



south ayrshire
health & social care
partnership

Care at Home Commissioning Plan 2022 - 2026



VERSION HISTORY

An archive of all previously published versions of this Care at Home Commissioning Plan is available from South Ayrshire Health and Social Care Partnership Commissioning Team.

The table below summaries the changes to version 1.1 of this Commissioning Plan.

Version	Date	Summary of Changes
V1.2	5 May 2023	<p>Part 3: Financial Framework</p> <p>Section 3.2.1 Rate Information</p> <p>Standard hourly rate updated to reflect revised hourly rate for the Service effective from 1 April 2023.</p> <p>Section 3.3.1</p> <p>Effective from 1 April 2023, Staff shall be paid, as a minimum, £10.90 per hour providing direct care services on behalf of the Council in response to the Scottish Government winter and system pressures finding allocation.</p> <p>Section 3.3.2</p> <p>Illustration of the Staff who are eligible for the Adult Social Care Pay Uplift.</p> <p>Section 3.4.1</p> <p>Table 6: Partial Rurality Enhancement updated with Rurality Enhancement Hourly Rates in effect from 1 April 2023</p>
V1.1	9 May 2022	<p>Part 3: Financial Framework</p> <p>Section 3.2.1 Rate Information</p> <p>Standard hourly rate updated to reflect revised hourly rate for the Service effective from 1 April 2022.</p> <p>Section 3.2.4</p> <p>The standard hourly rate shall be reviewed, as a minimum, on an annual basis and may be increased to take account of increase(s) in the adult social care pay uplift, the Scottish Living Wage or any other local and/or national policy.</p> <p>Section 3.3</p>

		<p>Changed from Real Living Wage to Adult Social Care Pay Uplift</p> <p>Section 3.3.1</p> <p>Effective from 1 April 2022, Staff shall be paid, as a minimum, £10.50 per hour providing direct care services on behalf of the Council in response to the Scottish Government winter and system pressures finding allocation.</p> <p>Section 3.3.2</p> <p>Illustration of the Staff who are eligible for the Adult Social Care Pay Uplift.</p>
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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 South Ayrshire Health and Social Care Partnership (the 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 shall 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 Care at Home Services (the Service).
- 1.1.3 The Plan has been designed to deliver the strategic outcomes set out in the South Ayrshire Health and Social Care Partnership Integrated Joint Board Strategic Plan 2021 – 2031¹ and the ‘South Ayrshire Wellbeing Pledge’.
- 1.1.4 A Flexible Framework Agreement (FFA) shall be established for the provision of the Service that shall enable the Partnership, on behalf of the Council, to enter into Individual Service Agreements (ISA’s) with Service Providers and which shall set out the Service to be provided to Individuals.
- 1.1.5 The FFA shall not guarantee any maximum or minimum number of care packages to be delivered by Service Providers appointed to the FFA. The Partnership shall call off the Service pursuant to the FFA at their absolute discretion.
- 1.1.6 This Commissioning Plan and the FFA shall commence on 1 April 2022 and shall run for a period of four years until 31 March 2026.
- 1.1.7 The key aim of the FFA shall be to maximise the range and choice of Service Providers delivering the Service on behalf of the Council.
- 1.1.8 This approach is in line with the Scottish Government’s Guidance on the Procurement of Care and Support Services which complements statutory guidance produced under the Procurement Reform (Scotland) Act 2014 (‘the Act’). This includes guidance specifically on the Procurement for wider health and social care services referred to as the “light-touch” regime introduced for certain services.
- 1.1.9 Using the “Light Touch Regime” to develop the FFA shall allow for ‘new entrants’ to be admitted as Service Providers. Post mobilisation and the anticipated settling in period of the FFA (12-month period), the FFA shall reopen every six (6) months. The FFA may be reopened at times out with the six-month frequency to ‘new entrants’ to support continuity of the Service and meet future demand.

¹ [South Ayrshire Health and Social Care Partnership Integrated Joint Board Strategic Plan 2021 – 2031](#)

1.2 NATIONAL HEALTH AND WELLBEING OUTCOMES

1.2.1 Those who provide the Services commissioned through this Commissioning Plan and deliver the Service via the FFA shall 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 Public Bodies (Joint Working) (Scotland) Act 2014². All the outcomes which are as follows shall apply to the Services provided under this Plan: **Healthier Living** - People can 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, can 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 Individuals.
- **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.

1.3 INTEGRATION PLANNING PRINCIPLES

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

- The Act states that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of Individuals and that those services should be provided in a way which, so far as possible:
 - Is integrated from the point of view of Individuals.
 - Takes account of the needs of different Individuals.
 - Takes account of the needs of Individuals in different parts of the area in which the Service is being provided.
 - Takes account of the characteristics and circumstances of different Individuals.
 - Respects the rights of Individuals.
 - Takes account of the dignity of Individuals.
 - Takes account of the participation by Individuals in the community in which Individuals live.
 - Protects and improves the safety of Individuals.
 - Improves the quality of the service.

² [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

- Is planned and led locally in a way which is engaged with the community (including, in particular, Individuals, those who look after Individuals 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 Commissioning Plan and FFA shall be expected to meet and observe the vision and values of the South Ayrshire Integration Joint Board (IJB) as well as the 'South Ayrshire Wellbeing Pledge':

Vision: 'Empowering our communities to start well, live well and age well.'

Values: The following are the Partnerships values to which their staff and those commissioned by the Partnership, or who are stakeholders in it, shall be expected to demonstrate:

The Partnership shall be:

- Empowering
- Compassionate
- Respectful
- Open

The Partnership shall demonstrate:

- Equity
- Integrity
- Ambition

The Partnership's Principles:

- Providing joined-up services to improve quality of lives
- Putting individuals, carers and families at the centre of their own wellbeing and care
- Providing timely access to services, based on assessed need, resources and a rights-based approach
- Bureaucracy shall be the minimum it needs to be
- People shall have access to good information and advice pre-crisis points
- Support and services shall be co-produced – 'doing with' not 'doing to'
- Being evidence-informed and driven by continuous performance improvement

The Partnership's Wellbeing Pledge:

The 'Wellbeing Pledge' was inspired by the Partnership's engagement on the Integrated Joint Board Strategic Plan 2021 – 2031, reflecting the notion of two parties (public services and the community) contributing to a common goal:

 Our Wellbeing Pledge	
OUR PART	YOUR PART
Support families to ensure their children have the best start in life.	Help protect children and the vulnerable
Provide services around you and your family.	Take time to be supportive parents or carers.
Help communities to connect and care for each other.	Get involved in your local community.
Ensure people have the information they need to support their health and wellbeing.	Be informed about how best to address and manage your health and wellbeing.
Listen to you and support you to take control of your own care.	Make your own choices and have control over the support you need.
Support people to age well by keeping them healthy and in their home for as long as possible.	Support older relatives, friends and neighbours to be independent for as long as possible.
Give you information on how you can keep active and well.	Keep active at whatever stage of your life
Be open, honest and friendly.	Have your say and tell us if we get it right and wrong.

1.5 STRATEGIC OBJECTIVES

1.5.1 Service Providers delivering services under the terms of this Commissioning Plan and the FFA shall assist the Partnership to meet its Strategic Objectives:

- We focus on prevention and tackling inequality
- We nurture and are part of communities that care for each other
- We work together to give the right care in the right place
- We help to build communities where people are safe
- We are an ambitious and effective Partnership
- We are transparent and listen
- We make a positive impact beyond the services we deliver

1.6 PARTNERSHIP POLICY PRIORITIES

- 1.6.1 The Partnership operates within an evolving framework of legislation, regulations and national guidance that shapes the Partnership's responsibilities to the people of South Ayrshire and influences how the Partnership delivers their services.
- 1.6.2 The Partnership recognises the significant policy changes that may be on the horizon, taking into consideration the Scottish Government's Programme for Government ("Protecting Scotland, Renewing Scotland") which includes reference to a National Care Service and the independent Review of Adult Social Care.
- 1.6.3 The Partnership has set out several policy priorities and objectives in its 2021 – 2031 Strategic Plan and the 'South Ayrshire Wellbeing Pledge'. Services commissioned and delivered through this Commissioning Plan and the FFA shall be expected to operate in a way that delivers positively against each of these.

1.7 CHOICE AND CONTROL

- 1.7.1 The delivery of choice and control shall be through the Social Care (Self-directed Support) (Scotland) Act 2013 (SDS)³ which is the mainstream approach to delivering social care in Scotland.
- 1.7.2 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**

South Ayrshire Council (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 their 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 services should be provided to meet the agreed outcomes in their Support Plan

- **Option 3 – Council Arranged Services**

The Council contracts for the support the Individual requires to meet their agreed outcomes as set out in their 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

³ [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)

1.8 TRANSITIONS

- 1.8.1 The Partnership and service provider organisations shall work in partnership with other partners to deliver seamless transitions between different client groups should this occur and between hospital and home.

1.9 EQUALITIES

- 1.9.1 Services commissioned through this Commissioning Plan and the FFA shall 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.

- 1.9.2 The IJB and its partners including those providing commissioned services shall (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.

- 1.9.3 The protected characteristics are:

- Age
- Disability (learning difficulties, 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.

- 1.9.4 The Partnership and our partners across Ayrshire work collaboratively towards the achievement of the four equality outcomes expressed in the Shared Ayrshire Equality Outcomes⁴:

- 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 shall be inclusive and diverse employers

- 1.9.5 Services commissioned through this Plan shall be provided equally to all in line with these four outcomes.

- 1.9.6 An Equality Impact Assessment for this Commissioning Plan is set out in Appendix 5.

⁴ [The Shared Ayrshire Equality Outcomes](#)

1.10 HUMAN RIGHTS

1.10.1 Service Providers appointed under the terms of this Commissioning Plan and the FFA shall comply with the provisions of the Human Rights Act 1998 (“the 1998 Act”) and all secondary legislation made under the 1998 Act in the provision of services commissioned under this Commissioning Plan and the FFA.

1.11 NATIONAL HEALTH AND SOCIAL CARE STANDARDS

1.11.1 Services commissioned through this Commissioning Plan and delivered through the FFA shall comply with the National Health and Social Care Standards - My Support, My Life⁵. Service Providers shall embrace the five principles: dignity and respect; compassion; be included; responsive care; and support and wellbeing, in the delivery of services and demonstrate that these principles are embodied in the practice of their organisations and staff.

1.12 FAIR WORK FIRST

1.12.1 As an accredited Living Wage Employer, the Council is committed to the delivery of high-quality public services and recognises that this is critically dependent on a workforce which is well-rewarded, well-motivated, well-led, has access to appropriate opportunities for training and development, is diverse and inclusive, and can influence decision making. These factors are also important for workforce recruitment and retention, and thus continuity of service delivery.

1.12.2 The Council is pro-actively encouraging Service Providers to adopt the living wage and apply Fair Work First criteria in their own organisations and in publicly funded supply chains.

