection training to commissioned MH Service Providers over life of contract.
Financial Constraints/Resource Allocation	The level of resource provided by the Statutory partners is insufficient to deliver against the objectives of the MH commissioning plan	Reputational damage. Risk of dispute arising between partners and Service Users. Partnership breaks down because it cannot against the objectives of the MH commissioning plan. Needs are not met in accordance with approved strategies and policies. Risk of annual overspends on budget.	Robust appraisal of service delivery requirements ahead of establishing annual budget for external service, and periodic reviews of need and expenditure levels throughout lifetime of contract. Innovation is a key element of service specification, which aims to task Commissioned Providers with identifying and assist the establishment of service delivery efficiencies over the contract term.

<p>Provider Failure</p>	<p>There is a risk (a) that Providers have insufficient resilience to meet contractual commitments in the event of business interruption or further financial stress in the marketplace; and/or b. Services have inadequate contingency plans in place in the event of provider failure.</p>	<p>Failure to deliver critical services, risk to service users, reputational damage, financial loss, statutory breach and litigation.</p>	<p>Thorough scrutiny of Provider's capacity and solvency at contract tender point, and throughout lifetime of contract through performance monitoring requirements.</p> <p>Providers will require to have in place robust service decommissioning/exit strategies for the sake of any future support transitions or unforeseen service failures</p>
<p>Effective Communication</p>	<p>The Partnership fails to properly engage with all stakeholders</p>	<p>Stakeholders are not engaged in the transformation of service planning and delivery with negative implications for the integration project, business efficiency, and the Partnership's reputation.</p>	<p>Service Provider/staff engagement forums to ensure good understanding of service re-commissioning requirements, and to ensure development of collectively agreed and robust service ambitions, specifications, and future monitoring and evaluating processes.</p> <p>Service user consultation exercises to ensure a sound understanding of service recommissioning requirements and how this may affect them, and to enable their views, needs and aspirations in respect of future service deliver and development are fully accounted for.</p> <p>Service user consultation to ensure a sound understanding of impending service re-commissioning processes, and the alternative SDS options and enablement supports available to them should they wish to consider/pursue SDS options 1, 2 or 4.</p>

			Conduct comprehensive service commissioner and provider training at contract mobilisation stage to ensure sufficient capability exists to a. appropriately order or adjust individual services drawn from the framework, and; b. record and submit performance data to enable appropriate monitoring and evaluation of service provision to occur
Staffing levels	An inadequate staffing level due to high level of vacancies has a detrimental impact of achievement of Commissioning Plan objectives.	No local models of care to appropriately accommodate individuals. Needs are not met. Service is not provided in line with Plan requirements. Best Value is not delivered.	Thorough scrutiny of Provider's capacity, staffing resources, and service delivery model at contract tender point, and throughout lifetime of contract through performance monitoring requirements.

Part Six: Evaluation Framework

This section will be published as part of the tender exercise and so will remain confidential until this point.

Once the tender has been published, this section will be updated to include the Evaluation Framework.

Joint Strategic Commissioning is defined in Scotland as being:

*“The term used for all the activities involved in assessing and forecasting needs, links investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Joint commissioning is where these actions are undertaken by two or more agencies working together, typically health and local government, and often from a pooled or aligned budget”.*²

The complete Joint Strategic Commissioning process is set out in the following model³, which is based on the basic premise of Analyse, Plan, Deliver and Review.



² “Joint Strategic Commissioning – A Definition - Joint Strategic Commissioning across adult health and social care” Scottish Government COSLA and NHS Scotland prepared by the National Steering Group for Joint Strategic Commissioning June 2012 <http://www.jitscotland.org.uk/action-areas/commissioning/>

³ Developed by the Institute of Public Care Oxford Brookes University. http://ipc.brookes.ac.uk/publications/pdf/Learning_Development_Framework.pdf

PERSONAL CARE

All tasks should be identified and reported in the Service Users Care Plan. Appropriate PPE should be provided to minimise risk and maintain infection control.

Service Users should be supported to maintain their independence, or increase their independence to their maximum capability, through being actively encouraged and supported to engage with the Commissioned Provider in the agreed supported living arrangements for service delivery. Commissioned Providers should promote an enabling/rehabilitative service where possible and appropriate.