1.12.3 Fair Work First is the Scottish Government’s policy for driving good quality and fair work in Scotland. Through this approach, the Scottish Government, and its public sector partners, are asking Service Providers to describe how they are committed to progressing towards adopting and how they intend to continue embedding the seven Fair Work First criteria:

- appropriate channels for effective voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- providing fair pay for workers (for example, payment of the real Living Wage)
- offer flexible and family friendly working practises for all workers from day one of employment
- oppose the use of fire and rehire practices

⁵ [Health and Social Care Standards My support, my life.pdf](#)

1.12.4 In order to ensure the highest standards of service quality, Service Providers commissioned through this Commissioning Plan and the FFA shall commit to progressing towards adopting the seven Fair Work First criteria in the delivery of this Commissioning Plan and the FFA, as part of a fair and equitable employment and reward package and as a route to progressing towards wider fair work practices set out in the [Fair Work Framework](#).

1.12.5 Service Providers shall be required to describe how they shall commit to progressing towards adopting the seven Fair Work First criteria for Staff (including any agency) engaged in the delivery of this Commissioning Plan and the FFA. Failure to provide a satisfactory Fair Work First response may lead to exclusion from the FFA.

1.13 Sustainability

1.13.1 South Ayrshire Council's [Sustainable Development and Climate Change Strategy](#) sets out a coherent framework for Council projects, policies and initiatives which mitigates climate changing emissions, plans for adapting to the impacts of climate change and promotes sustainable development, including sustainability in procurement.

1.13.2 Aligned to the objectives of the Scottish Government's Climate Change Plan (2018 - 2032) and National Performance Framework Sustainable Development goals, the Council aims to ensure delivery and compliance with this policy and practice to the highest level and is pro-actively encouraging organisations it contracts with to adopt similar commitments.

1.13.3 Service Providers shall commit to Sustainable Pledges and ensure that, throughout the duration of this Commissioning Plan and the FFA, sustainable benefits shall be delivered through the products and the Service provided.

1.13.3.1 Examples of Sustainable Pledge Categories:

- **Sustainable products and services:** Details of the steps Service Providers shall take to provide products and services that are designed for sustainability, as well as safety, minimising the environmental impacts arising from their delivery or use.
- **Energy savings:** Service Providers targets on reducing greenhouse gas emissions throughout the duration of this Commissioning Plan and the FFA. Can energy use be reduced, or will more renewable energy be used? Are Service Providers endeavouring to meet the Scottish Government's target of net zero greenhouse gas emissions by 2045, with a 75% reduction by 2030?
- **Monitoring and recording emissions:** The monitoring methods employed by Service Providers, throughout the duration of this Commissioning Plan and the FFA, to record energy consumption and greenhouse gas emissions, including any baseline data to track improvements against.
- **Waste reduction:** The measures Service Providers shall take throughout the duration of this Commissioning Plan and the FFA to generate less waste or increase the amount of waste that is reused and recycled.
- **Transport solutions:** Details of Service Providers use of more sustainable transport methods throughout the duration of this Commissioning Plan and the

FFA. Can more efficient methods of delivery be employed or are there any efforts Service Providers are adopting to be have a more sustainable fleet?

- **Recycle, reduce or re-use initiatives:** Will Service Providers employ any examples of the circular economy in the delivery of the Service?
- **Climate change adaption:** What action shall be taken to increase Service Providers resilience to climate change risks throughout the duration of this Commissioning Plan and the FFA? This could include the development of business continuity plans in the event of threats to the natural environment, buildings, infrastructure networks and society such as flooding, storms, fires and food security.
- **Climate change awareness:** What organisational sustainability activities or training shall be conducted throughout the duration of this Commissioning Plan and the FFA by Service Providers? Shall there be efforts to increase climate literacy and green job skills through training and the understanding of sustainable objectives among staff and members of the supply chain?
- Any other initiatives that shall be implemented to reduce Service Providers impact upon the environment throughout the duration of this Commissioning Plan and the FFA.

1.13.4 Service Providers shall be required to provide details of any Sustainable Pledges that can be made and commit to at least one Sustainable Pledge Category in relation to this Commissioning Plan and the FFA.

1.13.5 Service Providers attainment of Sustainable Pledges shall be monitored as part of the Council's CSM process as detailed within section 4.4.

1.13.6 Service Providers shall be required to provide details of any Sustainable Pledges that can be made in relation to any Contract awarded under the FFA.

1.14 Modern Slavery

1.14.1 The Council is committed to proactively vetting their supply chain to ensure no instances of modern slavery are taking place.

1.14.2 Section 54 of the Modern Slavery Act 2015 introduces a requirement for certain commercial organisations, operating in the UK, to produce an annual transparency statement which sets out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, or any part of its business.

1.14.3 Service Providers with an annual turnover greater than £36m shall be required to provide evidence of their transparency statement.

- 1.14.4 Service Providers shall fully comply with the Human Trafficking and Exploitation (Scotland) Act 2015 and the Modern Slavery Act 2015, wherever they apply. Non-compliance with this legislation shall result in Service Providers being excluded from providing the Service and any contracts that it has with the Council under the terms of this Commissioning Plan and the FFA shall be terminated.
- 1.14.5 In compliance with the Public Interest Disclosure Act 1998 (the so called “whistle-blowers” Act), Service Providers shall have procedures in place which protect Staff who wish to report suspected incidents of malpractice or wrongdoing, including modern slavery.
- 1.14.6 These procedures shall provide guidance on how Service Providers Staff can report these incidents and how their concerns can be expedited thoroughly, discreetly and in a confidential manner.

1.15 Community Benefits

- 1.15.1 It has become clear that there is scope within the Procurement Reform (Scotland) Act 2014 which applies to public contracts, to use contracts to deliver wider social benefits such as:
- a) Targeted recruitment and training (providing employment and training opportunities/Apprenticeships)
 - b) SME and social enterprise development
 - c) Community engagement
- 1.15.2 The Councils Employability & Skills Team shall be able to provide additional support to Service Providers to assist in their delivery of Community Benefits.



ES Full Programme
leaflet.docx

- 1.15.3 Further information on programmes Employability & Skills deliver shall be found at <https://www.south-ayrshire.gov.uk/employability-and-skills>
- 1.15.4 The link illustrated below provides a list of local projects which Service Providers may find useful for any Community Benefits they may wish to undertake:
- <https://www.south-ayrshire.gov.uk/article/27850/Community-groups-seeking-support>
- 1.15.5 Service Providers whom have offered Community Benefits to participate in the FFA and are successful on being awarded any contracts that it has with the Council under the terms of this Commissioning Plan and the FFA, shall be evaluated on an ongoing basis via the Council’s Contract and Supplier Management (CSM) process as detailed within section 4.4.
- 1.15.6 The Council shall request management information to support the delivery of the Community Benefits and shall also offer guidance and advice on delivering Community Benefits throughout the duration of this Commissioning Plan and the FFA, as detailed on the Council’s Community Benefits web page provided in clause 2.3.22.4.

1.15.7 Service Providers shall be requested to provide an outline of all Community Benefits that can be offered in relation to any Contract awarded under the FFA. Any Community Benefits stated shall be monitored to ensure delivery as part of a Key Performance Indicator as stated in section 4.4

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

2.1 SERVICE AREAS

- 2.1.1 The Service shall be commissioned through this Commissioning Plan with the delivery of the Service via the FFA.
- 2.1.2 The Service shall be commissioned by means of SDS Option 3.
- 2.1.3 To facilitate the successful implementation of this Commissioning Plan and FFA, it shall be necessary for the Partnership and Service Providers to understand their respective roles and subsequently evidence their contributions in meeting an Individual's outcomes. Service delivery shall be focused on achieving an Individual's outcomes as set out in their Support Plan. If the Partnership and Service Providers are to successfully deliver choice and control for an Individual that meets their outcomes, existing systems shall require to be transformed and the Partnership is committed to delivering this change.
- 2.1.4 The impact Service Providers have in supporting Individuals to achieve positive outcomes can be significant. Service Providers bring an unrivalled insight into changes in an Individuals' situation and can 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 shall be available through this Commissioning Plan with the delivery of the Service via the FFA, within the categories specified below, to anyone residing in the South Ayrshire geographical area that has been assessed by the Partnership as having care and support needs:
- Adults/older people with complex care needs
 - Adults/older people with physical disability
 - Adults/older people with dementia
 - Adults/older people who are frail and/or vulnerable
 - Adults/older people with addiction issues
 - Children and Young People with complex care needs
 - Individuals with sensory impairment
- 2.2.2 The Service shall deliver person centred support and care for Individuals. The overall aim of the commissioned service is to enable Individuals to live safe and, whenever possible, independent lives in their own homes.
- 2.2.3 The objectives of the Service to be delivered under this Commissioning Plan and with the delivery of the Service via the FFA are:
- support the health and wellbeing of Individuals
 - treat Individuals with dignity and respect
 - meet outcomes as articulated in Individuals Support Plans
 - signpost Individuals to community services and organisations to prevent social isolation and loneliness through the Partnership Community Link Practitioners, 3rd Sector Organisation and by utilising the information within the South Ayrshire Life Community Information Database

- prevent inappropriate admission to hospital
- provide discharge with care timeously from hospital
- promote 'Home First' ethos

2.2.4 The Service shall be provided in a seamless manner to meet the Individuals holistic needs.

2.2.5 **Eligibility Criteria**

2.2.6 Services shall be commissioned in accordance with the Council's eligibility criteria that is in effect.⁶

Individuals that have been assessed by the Partnership and meet the eligibility criteria may require a range of supports, including, but not limited to direct support. This may include provision that includes carer to Individual ratio of 1:1, 2:1 or 3:1.

2.2.7 The Partnership shall be responsible for assessing and reassessing the needs and outcomes of Individuals. This shall be undertaken in accordance with Assessment and Care Management policies and procedures.

2.2.8 Duration of the Service required shall be calculated by way of assessed needs.

2.2.9 **Service Operation**

2.2.10 The Service shall operate 365 days per year between the core hours of 0700 hours and 2200 hours. The Service shall provide support based on assessed need, with the number of visits delivered based on the needs of the Individual. There may be exceptional circumstances where delivery of the Service shall be required out with core hours to meet the needs of Individuals. Both parties shall jointly discuss and agree if the Service requires to be delivered out with the core hours.

2.2.11 **Contactable Service / Communication**

2.2.12 Service Providers shall be required to operate a contactable service 365 days per year from 0700 hours until the completion of individual visits. The contactable service shall include the provision of an emergency contact telephone number and appropriate Staff to manage the contactable service and to respond to matters/issues arising.

2.2.13 If Service Providers require out of hours support from the Partnership, Service Providers shall contact the Council's Emergency Response Team on telephone number 0300 123 0900.

2.2.14 Service Providers shall always ensure effective communication with the Partnership and other agencies. Communication shall be crucial where there is more than one Provider supporting Individuals. Service Providers may be required to support effective communication in the form of a joint Personal Plan (care plan) contained within joint folders located in Individuals households.

⁶ [Fair Access to Care Services](#)

2.2.15 **Care Needs**

2.2.16 Service Providers shall contribute to the avoidance of inappropriate admissions to hospital or other twenty-four-hour care settings and contribute towards meeting the immediate statutory care requirements of Individuals, while maintaining, as far as practicable, their independent living needs.

2.2.17 The Service to be delivered by Service Providers shall be aligned to the Scottish Government Free Personal Care Policies for adults and older people and shall support Individuals to meet their personal outcome needs through the delivery of the support tasks outlined at Appendix 2.⁷

2.2.18 Service Providers shall alert Care Managers:

2.2.18.1 to any care needs not identified in the Support Plans of Individuals

2.2.18.2 to any care needs that have increased and/or decreased

2.2.18.3 the needs of Individuals have changed in any other way

2.2.18.4 there is a change in Individuals situation that results in the Individuals needs changing

2.2.18.5 little or no progress is being made towards achieving the outcomes as specified in Individual's Support Plans

2.2.18.6 become aware of needs which are not being met by Support Plans

2.2.18.7 Individuals indicate a desire to have the Service provision changed as such may require reviews

2.2.19 As people age, their housing needs change. Early consideration of the need for aids and adaptations including technology enabled care (TEC) and telehealth is an essential part of enabling people to live safely at home. The Partnership shall require Service Providers to alert Care Managers to the changing circumstances of those Individuals and their carers so that preventative and supportive actions can be taken at an early date.

2.2.20 **Behaviours that Challenge**

2.2.21 Service Providers shall provide training and supervision to manage any behaviours that challenge, balanced with an assessment of risk in accordance with their own policies, procedures and protocols in effect throughout the duration of this Commissioning Plan and the delivery of the Service via the FFA. Service Providers shall support their Staff to manage any behaviours that challenge by the least restrictive means possible and to encourage Individuals to use other forms of communication and emotional expression. Service Providers shall keep a record of any behaviours that challenge and notify Care Managers.

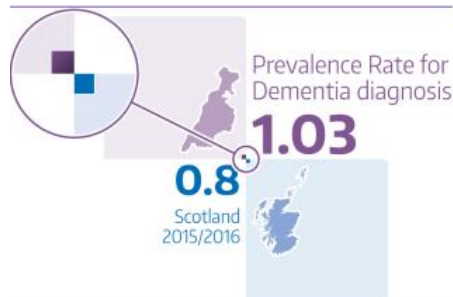
2.2.22 Service Providers shall have capacity within their services to provide support at peak times during the day e.g. morning, mealtimes and bedtime, ensuring priority needs are met in line with Individual's Support Plan.

⁷ [Free Personal Nursing Care](#)

2.2.23 Dementia Support

2.2.24 Supporting people with a diagnosis of dementia to live at home is a matter of increasing importance for the Partnership given the dementia prevalence in South Ayrshire detailed in the Partnership's Dementia Strategy 2018 - 2023.⁸

2.2.25 The prevalence rate for diagnosis of dementia as at year 2016 in South Ayrshire is 1.03 compared with 0.8 for Scotland as a whole.



2.2.26 The Partnership shall commission the Service in accordance with the Partnership's Dementia Strategy 2018 – 2023 and the key outcomes expressed in Scotland's National Dementia Strategy 2017 - 2020⁹.

This shall include ensuring that Individuals with dementia and those who care for them:

- have say and control over their dementia diagnosis and are diagnosed early enough that they can take as full a part as possible in their own care planning
- earlier access to good quality, person-centred post diagnostic support in a way that meets their needs and circumstances
- live well and safely at home or in a homely setting for as long as they and their family wish
- timely access to good quality palliative and end of life care
- critical input of family carers is encouraged and facilitated, and carers own needs are recognised and addressed
- Individuals with dementia right to good quality, dignified, safe and therapeutic treatment, care and support is recognised a facilitated equally in all care settings – at home, in care homes or in acute or specialist NHS facilities
- there is more dementia friendly and dementia enabled communities, organisations, institutions and initiatives

2.2.27 Service Providers shall work jointly with the Partnership to deliver the Service to meet the key outcomes.

2.2.28 Service Providers shall support national and local approaches to educating, training and developing Staff where Staff support Individuals affected with dementia and shall release Staff to participate in learning and development activity. This shall include but not limited to the implementation of Dementia – Health and Social Services Staff: Promoting Excellence Framework 2021.¹⁰

⁸ [Dementia Strategy 2018 - 2023](#)

⁹ [National Dementia Strategy: 2017 - 2020](#)

¹⁰ [Dementia - Health and Social Services Staff: Promoting Excellence Framework 2021](#)

2.2.29 Palliative and End of Life Care

2.2.30 The Partnership shall develop a Palliative and End of Life Care Strategy and shall be made to Service Providers when available. The Partnership shall engage with Service Providers on the development of the Strategy.

2.2.31 Service Hours and Projections

2.2.32 The number of hours of support that may be commissioned from external Service Providers through this Commissioning Plan and delivered via the FFA is illustrated in Table 1 below and is based on available funding. The number of hours of support that may be commissioned, shall be subject to increase or decrease throughout the duration of this Commissioning Plan and the FFA.

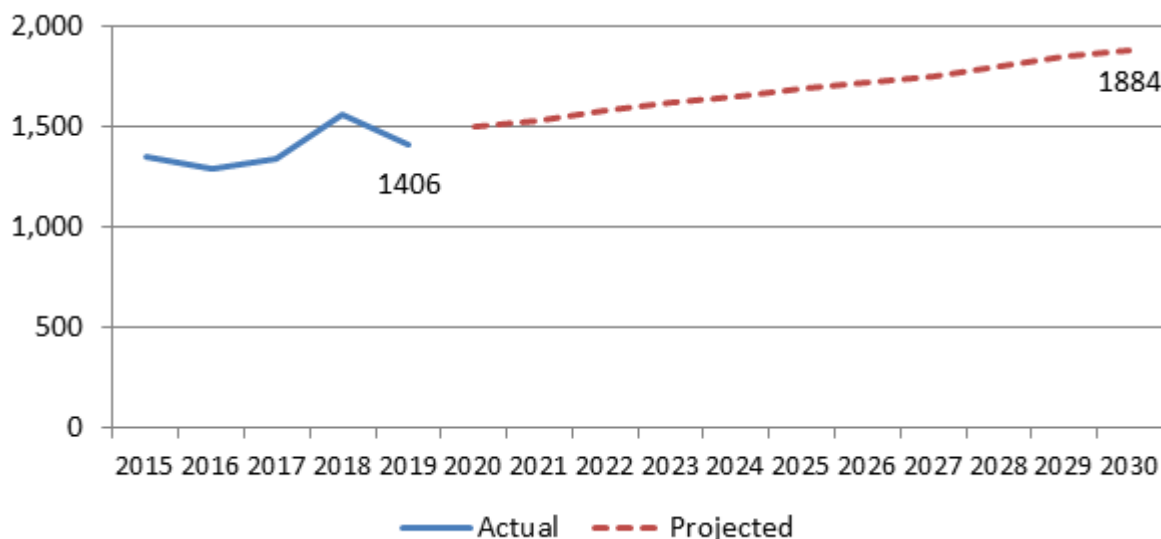
Table 1: Service Hours per week

Service Type	Hours per week
Care at Home	10,500

Source: The Partnership, June 2021

2.2.33 It is currently projected that there shall be an additional 478 Individuals aged over 65 years old that shall require the Service by 2030. This represents an increase of 34% compared to year 2019 and is illustrated in Figure 1 below. This projection is based on the expected changes in demography in South Ayrshire in the next 10 years as set out in the Partnership’s Strategic Needs Assessment.

Figure 1



Source: The Partnership, Strategic Needs Assessment

2.2.34 Service Level Outcomes and Indicators

2.2.34.1 The following short, medium and long-term outcomes illustrated in Table 2 shall be used as part of quality assurance arrangements to enable the Partnership and Service Providers to jointly assess the progress that is being made towards the attainment of this Commissioning Plan and the FFA:

Table 2: Outcomes

	Short term	Medium term	Long term
Independence	<p>More Individuals and family carers are aware of how to access the full range of formal and informal resources and services which support independence.</p> <p>Family and carers are better able to support Individuals' independence.</p> <p>Individuals make more decisions about their lives.</p>	<p>More Individuals and family carers access the full range of formal and informal resources and services which support independence.</p> <p>More Individuals can live as independently as possible.</p>	<p>Individuals can live well at home for longer.</p>
Safety	<p>Family and carers have a more proportionate attitude to risk.</p> <p>Individuals are enabled to take informed risks.</p> <p>Individuals feel safer.</p> <p>Individuals have fewer falls.</p>	<p>Individuals have fewer unplanned hospital admissions.</p> <p>Individuals feel more confident about living at home.</p>	<p>More Individuals live safely at home for longer.</p>

	Short term	Medium term	Long term
Person Centred	<p>Individuals, carers and family have a better understanding of SDS options.</p> <p>Individuals, carers and family have a better understanding of available services.</p> <p>Individuals are enabled to stay involved in their hobbies.</p> <p>Individuals have more meaningful things to do.</p> <p>Service Providers are better at sharing relevant information between Staff.</p> <p>Individuals, carers and family feel more able to give honest feedback to Service Providers.</p> <p>All people supporting Individuals work together more effectively.</p>	<p>Individuals receive a more personally tailored package of care.</p> <p>Individuals have more control over the Service they receive.</p> <p>Staff always strive to increase the quality of the Service provided within the time available.</p> <p>Individuals feel more valued.</p> <p>Individuals feel more respected.</p> <p>Services are more responsive to Individuals' changing needs.</p> <p>Individuals have better mental health.</p>	<p>Individuals' preferences are more likely to be accommodated.</p>
Continuity	<p>The public view care as a more attractive profession.</p> <p>More people apply for jobs in care at home.</p>	<p>Service Providers have lower rates of staff absence.</p> <p>Service Providers have higher staff retention rates.</p> <p>Service Providers are short-staffed less often.</p>	<p>Service Providers strive to offer a consistent care service.</p>

2.2.34.2 For each outcome detailed in Table 2, Service Providers shall be required to establish indicators that shall evidence progress made towards the attainment of the outcomes.

2.2.34.3 Service Providers may wish to select from the suggested indicators in Table 3 or identify their own. The indicators listed in Table 3 are not definitive. Service Providers should choose indicators which are:

- particularly important – i.e. if Service Providers see a positive change in their measurement of an indicator, Service Providers should be confident that the outcome is being achieved
- likely to occur – for most Individuals in most situations
- easy to measure – given who Service Providers are working with, the circumstances and the environment

2.2.34.4 Service Providers shall be required to identify methods of routinely collecting information about each indicator. Service Providers shall be required to identify:

- when to collect information e.g. baseline and regular follow-up;
- how to embed these methods into everyday work practice;
- using methods which make sense. The methods do not require to be complicated or formal but can be capturing casual moments: “something I saw and heard”;¹¹
- how to store the information collected so it can be accessed easily by the parties who need to use it;
- how to analyse the information so it is useful for Service Providers learning and for reporting

2.2.34.5 Service Providers shall establish reporting that allows Service Providers to share with the Partnership attainment of the outcomes. The reporting shall include but not limited to the story of the difference that Service Providers have made, what Service Providers have learned and what Service Providers have accomplished.