Care Tasks

Personal Care and support is defined as meaning physical assistance given to a person and could be in connection to the following types of tasks:

- Direct assistance with or regular encouragement to perform tasks of daily living
- Training and providing advice and support on self-care skills including signposting
- Assistance to get up or go to bed
- Assistance with transfers from or to bed / chair / toilet
- Washing and bathing using equipment if necessary, shaving and hair care, denture and mouth care, hand and fingernail care, foot care (excluding any aspect of nail care which requires a state registered chiropodist or podiatrist, surgical or cosmetic procedures)
- Toileting, including necessary cleaning and safe disposal of waste/continence pads
- Emptying or changing catheter or stoma bags where this is an existing care requirement and associated monitoring
- Assistance with skin care such as moisturising very dry skin
- Supporting choice of what to wear for the day
- Dressing and undressing
- Medication management

Other support that promotes wellbeing and self-care of the person:

- Prompts to take medication or safe administration of medication which has been prescribed in accordance with agreed protocols
- Assistance with putting on appliances with appropriate training for example leg calliper, artificial limbs and surgical stockings and assistance with visual and hearing aids e.g. glasses care, hearing aid battery checks
- Care and support planning, meals, shopping, healthy eating and budgeting
- Food or drink preparation including delivery of meals from on-site restaurants/cafe
- Eating and drinking (including the administration of parenteral nutrition), including any associated kitchen cleaning and hygiene
- Dealing with correspondence
- Night settling, preparing the person for the night, making the home safe and secure before leaving
- Support access to employment initiatives
- Support access to activities including employment, education and voluntary work
- Assistance in budgeting and debt avoidance management
- Support in claiming benefits
- Support topping up pre-paid keys for gas or electricity meters

Cleaning and support around the home

Cleaning the home, which may include vacuuming, sweeping, washing up, polishing, cleaning floors and windows, bathrooms, kitchens, toilets etc. and general tidying, using appropriate domestic equipment and appliances where a person is eligible. Providers will:

- Make beds and change linen
- Dispose of household and personal rubbish
- Assist with the consequences of household emergencies including liaison with local contractors
- Assist with laundry services
- Assist with household tasks such as cleaning
- Wash clothes or household linens, including fouled linen, drying, necessary ironing, storage and simple mending
- Dispose of household and personal rubbish
- Clean areas of any potential slip or trip hazard such as areas fouled by pets subject to a risk assessment
- Light fires, boilers etc., subject to health and safety guidance

Identify and mitigate as far as possible any hazards or risks around the house and suggest solutions e.g. rugs or obstacles

THIS IS THE SCHEDULE REFERRED TO IN THE SERVICE SPECIFICATION BETWEEN SOUTH AYRSHIRE COUNCIL AND

SECTION 1 – PARTIES TO THE INDIVIDUAL SUPPORT AGREEMENT

FOR THE PURPOSES OF THIS INDIVIDUAL SUPPORT AGREEMENT, THE DATE THE ALLOCATION OF SERVICE COMMENCES AND RATE MAY NOT BE AFFECTED OR ALTERED IN ANY WAY UNLESS AGREE BY BOTH PARTIES.

1.1 The Commissioner	
Name of Commissioning Authority	South Ayrshire Council
Key contact	
Job title	
Contact address (inc postcode)	
Contact telephone number	
Contact e-mail address	
Emergency contact details if different from above	

1.2 The Provider	
Provider Name	
Key Contact	
Contact address (inc postcode)	
Contact telephone number	
Contact e-mail address	
Emergency contact details if different from above	

Type of Placement	
Initial start date (dd/mm/yy):	
Name of Service:	
Service address (inc postcode):	
E-mail address:	
Telephone number:	
Name of Person's key worker:	

E-mail address:	
Direct dial telephone number:	
Mobile telephone number:	

SECTION 2 – PERSON'S INFORMATION

2.1. Details of Person

Family Name:				
First Name:				
Known as (If applicable):				
Date of Birth:				
Gender:	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Legal Status:				
Other Legal Status / Action:				
Disability:				
Additional Support Needs:				
SWIS number				

2.2 The Expected Duration Of This Service Provision:

Aim of Service and service timings:	<p>To e.g. support XXXXXXXX to live in his/her own tenancy, to lead a fulfilling life and to maximise his/her independent living skills (as far as practicable).....etc</p> <p>Service type and timings e.g.</p> <ul style="list-style-type: none"> • Personal Care – 3 hours daily, 8.00am to 9.00am, 12 midday to 1.00pm, and 6.00pm to 7.00pm • Community Support (one to one) – 4 hours on Mon and Weds, 1.30pm to 5.30pm. • Overnight support – Sleepover – 8 hours daily, 11.00pm to 7.00am.
Expected duration :	
Service provision/ISA review date:	
Any transition planning should be discussed and agreed before the Placement starts, please confirm arrangements for the termination of the agreement and transition plans if applicable:	

2.3 LEVEL OF NEED AND RISK
2.3.1 ASSESSED LEVEL OF NEED (HIGH LEVEL SUMMARY BULLET POINTS)
2.3.2 SPECIFIC RISK RELATING TO THIS SERVICE PROVISION/USER:

SECTION 3 INDIVIDUAL OUTCOMES TO BE ACHIEVED FOR THE PERSON		
OUTCOMES TO BE ACHIEVED IN PERIOD (Talking Points)	DETAIL PROPOSED ACTIVITIES TO ACHIEVE AGREED OUTCOMES	REPORTING REQUIREMENTS AGREED WITH THE PROVIDER
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review
		6 monthly monitoring review

SECTION 4 WEEKLY SERVICE PROVISION REQUIREMENTS IN HOURS							
	SERVICE TYPE			OVERNIGHT SUPPORT			COMMENTS
	Personal Care	Supported Living	Community Support	Sleepover	Waking Night	Responder Service	
							Note: document any requirements for double caring, and, multiply hours accordingly. Community Based Support: document whether to be provided in a one to one or group format (add name)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Weekly totals						Y/N	

SECTION 5 PRICING AND PAYMENT SCHEDULE

The invoicing and payment details referred to in the foregoing Individual Support Agreement are as follows:-

FINANCIAL - Please detail below the fees agreed per week			
Support Type	Hours	Rates	Totals
No. of weekly Personal Care hours		£XX.XX	
No. of weekly Supported Living hours		£XX.XX	
No. of weekly Community Support hours		£XX.XX	
No of weekly overnight hours (delete as applicable: sleepover/waking night)		£XX.XX	
Weekly responder service		£XX.XX	
Service Start Date	Total direct support cost		£XXXXXX
XX/XX/XXXX	Rurality supplement (if applicable) 3 or 6%		£XXXXXX
	Total agreed weekly fee		£

SECTION 6 EXCEPTIONAL SUPPORT CHARGES

Please detail any agreed Defined Exceptional Service Charges that are to be provided and specify the additional cost. Ensure start date and review date is detailed.

6.1 Defined Exceptional Services – N/A

Details of Defined Exceptional Service	Start Date	Review Date	Exceptional cost (per week)
TOTAL EXCEPTIONAL COST:			N/A
TOTAL AGREED FEE:			£ per week
TOTAL 4 WEEKLY FEE:			£ per 4 weeks

AUTHORISED SIGNATORIES TO AGREEMENT/ APPROVAL FOR FUNDING:	
<p>The Provider and the Commissioner agree to the provision of service to the aforementioned named Person in accordance with the details set out above.</p> <p>For the purposes of this Individual Support Agreement, the date the service provision commences may not be affected or altered in any way by the date of signature of this Agreement.</p>	
PURCHASER: AUTHORISED SIGNATORY	
NAME:	
POSITION:	
SIGNATURE:	
DATE:	
SERVICE PROVIDER:	
NAME:	
POSITION:	
SIGNATURE:	
DATE:	
AMENDMENTS AND VARIATIONS TO THIS INDIVIDUAL SUPPORT AGREEMENT	
<p>Amendments and Variations to the ISA must be made in writing by the requesting party and agreed by the Commissioner and the Provider, in advance to the variation to the ISA taking effect.</p>	

RECORD OF SERVICE DELIVERY FORMAT FOR USE BY FRAMEWORK PROVIDERS

SERVICE USER DETAILS							PRIMARY SUPPORT TYPE HOURS				OVERNIGHT SUPPORT HOURS			SUPPLEMENTS FEE		COSTS		
SWIS number	First name	Surname	House number	Street	Town	Postcode	Personal Care	Supported Living	Community Support - One to One	Community Support - group	Sleepover	Waking Night	Responder Service	Agreed Exceptional Support/costs	Agreed Rurality Supplement	Any variation from agreed ISA charges	Reason for variation	Total Cost Including any Rurality Supplement
11223344	Joe	Bloggs	1	Brown Street	Ayr	KA	112	256	80	£0.00	0	224	£0.00	£0.00	0	£0.00	N/A	£10,819.20
11223345	John	Smith	2	White Street	Girvan	KA	28	0	20	£0.00	0	0	£0.00	£0.00	3	£0.00	N/A	£795.98
11223346	Jean	Doe	3	Black Street	Ballantrae	KA	56	140	80	£0.00	196	0	£0.00	£0.00	6	£0.00	N/A	£6,455.40
11223347	James	Brown	4	Grey Street	Troon	KA	56	35	20	£0.00	0	0	£0.00	£0.00	0	£0.00	N/A	£1,787.10
																		£0.00
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																		£0.00
							252	431	200		196	224	0	0				£19,857.68
																	Less 1/13th of the Provider's annual cumulative contract package value	£13,958.55
																	Balance to be paid to Provider for this 4 weekly period	£5,899.13



Note: Service Providers should aggregate their service user information and submit one ROSD in the above format