2.2.34.6 Table 3: Suggested Indicators

Independence Short Term Outcome	Suggested Indicator
More Individuals and family carers are aware of how to access the full range of formal and informal resources and services which support independence.	<ul style="list-style-type: none"> ✓ availability of clear information ✓ information available in a range of formats (e.g. online, printed, by phone, Easy Read.) ✓ knowledge of SDS options at all levels ✓ level of communication with range of supports ✓ involvement in reviews ✓ access to peer support groups ✓ access to carers’ support groups ✓ number of carer’s support plans offered ✓ number of carer’s support plans taken up ✓ number of carers who contact their carers’ centre ✓ knowledge of role of different agencies ✓ number of referrals to x, y or z ✓ number of carer referrals ✓ use of services ✓ knowledge of relevant services ✓ knowledge of where to go for information, advice and support
Family and carers are better able to support Individuals’ independence.	<ul style="list-style-type: none"> ✓ level of respite taken up ✓ degree to which Individual is involved in wider community outside the home ✓ level of family / carer involvement in Individual’s life / activities / decisions ✓ level of home care involvement ✓ number of decisions the Individual is involved in

¹¹ [Methods and Tools Methodologies](#)

	<ul style="list-style-type: none"> ✓ family / carers: “they need to be involved in this decision” / “I feel confident they can make this decision” ✓ level of informal support provided ✓ level of support from carers’ centre ✓ all appropriate adaptations / telecare / telehealth in place ✓ number of appropriate independent living aids in use
Individuals make more decisions about their lives.	<ul style="list-style-type: none"> ✓ amount of involvement Individuals have in reviews / care planning meetings ✓ ability to ask ✓ Individuals (and others) feel that their involvement in decision-making is meaningful and real ✓ “my decisions are acted on” ✓ number of Individuals choosing SDS options 1 and 2 ✓ Individuals’ views are represented in plans / documents ✓ degree to which support is personalised ✓ levels of involvement of other agencies ✓ Individuals feel they have a voice ✓ Individuals know their rights ✓ Individuals can make informed choices about their health ✓ Individuals can think through the pros and cons of decisions ✓ Individuals are doing things they want to do ✓ the degree to which Individuals live the life they want
Independence	
Medium Term Outcome	Suggested Indicator
More Individuals and family carers access the full range of formal and informal resources and services which support independence.	<ul style="list-style-type: none"> ✓ level of involvement in accessing day care ✓ mix of formal and informal support ✓ use of Self-directed Support ✓ use of third sector organisations ✓ level of involvement in their community ✓ access to carer support groups ✓ access to peer support groups ✓ range of formal / informal resources and services accessed ✓ level of District Nurse input ✓ level of Occupational Therapist input ✓ having access to transport when they need it ✓ having help to get on/in the vehicle
More Individuals can live as independently as possible.	<ul style="list-style-type: none"> ✓ access to information ✓ level of involvement in communities ✓ level of skills

	<ul style="list-style-type: none"> ✓ number of people being admitted into a care home ✓ stage at which people are admitted into a care home ✓ levels of support ✓ having appropriate aids / adaptations in place ✓ using aids / adaptations to enhance independence ✓ having access to transport when they need it ✓ being able to shop/get to health appointments/meet friends ✓ having adaptations to make their home safe for them ✓ knowing where to go for help with household items ✓ feeling secure in their home ✓ feeling they have the right level of support ✓ knowing who to call if they need help ✓ ability to manage household tasks (e.g. cooking/boiling a kettle/vacuuming, taking bins out, cleaning windows) ✓ feeling in control of their life ✓ feeling they can do things for themselves ✓ feeling able to continue to live at home
Safety	
Short Term Outcome	Suggested Indicator
Family and carers have a more proportionate attitude to risk.	<ul style="list-style-type: none"> ✓ support provided for Individuals to try new things ✓ confidence to allow change ✓ level of engagement in risk assessments ✓ degree to which understand that some risk is inevitable ✓ how often family / carers intervene because they are anxious about risk
Individuals are enabled to take informed risks.	<ul style="list-style-type: none"> ✓ knowing how to think through the pros and cons of doing ✓ knowing what they can no longer do and what they can do ✓ having appropriate adaptations and technical support (eg telehealth / community alarms) ✓ confidence to try new things ✓ understanding and acceptance of risk involved in different activities ✓ willingness to try new things
Individuals feel safer.	<ul style="list-style-type: none"> ✓ how safe they feel ✓ levels of anxiety ✓ levels of confidence

	<ul style="list-style-type: none"> ✓ how supported they feel ✓ feeling confident to go out ✓ feeling confident to move around the house / garden ✓ number of referrals to community alarms, fire safety, community policing, trusted neighbours' scheme etc ✓ introductions to the Herbert protocol ✓ level of trust in care provider ✓ "I have adaptations and systems in place to keep me safe"
Individuals have fewer falls.	<ul style="list-style-type: none"> ✓ having the physical ability to manage balance in everyday activities such as walking/climbing stairs/getting on and off the bus/reaching to a shelf etc. ✓ how often they do fall-prevention exercises ✓ number of infections they have ✓ number of falls ✓ number of emergency admissions ✓ admissions to care homes ✓ number of referrals to falls technician
Safety	
Medium Term Outcome	Suggested Indicator
Individuals have fewer unplanned hospital admissions.	<ul style="list-style-type: none"> ✓ number of emergency hospital admissions
Individuals feel more confident about living at home.	<ul style="list-style-type: none"> ✓ feeling information and support is given in a way that is appropriate for their needs ✓ level of personal hygiene ✓ quality of sleep ✓ mood ✓ diet ✓ level of interaction with others ✓ feeling happy ✓ levels of anxiety ✓ level of trust in the care at home service ✓ feeling well treated and valued ✓ feeling understood ✓ feeling comfortable accessing x information/services ✓ feeling settled ✓ feeling they can afford to heat my home when they need to ✓ having adaptations which help them to heat their home ✓ having adaptations which make their home safer for them ✓ knowing where to go for help with household items ✓ "I am glad I live at home"

	<ul style="list-style-type: none"> ✓ "I know I shall get the support I need to enable me to continue living at home"
Person Centred Short Term Outcome	Suggested Indicator
Individuals, carers and family have a better understanding of SDS options.	<ul style="list-style-type: none"> ✓ opportunities given / taken up to discuss SDS options ✓ clarity of information provided about SDS ✓ range of ways in which information about SDS options is available ✓ number of times information about different SDS options is provided ✓ type of questions asked about SDS ✓ type of questions asked about different options ✓ number of enquiries about different SDS options ✓ number of people taking different SDS options ✓ number of SDS options 1, 2 & 4 taken up
Individuals, carers and family have a better understanding of available services.	<ul style="list-style-type: none"> ✓ variety of ways information is available (e.g. phone, printed, online) ✓ accessibility of information provided (eg languages, Easy Read...) ✓ number of information leaflets distributed ✓ number of referrals to services ✓ number of enquiries to services ✓ SA Life website traffic stats ✓ footfall for VASA (for example) ✓ footfall through community led support / front doors
Individuals are enabled to stay involved in their hobbies	<ul style="list-style-type: none"> ✓ degree to which Individuals keep in touch with old friends (e-mail, letter, phone, visit, outings...) with support as required ✓ feelings of loneliness ✓ feelings of boredom ✓ number of requests for specific hobbies ✓ availability of people to support them to participate ✓ membership of clubs ✓ number of times person takes part in activities/community events ✓ number of times person sees people they don't live with ✓ opportunities to share their skills with others ✓ degree to which they plan their own activities

<p>Individuals have more meaningful things to do</p>	<ul style="list-style-type: none"> ✓ level of happiness ✓ feelings of value / self-worth ✓ desire for assistance to attend / participate in activities ✓ having something to look forward to ✓ having something to talk about ✓ having access to activities they enjoy ✓ feelings of being involved and included in (family/friendship groups and communities) ✓ feeling they are giving something back ✓ attendance at community groups ✓ variety of groups / activities available ✓ variety of groups / activities attended ✓ use of local amenities (library, pool, shops) ✓ use of local information services ✓ involvement in neighbourhood planning
<p>Service Providers are better at sharing relevant information between staff.</p>	<ul style="list-style-type: none"> ✓ number of incidents recorded ✓ relevant and timely communications ✓ topics discussed at team meetings ✓ information is shared in a variety of ways as appropriate (handover book, e-mail, newsletter, team meetings, notice boards...) ✓ speed of implementation of changes ✓ number of times someone doesn't know something they should ✓ smoothness of provision for Individuals ✓ Service Providers "I know who else needs to know different pieces of information, how to contact them and who is responsible for doing it."
<p>Individuals, carers and family feel more able to give honest feedback to Service Providers.</p>	<ul style="list-style-type: none"> ✓ being able to express how they feel ✓ confidence that the service they receive won't be adversely affected if they give honest feedback ✓ being able to say if they have a problem ✓ knowing who they can ask for help to give feedback ✓ feeling able to make complaints ✓ feeling consulted ✓ level of interaction with keyworker / manager ✓ quality of relationship with keyworker / manager ✓ having options available to give anonymous feedback ✓ level of complaints ✓ how feedback is heard, responded to and acted on ✓ regularity of opportunities to report on level of satisfaction ✓ satisfaction levels

<p>All people supporting individuals work together more effectively.</p>	<ul style="list-style-type: none"> ✓ degree of family involvement with care provider ✓ amount of information shared between all parties ✓ speed with which information is shared between all parties ✓ number of times lack of shared information has an impact on provision of services (quality, speed, appropriateness) ✓ levels of frustration for those involved (caused by lack of information / speed of response etc) ✓ degree of understanding of impact of lack of communication ✓ level of capacity ✓ level of continuity of care ✓ Service Providers "I know who else needs to know different pieces of information, how to contact them and who is responsible for doing it." ✓ others involved with supporting the Individual: "I am confident I shall be told if there is something I need to know" ✓ regularity of contact between different people who support the Individual
<p>Person Centred Medium Term Outcome</p>	<p>Suggested Indicator</p>
<p>Individuals receive a more personally tailored package of care.</p>	<ul style="list-style-type: none"> ✓ level of satisfaction with care package ✓ level of Individual / family involvement in creating support plans ✓ staff retention ✓ involvement in hobbies (privately purchased) ✓ feeling empowered ✓ feeling supported ✓ number of SDS options 1, 2 & 4 in use ✓ "I receive care at the times which suit me best" ✓ "I receive care in the way which suits me best" ✓ "Care staff know how I like to be supported" ✓ "I have regular care staff"
<p>Individuals have more control over the service they receive.</p>	<ul style="list-style-type: none"> ✓ amount of feedback given ✓ level of involvement ✓ level of trust ✓ level of engagement ✓ level of "policies" influencing engagement ✓ number of SDS options 1, 2 & 4 in use

Staff always strive to increase the quality of service provided within the time available.	<ul style="list-style-type: none"> ✓ number of improvements made to care plans ✓ amount of positive feedback received ✓ number of complaints ✓ number of concerns expressed ✓ number of compliments received ✓ number of positive interactions
Individuals feel more valued.	<ul style="list-style-type: none"> ✓ Individual demonstrates happiness ✓ degree to which Individual is engaged ✓ state of Individual's mental health ✓ feeling useful ✓ feeling listened to ✓ being able to assert their rights ✓ taking pride in how they look ✓ feeling normal ✓ feeling good about themselves ✓ feeling welcomed ✓ feeling cared for ✓ feeling their opinions are considered ✓ feeling their preferences are accommodated ✓ feeling able to control / influence their situation
Individuals feel more respected.	<ul style="list-style-type: none"> ✓ amount of positive feedback ✓ how welcoming Individuals are to staff
Services are more responsive to Individuals' changing needs.	<ul style="list-style-type: none"> ✓ amount of unmet need / length of waiting lists ✓ number of delayed discharges ✓ capacity within sector ✓ degree to which workers are empowered to make quick decisions ✓ how restrictive procedures are ✓ number of improvements made to care plans ✓ speed with which appropriate changes are made to care plans ✓ flexibility of service
Individuals have better mental health.	<ul style="list-style-type: none"> ✓ motivation for self-care ✓ levels of social interaction ✓ ability to ask for help ✓ level of activity (NB: increase OR decrease could be positive) ✓ medication levels (NB: increase OR decrease could be positive) ✓ level of support / number of visits required ✓ aggression levels ✓ ability to manage emotions ✓ appetite ✓ body language ✓ sleep pattern (NB: increase OR decrease could be positive)

	<ul style="list-style-type: none"> ✓ weight (NB: increase OR decrease could be positive) ✓ degree of engagement with others (NB: increase OR decrease could be positive) ✓ level of independence ✓ desire for support / assistance ✓ personal hygiene ✓ appearance of happiness ✓ levels of anxiety / ability to relax ✓ laughter / smiling ✓ alertness
Continuity Short Term Outcome	Suggested Indicator
The public view care as a more attractive profession.	<ul style="list-style-type: none"> ✓ college course uptake ✓ number of people who remain in the care sector ✓ level of volunteers ✓ demand for relevant training courses
More people apply for jobs in care at home.	<ul style="list-style-type: none"> ✓ number of employable people applying for jobs
Continuity Medium Term Outcome	Suggested Indicator
Service Providers have lower rates of staff absence.	<ul style="list-style-type: none"> ✓ number of staff absences ✓ number of review meetings
Service Providers have higher staff retention rates.	<ul style="list-style-type: none"> ✓ staff turn-over rates ✓ how long people stay working with the same provider ✓ number of recruitment drives ✓ number of vacancies
Service Providers are short-staffed less often.	<ul style="list-style-type: none"> ✓ number of times Service Providers are short-staffed ✓ frequency of people having to work with extra service-users ✓ amount of use of bank / agency staff ✓ number of missed visits ✓ frequency of changed rotas ✓ continuity of care to Individuals

2.2.35 Technology Enabled Care (TEC) / Telehealth

2.2.35.1 The use of assistive technology may be used to maintain and improve an Individual's independence and to enhance their support and wellbeing as identified in Support Plans established by Care Managers. Any details of system limitations and associated risk assessments shall be documented and be known to Staff delivering the Service. Service Providers shall be expected to work in collaboration with the Partnership to promote the use of TEC and Telehealth.¹²

2.2.36 Reablement and 'Home First' Approach

2.2.36.1 The Partnership shall reduce delayed transfers of care by implementing the Partnership's reablement service and 'Home First' approach. Service Providers shall collaborate with Care Managers to promote independence and contemplate the most appropriate way of offering an enabling approach. Service Providers shall work jointly with the Partnership to ensure the achievement of shifting the balance of care from hospital or institutional settings to providing the Service for Individuals to be supported within their own homes. Illustrative performance measures shall include but not limited to reduction in the number of delayed transfers of care; reduction in Emergency Admissions to hospital; percentage of individuals supported at home who agree that they are supported to live as independently as possible; percentage of Individuals with intensive needs receiving the Service; increased uptake of SDS options; proportion of people able to spend their last six months of life at home or in a community setting.

2.2.37 Moving and Handling

2.2.37.1 Moving and handling shall meet the requirements set out in the Council's Risk and Safety Standard on Moving and Handling of People that shall be in effect in the duration of this Commissioning Plan and the FFA.

2.2.38 Innovation

2.2.38.1 As part of Service Providers response to this Commissioning Plan and the FFA, Service Providers shall be expected to demonstrate how they shall be innovative and respond to changes in the wider marketplace. For example, Service Providers shall promote greater choice and control for Individuals, embrace new technologies.

2.2.39 Volunteers

2.2.39.1 The Partnership acknowledges the integral role of volunteering in many third and independent sector organisations as well as the crucial support that can be provided by family, friends and neighbours. A volunteer is understood to be a person who does voluntary work on behalf of an organisation by choice and is unpaid. The Partnership encourages a relationship with volunteers that are based on mutual responsibility and commitment, with Volunteers having both rights and responsibilities.

2.2.39.2 The Partnership shall encourage all Service Providers to adopt a policy on the use of volunteers out with the Service, to recognise the important role of volunteers in the care at home sector and to implement the provisions of its policy in this regard throughout the period of any contracts that it has with the Council under the terms of this Commissioning Plan and the FFA.

¹² [Telecare](#)

2.2.39.3 Volunteer policies shall support the generous volunteering spirit of those who contribute and recognise volunteers as assets in their community. Professional Staff should work in partnership with dedicated volunteers who bring a range of skills to the Service Providers and services concerned.

2.2.39.4 Volunteers are a major resource and can make a vital contribution to services provided. Service Providers shall encourage, develop and support volunteer involvement in appropriate areas of their work. The time, energy and skills offered by volunteers benefit all and shall bring benefits to volunteers themselves and to those with whom they volunteer.

2.2.39.5 In encouraging the use of volunteers, the Partnership expects volunteers to be appointed in accordance with legislative and regulatory requirements and to be offered training to fulfil their roles.

2.2.39.6 Service Providers shall have robust management arrangements in place to ensure the effective delivery of services through regular supervision and support of Staff and volunteers.

2.2.39.7 The use of volunteers shall be encouraged in the care at home sector, but not as a substitute for Staff for the provision of the Service.

2.2.40 **Recognition of Carers**

2.2.40.1 The Partnership values and supports unpaid carers in their caring role and ensure they have a voice including in commissioned services provision. The Partnership and Service Providers shall work in partnership with unpaid carers of Individuals in the role of caring as identified in Support Plans.

2.2.40.2 Service Providers shall ensure:

- that unpaid carers are supported to participate in care delivery as identified by the Partnership at the time of assessment
- that unpaid carers are involved in planning the care of Individuals which may include the most appropriate ways of supporting care to Individuals
- that unpaid carers are given 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 Individuals

2.2.40.3 Service Providers shall direct unpaid carers to Care Managers if they require further information about the support available to assist them in their role.

2.2.40.4 Service Providers shall be mindful that many people do not recognise themselves as unpaid carers and may not be aware of the support available to them in their role. Service Providers shall be aware of unpaid carers who may be or are at risk of social isolation. Service Providers shall ensure that unpaid carers are signposted to community services and organisations, for example, South Ayrshire Carers Centre, Community Link Practitioners and South Ayrshire Life. The Partnership may ask Service Providers to distribute material and information about these services to Individuals that are supported.

2.3 OPERATIONAL MANAGEMENT

2.3.1 Location of Service Providers Office Base

2.3.1.1 Service Providers shall require to have an office base within South Ayrshire or in an adjoining local authority area.

2.3.2 Commissioning Arrangements

2.3.2.1 This Commissioning Plan and the FFA shall aim to maximise service efficiency and provide Best Value while meeting the support needs of Individuals by seeking to minimise the number of Service Providers working within individual streets, neighbourhoods and villages.

2.3.2.2 To support the approach detailed in section 2.3.2.1, the allocation of new and existing referrals shall be divided into three localities:

2.3.2.2.1 Ayr and surrounding areas

2.3.2.2.2 Troon and Prestwick and surrounding areas

2.3.2.2.3 Girvan/Maybole and surrounding areas

2.3.3 Calling Off from the Flexible Framework Agreement

2.3.3.1 The Partnership may choose to use any of the processes illustrated below to agree Individual Support Agreements (ISA's). Under each of the processes, the Partnership may have open communication, engagement and dialogue with Individuals and Service Providers to achieve the best outcome for Individuals. The Partnership may also choose to invite Service Providers to attend meetings to discuss requirements.

2.3.3.2 ISA's shall be awarded by the Partnership in no order of precedence, by either:

2.3.3.2.1 First received email response with earliest start date

2.3.3.2.2 Service Providers ability to meet Individuals needs and personal outcomes

2.3.3.2.3 Service Providers availability / capacity

2.3.3.2.4 Geographical fit with the location where the Service is to be provided

2.3.3.2.5 Urgency of Service provision

2.3.3.3 Should several Service Providers meet the award criteria illustrated in section 2.3.3.2, the Partnership shall award ISA's ensuring the needs and personal outcomes of Individuals are met. The following criteria may also be considered by the Partnership:

2.3.3.3.1 Continuity of service provision to Individuals

2.3.3.3.2 Capacity to provide the Service within the desired timescales

2.3.3.3.3 Care Inspectorate Grades

2.3.3.3.4 Any other important consideration to meet the outcomes of the Individuals

2.3.3.4 Notwithstanding any of the above, whilst recognising the needs of Individuals, the Partnership reserves the right to be able to determine the best approach for each Individual under the particular circumstances of the Services to be delivered and the Partnership's decision to award ISA's to Service Providers shall be final.

2.3.4 Block Contracts

- 2.3.4.1 The Partnership may decide to enter Block Contract arrangements under the FFA, where the Partnership determines that this is the best way of meeting the needs and outcomes of Individuals.
- 2.3.4.2 The Partnership shall utilise the provisions under this Commissioning Plan to allocate a Block Contract for a specified level of Service requirements.

2.3.5 Individual Commissioning Arrangements – New and Existing Referrals

2.3.5.1 Mobilisation Phase

2.3.5.2 During the mobilisation period of this Commissioning Plan and the FFA, details of existing Individuals and their assessed needs shall be communicated to Service Providers. Service Providers shall be provided with a schedule that shall detail all existing packages of care and as a minimum, Individuals names, addresses, number of hours, number of visits and any other special circumstances, for example, double handling. New and existing referrals provided during the mobilisation phase, shall be bound by the terms and conditions expressed in this Commissioning Plan and the FFA.

2.3.5.3 If Individuals are in receipt of the Service, but are in hospital during the mobilisation phase, their requirements shall be deemed to be new packages of care after seven days from admittance to hospital, thus such Individuals shall be allocated to Service Providers in line with the terms and conditions of this Commissioning Plan and the FFA. Allocation of the new packages of care shall be as per the allocation process illustrated in section 2.3.3 and in the form of Individual Service Agreements (ISA's) utilising the template titled 'Letter for Direct Award' set out at Appendix 3a accompanied with the most recent assessments and Support Plans.

2.3.5.4 The Partnership shall notify the identified Service Providers if service provision is required to increase or decrease. The increase or decrease to ISA's shall be in the form of the template titled 'Letter for Increase/Decrease of Care at Home Service' set out at Appendix 3b.

2.3.5.5 Post Mobilisation Phase

2.3.5.6 All new referrals after the mobilisation phase shall be determined by the Partnership.

2.3.5.7 Allocation of new referrals shall be as per the allocation process illustrated in section 2.3.3 and in the form of Individual Service Agreements (ISA's) utilising the template titled 'Letter for Direct Award' set out at Appendix 3a accompanied with the most recent assessments and Support Plans.

2.3.5.8 Staff Briefings

2.3.5.9 Service Providers shall ensure that all Staff are given proper and adequate briefings on each Individual's needs, abilities and outcomes prior to the Service being delivered. Service Providers shall ensure that the Service is not cancelled on any occasion and shall put in place appropriate arrangements to ensure the continuity of the Service in cases of planned or unplanned Staff absences. Service Providers shall ensure that the same Staff deliver the Service whenever possible to promote continuity of care.

2.3.5.10 If Service Providers are unable to provide cover for Staff absences, or if the Service is unable to be delivered as planned due to unforeseen circumstances, Service Providers shall notify the relevant Care Managers as early as possible to ensure continuity of care.

2.3.5.11 Service Providers shall have a best practice process when the Service commences with Individuals. The process shall take account of the appropriate National Health and Social Care Standards and shall include, but shall not be limited to the following:

- contact with Individuals and their Carers by key members of staff prior to the start of the Service
- involvement of Individuals and their Carers - taking their views into account
- the provision of relevant information about the Service for Individuals and their Carers in a format that is accessible to them

2.3.5.12 Individuals and their Carers may require Service Providers to carry out familiarisation visits before the commencement of the Service in agreement with the Partnership.

2.3.5.13 **Capacity**

2.3.5.13.1 Service Providers shall actively grow capacity to ensure continuity and meet future demand. Service Providers capacity growth shall be reviewed by the Partnership as part of Quality Assurance visits and/or separate meetings held between both Parties.

2.3.6 **Emergency Short Notice Referrals**

2.3.6.1 The Partnership anticipates that all referrals to the Service shall be planned; however, there may be exceptional circumstances when the Service is required on an emergency short notice basis. The requirement for emergency short notice provision shall be determined following full consultation between the Partnership and Service Providers. Service Providers shall ensure that they are in receipt of all information necessary to deliver a safe Service prior to commencement. In the case of emergency short notice provision, this information may be relayed verbally by the Partnership without written documentation; however, the Partnership shall complete an assessment of needs and establish Support Plans within a maximum of three working days of referrals unless as otherwise agreed. Copies of 'Letter for Direct Award' incorporating Assessments and Support Plans shall be provided to Service Providers.

2.3.7 **Temporary Absence from the Service**

2.3.7.1 Planned and Notified Absences

2.3.7.2 In the event of any planned and notified absences, the Partnership shall inform Service Providers of these. Examples of planned or notified absence is Individuals going on holiday, planned and notified hospital admissions, planned and notified respite arrangements.

- 2.3.7.3 When Individuals are admitted to scheduled hospital admissions, planned and notified respite arrangements or any other known planned and notified absences, the Service shall remain open for a maximum of seven days at no cost to the Partnership. Both parties shall communicate with one another to facilitate timeous discharge from hospital back to the Service. After seven days, the Service shall close unless otherwise authorised by the Partnership and shall be deemed as new referrals. Should Individuals care needs change whilst in hospital which requires an amendment to Individuals Support Plans, these shall be deemed new referrals. The maximum open period of seven days for the Service may increase or decrease in the duration of this Commissioning Plan and the FFA. Both parties shall jointly discuss and agree such change.
- 2.3.7.4 If Service Providers have been given a minimum of two working days' notice by Individuals or the Partnership of planned and notified absences, no payment shall be made by the Council.
- 2.3.7.5 Where Individuals or the Partnership have failed to notify Service Providers of planned and notified absences, the Partnership shall pay Service Providers at the agreed rate as defined in Part 3 of this Commissioning Plan for the day of the planned hospital admission or notified absence.

2.3.8 Unplanned Hospitalisation or Unplanned Absences

- 2.3.8.1 In the event of unplanned hospitalisations or other unplanned absences of Individuals, Service Providers shall as soon as reasonably practicable, but no later than two working days, inform the Partnership of the unplanned hospitalisations or unplanned absences. The Partnership shall pay Service Providers at the agreed rate as defined in Part 3 of this Commissioning Plan, for the visits scheduled to take place for the first day of the unplanned hospitalisations or unplanned absences.
- 2.3.8.2 The Service shall remain open for a maximum of seven days. Both parties shall communicate with one another to facilitate timeous discharge from hospital or the unplanned absences to the Service. After seven days, the Service shall close unless otherwise authorised by the Partnership and shall be deemed as new referrals. Should Individuals care needs change whilst in hospital or during the unplanned absences which requires an amendment to Individuals Support Plans, these shall be deemed new referrals. The maximum open period of seven days for the Service may increase or decrease in the duration of this Commissioning Plan and the FFA. Both parties shall jointly discuss and agree such change.
- 2.3.8.3 Where the Partnership has failed to notify Service Providers of unplanned hospitalisations or unplanned absences, Service Providers shall be paid at the agreed rate as defined in Part 3 of this Commissioning Plan for the first day of the unplanned hospitalisations or unplanned absences.
- 2.3.8.4 Where Service Providers have known but have failed to notify the Partnership of unplanned hospitalisations or unplanned absences, the Council shall not be liable for payment.

2.3.9 Missed Visits

- 2.3.9.1 Where Service Providers have failed to deliver visits, no payment shall be made by the Council. Service Providers shall report all missed visits to Care Managers in line with Service Providers and the Partnership's reportable incident protocols.

2.3.10 Termination of Individual's Service Provision

- 2.3.10.1 Individuals, Carers, the Partnership or Service Providers may request to be discharged from the Service, for example, as a result of care needs change, requiring to move to long term clinical setting, permanent residential or nursing care. Individuals shall be discharged from the Service upon discussion and agreement between the Partnership and Service Providers.
- 2.3.10.2 Where the Partnership, have reviewed Individual's care needs in conjunction with the Individuals themselves and their Carers, considers that provision of the Service is no longer appropriate to meet their needs and determines that care needs shall be more effectively met in another way, the Partnership may terminate the Individual's service within two working days.
- 2.3.10.3 Where Service Providers have concerns about their ability to continue to meet the needs of Individuals, they shall contact the Partnership with immediate effect requesting a review meeting to discuss the care of the Individuals with a view to resolving the issues. Where the support required is such that Service Providers and the Partnership agree that Service Providers are unable to provide an appropriate service, the Service shall terminate at a date agreed by both parties when alternative provision has been sourced.
- 2.3.10.4 Where termination is due to the death of Individuals, the Service shall terminate immediately. Service Providers shall be paid at the agreed rate as defined in Part 3 of this Commissioning Plan, for any planned visits on the date of death of the Individuals.
- 2.3.10.5 The Service shall terminate if it has been commissioned by the Partnership for a fixed period or as a Block Contract arrangement.
- 2.3.10.6 In the event the Service is terminated voluntarily by Individuals or their Carers, the Service shall terminate within an agreed timescale between the Partnership, Service Providers, the Individuals and their Carers. If Service Providers receive notices of Individuals decision to terminate their Service, Service Providers shall notify the Partnership within two working days of notice being received.
- 2.3.10.7 In the event of Individuals ceasing to have ordinary residence in South Ayrshire and thereby ceasing to be the responsibility of the Partnership/Council, the provision of the Service shall terminate upon the date on which the Individuals leaves South Ayrshire.
- 2.3.10.8 In the event Individual's chooses to direct their own care by means of the SDS policy, the option 3 Service shall terminate within an agreed timescale by all Parties.
- 2.3.10.9 In the event of persistent terminations of service provision or missed visits by Service Providers which appear to the Partnership to be unreasonable, the Partnership shall be entitled to hold reviews of the Service Providers ability to provide the Service with a view to resolving the persistent terminations or missed visits. If the persistent terminations or missed visits are not resolved to the Partnership's satisfaction, the Partnership shall be entitled to consider this to be a material breach of any contracts that Service Providers has with the Council under the terms of this Commissioning Plan and the FFA. The Council shall be entitled to recover any extra costs incurred by the Council on any occasion where the Council identifies that Service Providers are unreasonable in terminating service provision or missed visits to Individuals.

2.3.10.10 The duration of packages of care expressed in the form of ISA's shall be unaffected by any termination of the Commissioning Plan and FFA. The ISA's shall terminate within the terms of the FFA as per clause 18 (Default and Termination) of the Terms and Conditions.

2.3.11 Risk Management and Emergency Situations

2.3.11.1 Whilst the aim of the Service is to provide care and support in a way that promotes positive risk taking and independence, emergency situations may arise, and these shall be managed in accordance with Service Provider's procedures.

2.3.11.2 The Partnership shall provide information from the Assessment and Care Management process to allow Service Providers to assess and manage risk.

2.3.11.3 In order that the Service operates in compliance with these principles and reduces the need for further intervention, Service Providers shall as a minimum:

- undertake risk assessments in relation to identified actual or potential risks to Individuals and have in place action plans to prevent or manage such risks
- deal with any behaviours that challenge in accordance with the guidance from the Mental Welfare Commission; Support Plans and Risk Assessments
- record and report any serious incidents of violence, aggression, the use of restraint or any other serious incidents to Care Managers, the HSE, the Care Inspectorate 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, to Care Managers
- work with the Partnership to develop the least restrictive strategies to ensure successful outcomes for Individuals
- ensure Staff employed have the necessary training and skills to fulfil their roles and responsibilities
- where required, advise Individuals of their rights to independent advocacy services and provide advocacy services contact details

2.3.11.4 In the event of any emergency relating to an Individual, Service Providers shall adhere to the requirements of this Commissioning Plan and the FFA, including as a minimum:

- immediately seeking the help of the emergency services where there is an urgent risk to health
- seek the timely help of appropriate Health Care Professionals when there is a serious health issue
- inform Care Managers of events during normal office hours as soon as practical after an emergency arising, but no less than two working days following the issue
- inform the Partnership's Out of Hours Social Work as soon as practical after the emergency arising
- have a system to support front-line Staff, including access to a manager.

2.3.11.5 In response to any emergency, Service Providers shall:

- have their own internal systems for recording events and supporting Staff
- work jointly with the Partnership and other agencies to support the health and wellbeing of Individuals

- ensure all relevant agencies, including but not limited to the Care Inspectorate and the Health and Safety Executive, are informed in accordance with the relevant reporting responsibilities

2.3.11.6 The safety of Individuals shall be paramount in any emergency and Service Providers shall act accordingly.

2.3.11.7 Service Providers shall adhere to 'Escalation Process: Caring for People at Home – Guidance for Care Staff and Providers'. The Guidance is to support Staff in recognising when to report issues, who to, and what to do if these are not responded to:



Escalation Process:
Caring for People at H

2.3.12 Emergency Notifications

2.3.12.1 Service Providers shall immediately inform the Partnership and any other relevant agencies within one day of any of the following events:

- any significant incident, including allegations or evidence of abuse or harm relating to Individuals or the care of Individuals
- misappropriation of the funds of Individuals or their property, or serious loss or damage to property
- significant changes in need or circumstances
- unplanned absence of Individuals
- where there is evidence that medicines have not been administered or have not been administered properly
- death of Individuals.

2.3.12.2 Where verbal notification is given by Service Providers to the Partnership of any of the circumstances detailed above, Service Providers shall also submit a written report on those circumstances to the Partnership within twenty-four hours of the circumstances occurring.

2.3.12.3 In the event of a death during the delivery of the Service, Service Providers Staff shall inform Care Managers and the Care Inspectorate immediately and provide written confirmation to the Partnership within two working days.

2.3.13 Adult Support and Protection

2.3.13.1 Service Providers engaged under the terms of this Commissioning Plan and the FFA shall be required to agree and adhere to the South Ayrshire Council Adult Support and Protection Procedures¹³ and to work in accordance with any inter-agency guidelines that are in place from time to time. Service Providers shall immediately notify the Partnership of any allegations, evidence or suspicion of abuse in accordance with the Procedures.

¹³ [Adult Support and Protection](#)

- 2.3.13.2 It shall be a material condition of any contract entered into under the terms of this Commissioning Plan and the FFA that Service Providers shall provide copies of its training, policies and procedures for the protection of Adults at Risk to the Partnership, Staff, Individuals and their Carers, and that all Staff are trained in these policies and procedures. Should Adult Support and Protection training be made available by the Partnership, Service Providers Staff shall be required to complete the training.
- 2.3.13.3 Service 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 Individuals. Service Providers shall immediately inform the Partnership of any such reports. The disclosure of such reports shall not be regarded as a breach of confidentiality and the use of information.
- 2.3.13.4 Service Providers shall have in place, implement and review, policies and procedures on an ongoing basis designed to prevent abuse and for responding to actual or suspected abuse, neglect or exploitation.
- 2.3.13.5 Service Providers shall deliver to the Partnership, copies of written guidelines to be followed by all Staff and 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 but not limited to guidance on:
- identifying Individuals 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 Individuals, Staff, Carers 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 Partnership 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, during such inquiry or investigation
 - protection for whistle blowers
 - working within best practice
- 2.3.13.6 Staff and volunteers shall be obliged to adhere to the above 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.
- 2.3.13.7 These guidelines shall take account of any inter-agency policies operational in the Council area that relate to the protection of Adults at Risk.
- 2.3.13.8 Service Providers shall ensure that prompt action is taken in response to individual complaints or concerns raised by Staff, volunteers, Individuals, Carers, family members and any others. Any such action shall follow the timescales in accordance with 'South Ayrshire Council Adult Support and Protection Procedures'.

2.3.13.9 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 Individuals and/or their Carers and other statutory bodies, to withdraw the Individuals from the care of Service Providers where there are concerns about the safety, protection and welfare of Adults with respect to the Service being provided to Individuals or to any other Individuals. Any such decision shall be communicated to Service Providers.

2.3.14 Child Protection

2.3.14.1 Service Providers play an important part in protection of children and young people in South Ayrshire. Although those providing services to adults and children may be concerned about balancing their duty to protect children from harm and their general duty towards Individuals, the over-riding concern shall always be the safety of the child.

2.3.14.2 Service Providers shall have:

- Policy and Procedures that are concurrent with the National Guidance for Child Protection¹⁴
- A Child Protection Lead who has responsibility for ensuring that concerns are passed as per the Council's procedures¹⁵
- A workforce who receive regular child protection training and are confident and competent at reporting concerns
- A whistleblowing or escalation process to ensure transparency within the reporting of concerns

2.3.14.3 It shall be a material condition of any contract entered into under the terms of this Commissioning Plan and the FFA that Service Providers shall provide copies of its training, policies and procedures for the protection of children and young people to the Council, Staff, Individuals and their Carers and that all staff are trained in these policies and procedures. Should Child Protection training be made available by the Partnership, Service Providers Staff shall be required to complete the training.

2.3.14.4 Service Providers shall have a policy and procedure for reporting details of any indication of concern in children and young people. Service Providers shall immediately inform the Partnership of any such reports. The disclosure of such reports shall not be regarded as a breach of confidentiality and the use of information.

2.3.14.5 Service Providers shall immediately inform the Partnership of any concerns in relation to harm to individuals or concern regarding their welfare. The disclosure of such reports shall not be regarded as a breach of confidentiality and the use of information.

2.3.14.6 Service Providers shall have in place, implement and review, policies and procedures on an ongoing basis designed to prevent concerns and for responding to actual or suspected harm, neglect or exploitation.

¹⁴ [National Guidance for Child Protection](#)

¹⁵ [South Ayrshire Council Child Protection](#)

2.3.15 Registration

2.3.15.1 Approved registration for the client group that Service Providers shall be supporting with the relevant Regulatory Bodies and the Care Inspectorate in terms of the Public Services Reform (Scotland) Act 2010 is required of all Service Providers for:

- Support Service – Care at Home
- Housing Support Services

2.3.15.2 Service Providers shall be appropriately registered by the Care Inspectorate to deliver the Service. Failure to secure and maintain Registration and compliance with the Health and Social Care Standards: my support, my life or (subsequent revision to the standards) shall be a material breach of this Commissioning Plan and the FFA and shall result in the termination of the Service Provider's participation in this Commissioning Plan, the FFA and subsequent contractual arrangements with the Council. Service Providers shall meet all the conditions required by the Care Inspectorate for Registration.

2.3.15.3 To support the Partnership's Integrated Joint Board Strategic Plan 2021 – 2031 policy priorities and objectives including the Wellbeing Pledge, throughout the duration of this Commissioning Plan and the FFA, Service Providers shall maintain as a minimum, grade four – good, for all key quality indicators as used by the Care Inspectorate. Where Service Providers receive a grade of three – adequate for any key quality indicator, the Partnership may request Service Providers to submit an improvement plan that shall indicate how Service Providers shall endeavour to improve their grades. Service Providers shall endeavour to attain grade five – very good or above for all key quality indicators. Where Service Providers receives a grade of two - weak or less for any key quality indicator, Service Providers shall be given an opportunity to improve the grade(s) by means of an improvement plan agreed with the Care Inspectorate.

2.3.15.4 Receiving a grade of two - weak or less for any key quality indicator, may result in the temporary suspension of Service Providers. Following re-attainment of a grade of three - adequate or above, the Partnership shall review any temporary suspension taking into consideration the recommendations made by the Care Inspectorate and shall support Service Providers to attain grade four- good for all key indicators as used by the Care Inspectorate.

2.3.15.5 The Partnership recognises Service Providers whom have not been inspected by the Care Inspectorate in the duration of the Commissioning Plan and the FFA, may be approved by the Partnership to provide the Service, however, may be subject to quality assurance as detailed in section 4.2 of this Commissioning Plan.

2.3.15.6 In recognition of the continuing pressures on the whole health and social care system driven not just by Covid-19 but also by increased demands for health and social care services, the Partnership may consider it necessary to maximise the availability of the Service. Where the Partnership considers it prudent and safe to do so, the Partnership may allow Providers whom have received grade 2 – weak or less for any key quality indicator during the initial FFA tender process or when the FFA has been reopened for new entrants acceptance onto the FFA. Those Service Providers whom have been accepted onto the FFA, shall not be allocated any referrals until either one or more of the following conditions have been met:

2.3.15.6.1 Demonstration of progress towards meeting the requirements allocated by the Care Inspectorate

2.3.15.6.2 Subject to quality assurance as detailed in section 4.2 of the Commissioning Plan

2.3.15.6.3 Subject to CSM as detailed in section 4.4 of the Commissioning Plan

2.3.15.6.4 Achievement of grade four – good for all key quality indicators as used by the Care Inspectorate

2.3.16 Learning and Development

2.3.16.1 Service Providers and their staff must ensure compliance with training requirements, National Health and Social Care Standards and any other training required to meet the identified needs of Individuals. Service Providers and their Staff shall ensure the accreditation requirements for registration with the Scottish Social Services Council (SSSC) has taken place within the required timescales.

2.3.16.2 Service Providers shall be able to evidence a robust on-going training plan to ensure that Staff are trained to the required level as specified by the SSSC.

2.3.17 Induction

2.3.17.1 Service Providers shall operate a Staff induction programme for all Staff and volunteers employed in the delivery of the Service under the provisions of this Commissioning Plan and the FFA. Staff shall complete their Service Provider's induction programme before commencing delivery of the Service. The induction programme shall match the values, aims and objectives of this Commissioning Plan and shall ensure that Staff have a good understanding of the needs and outcomes of Individuals.

2.3.17.2 Service Providers shall ensure that all Staff and volunteers, as a minimum, receive an induction prior to the delivery of the Service:

- a handbook or access to on-line information, detailing all relevant policies and procedures, including emergency procedures, that is applicable to the Service
- clear instructions regarding their role and responsibilities
- training for food hygiene, moving and handling and the administration of medication

2.3.18 Training

2.3.18.1 Service Providers shall provide training to all Staff to deliver the Service. This shall include but not limited to:

- awareness of specific conditions which affect those Individuals supported i.e. disabilities, health care needs and how these may impact on Individuals
- person centred working
- good communication skills and active listening skills
- an understanding of a range of assisted communication measures
- Adult Support and Protection/Child 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, the Social Care (Self-directed Support) (Scotland) Act 2013 and Disability Discrimination
- an introduction to the policies, procedures and codes of practice of the Service Provider and the Partnership's strategies associated with the user groups
- health and safety matters, including an understanding of risk management and risk assessment
- fire precautions
- the Council's Medication Policy Level 1, 2 and 3 and South Ayrshire Council's Medication Guidelines
- moving and handling training by a qualified trainer in line with the Council's Risk and Safety Standard on Moving and Handling of People that shall be in effect in the duration of this Commissioning Plan and the FFA
- guidance on the type of tasks to be undertaken and the way in which Individuals and Carers should be treated
- a reasonable level of competence and diligence in the preparation of food and basic food hygiene
- Dementia - Promoting Excellence, where relevant
- support for carers and a general understanding of the provisions of the Carers (Scotland) Act 2016
- infection control specialist training to meet any specific needs identified in Individual's Support Plans
- appropriate use of Personal Protective Equipment (PPE)
- confidentiality
- record keeping
- rights to risk taking
- roles and responsibilities of Staff
- General Data Protection Regulation (GDPR)
- skin viability¹⁶

2.3.18.2 An on-going programme of training shall be made provided by Service Providers which shall enable Staff to continuously improve their knowledge and skills. The Partnership may request copies of Service Providers training plans.

2.3.19 Reviews

2.3.19.1 The Partnership and Service Providers shall keep services under review. Service Providers shall review the needs of Individuals at least six monthly.

¹⁶ [Skin Viability Vimeo](#)

2.3.20 Personal Plans

2.3.20.1 Service Providers, in conjunction with Individuals and their Carers, shall develop Personal Plans to deliver on the outcomes identified in their Support Plans.

2.3.20.2 Service Providers shall ensure Personal Plans are kept up-to-date and that copies of Personal Plans are available to Individuals and their Carers.

2.3.21 Involvement in the Service

2.3.21.1 Service Providers shall involve Individuals and their Carers in consultation about the Service developments. Service Providers shall:

- maintain a record of consultations with Individuals and their Carers
- provide a record of how the information gathered shall be used to inform and improve future service delivery
- share the records to the Partnership upon request

2.3.21.2 Service Providers shall engage and consult with the Partnership through a range of platforms that may include but not limited to Service Provider Forums and Community Led Support initiatives to ensure that service developments and improvements are identified and implemented.

2.4 Best Value

2.4.1 The Council has a duty to secure best value services. This means the Council must ensure the Service provided is high quality, cost effective and meet the needs of Individuals. During the term of this Commissioning Plan and the FFA, the Council shall seek to develop a partnership approach and work with Service Providers to demonstrate "Best Value" provision.

2.5 Work Scheduling and Call Monitoring

2.5.1 The Partnership has commissioned a call monitoring (CM) system to assist Service Providers and the Partnership to monitor the Service delivered to Individuals and to calculate the level of payment due for the Service.

2.5.2 Service Providers whom have been awarded contracts by the Council under the terms of this Commissioning Plan and the FFA, shall use the CM system for any hours of service commissioned under the terms and conditions of the contracts.

2.5.3 In order to use the CM system, Service Providers shall require access to the internet and have an electronic scheduling system in place. The CM system will require, and Service Providers shall allow an interface to be established with their scheduling system.

2.5.4 Should Service Providers scheduling system incur charges for the creation of the interface, Service Provider's shall be responsible for such charges.

2.5.5 The Partnership shall provide one day's training, on a "train the trainer" basis, to Service Providers who has not used the CM system previously prior to the implementation of the system.

- 2.5.6 In order to be able to use the CM system, Service Providers shall be required to supply Staff with mobile phones with sufficient data allowance. Mobile phones shall be required to have NFC (Near Field Communication) in order to receive signals from the RFID (Radio Frequency Identification) discs that interface with the system and record Staff's arrival and departure times.
- 2.5.7 The Partnership shall cover the cost of one user license for Service Providers to use the CM system. Additional licenses, if required, can be purchased separately from the Council's CM supplier, if required, however Service Providers shall be responsible for the cost of the additional licenses.
- 2.5.8 The CM system records information that shall allow Service Providers and the Partnership to review and monitor the Service, including but not limited to:
- service duration - support time provided compared to the commissioned support time
 - punctuality – support start time compared to the commissioned planned start time
 - consistency of care - the number of different staff members attending

The CM system shall:

- allow alerts to be set against the planned visit times for Individuals preventing missed visits from occurring when properly used
 - aid Service Providers in terms of monitoring lone working Staff as it provides information on where Staff last logged in and what time they left
 - provide reassurance for Carers of the time and frequency of the Service visits
- 2.5.9 Service Providers Staff shall create manual entries at their next visit or the Service Providers shall record the times in the CM system by way of manual entries when Staff do not use the CM system to make a real-time record of their arrival and/or departure times.
- 2.5.10 Service Providers shall make the required amendments to the CM system in order that the information is fully reconciled as per the timetable issued by the Partnership.
- 2.5.11 Service Providers using the CM system, shall log as a minimum, 80% of visits logged in real-time, for example, using the mobile phone solution. Financial penalties that the CM system applies to the Partnership for failure to achieve the compliance level of 80%, shall be recharged to Service Providers.
- 2.5.12 Where the CM system is deployed, payment to Service Providers shall be based on the banded actual hours model as illustrated in Table 4 below. Service Providers Staff shall be required to log in and out in real-time to capture actual visit times. Five minutes shall be added to each visit time for any travel/delays around logging in. The total time shall be rounded up or down based on the bandings to determine the time that shall be paid by the Council.

Table 4: Banded Actual Hours Model

Banding	Paid Time
1 minute to 22 minutes 59 seconds of time	15 minutes
23 minutes to 37 minutes 59 seconds of time	30 minutes
38 minutes to 52 minutes 59 seconds of time	45 minutes
53 minutes to 67 minutes 59 seconds of time	60 minutes
68 minutes to 82 minutes 59 seconds of time	75 minutes
83 minutes to 97 minutes 59 seconds of time	90 minutes
etc.	etc.

- 2.5.13 Service Providers shall reconcile the data held in the CM system within the specified timescale as payment shall only be made for visits that took place where there is both a start and end time recorded on the CM system. The amount that shall be paid to Service Providers shall be agreed through the Finance Manager part of the CM system and shall be based on preset business rules.
- 2.5.14 Service Providers shall use the alert facility within the CM system to mitigate against potential missed visits.
- 2.5.15 If there is significant variation between the actual time provided and the planned time, Service Providers shall use the observation notes on the CM system to record the reason for the difference.
- 2.5.16 Service Providers shall be responsible for paying for and supplying Staff with mobile phones with sufficient data allowance to enable Staff to use the CM system. The Partnership shall be responsible for paying for the apps that need to be installed on the mobile phones and for a license to enable Service Providers to use the CM system. The Partnership shall pay for an initial batch of RFID discs which Service Providers shall reuse when care packages end and new care packages commence.
- 2.5.17 Service Providers shall comply with any requests placed on them by the Partnership, should the Partnership change to a different CM system supplier in the duration of this Commissioning Plan and the FFA.

Part Three: Financial Framework

3.1 BUDGET

3.1.1 The total annual budget available to fund the Service set out in this Commissioning Plan is illustrated in Table 5:

Table 5: Care at Home Services Budget

AREA	BUDGET
Care at Home Services	£9.251 million

3.1.2 The budget shall be reviewed on an annual basis and may increase annually considering national policies i.e. Real Living Wage¹⁷ or decrease to meet the allocated budget provision for the Service.

3.2 RATE INFORMATION

3.2.1 The Partnership shall offer one standard hourly rate for the Service under this Commissioning Plan. The standard hourly rate (excluding rurality enhancements) shall be £20.11 per hour with effect from 1 April 2023.

3.2.2 The standard hourly rate includes all costs, expenses and any other associated costs (including travel costs and mileage), fees or charges incurred in fully complying with this Commissioning Plan and FFA as well as fulfilling all other obligations incumbent in terms of this Commissioning Plan and FFA. The standard hourly rate is exclusive of VAT.

3.2.3 Where the CM system is deployed, the price payment by the Council shall be for logged minutes of real time as reflected by the CM system and according to the following banding formulas:

Banding	Paid Time
1 minute to 22 minutes 59 seconds of time	15 minutes
23 minutes to 37 minutes 59 seconds of time	30 minutes
38 minutes to 52 minutes 59 seconds of time	45 minutes
53 minutes to 67 minutes 59 seconds of time	60 minutes
68 minutes to 82 minutes 59 seconds of time	75 minutes
83 minutes to 97 minutes 59 seconds of time	90 minutes
etc.	etc.

3.2.4 The standard hourly rate shall be reviewed, as a minimum, on an annual basis and may be increased to take account of increase(s) in the adult social care pay uplift, the Scottish Living Wage or any other local and/or national policy.

¹⁷ [Fair Pay for Social Care Workers](#)

3.2.5 Any changes to the standard hourly rate shall take account of both efficiency measures and cost pressures. The Partnership shall work in collaboration with Service Providers to ensure the Service is as sustainable and efficient as possible.

3.2.6 The Council has implemented an eProcurement system, Oracle iProc, which enables Purchase Orders and Remittances to be generated and automatically transmitted by email and for invoices to be received by email. Service Providers shall be required to provide suitable email addresses for these purposes. If a personal email address is provided, it is recommended that consideration is given as to whether this is appropriate long-term.

3.3 ADULT SOCIAL CARE PAY UPLIFT

3.3.1 For the Service being commissioned under the provisions of this Commissioning Plan and FFA, Service Providers shall pay with effect from 1 April 2023, as a minimum, £10.90 per hour to all Staff providing direct care services on behalf of the Council, in response to the Scottish Government winter and system pressures funding allocation.

3.3.2 Those Staff who are eligible to be paid a minimum of £10.90 per hour:

BROAD TITLE	ROLE DESCRIPTION
Supervisor in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	Staff who holds responsibilities for providing and supervising the provision of care and/or support provided directly to adults using residential care / a user within a care at home service or of a housing support service.
Practitioner in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	Staff who provides care and support to adults using residential care and who has responsibility for co-ordinating the implementation of care plans. This may include holding keyworker responsibilities. This also includes Staff providing overnight support
Support Worker in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	Staff employed in providing care / and or support directly to adults using residential care / a user of service within a care at home service or of a housing support service. This also includes Staff providing overnight support

3.4 PARTIAL RURALITY ENHANCEMENT

3.4.1 The majority of South Ayrshire’s population is contained within and around the main towns of Ayr, Prestwick and Troon, therefore the Service shall be commissioned at the standard hourly rate. A rurality enhancement shall apply to the standard hourly rate outlined in this Commissioning Plan when delivering the Service in selected geographic areas as illustrated in Table 6 below:

Table 6: Partial Rurality Enhancement

South Ayrshire Areas/Locations	Partial Rurality Enhancement	Rurality Hourly Rate (£)
Ballantrae, Pinmore, Pinwherry, Colmonell, Barrhill, Lendalfoot, Straiton and surrounding areas of all	6%	£21.32
Girvan, Dailly, Old Dailly, Turnberry, Maidens, Barr, Kirkoswald, Maybole, Kirkmichael, Crosshill, Minishant, Dunure/Fisherton and surrounding areas of all	3%	£20.72
All other South Ayrshire areas/locations	0%	£20.11

3.5 PAYMENT ARRANGEMENTS

- 3.5.1 Service Providers shall be required to retain financial records on a four weekly basis detailing the hours of support provided to Individuals, together with details of any other relevant costs and maintain these in the format of an agreed Record of Service delivery (ROSD).
- 3.5.2 The Council shall issue an official Purchase Order for each year. The Council shall not be liable to pay for any Services carried out by the Service Provider unless it is specified in an official Purchase Order.
- 3.5.3 Payment for the Service in accordance with the provisions of this Commissioning Plan and the FFA shall be made on a four-weekly basis in arrears, following the submission by Service Providers to the Partnership, the necessary ROSD's in the agreed format as set out at Appendix 4. Following review and agreement of the ROSD's, the Council shall instruct Service Providers to raise an invoice for the period in question. Payment shall be made upon submission by Service Providers of accurate invoices. The Council reserves the right to reject incorrect or incomplete invoices and to require correction or completion and resubmission.
- 3.5.4 In the duration of this Commissioning Plan and the FFA, ROSD's shall be replaced by the CM system as detailed in section 2.7 to assist Service Providers and the Partnership to calculate the level of payment due for the Service.

3.6 FINANCIAL SUSTAINABILITY

- 3.6.1 The Partnership encourages Service Providers to seek funding from a range of sources to secure sustainability. This shall require consideration of funding streams that shall complement the public service funding paid through this Commissioning Plan and the FFA but not used as core funding for the delivery of the Service. This shall not necessarily be restricted to external third-party support, fund raising activities, private purchased support, grants and subsidiary commercial operations.

3.7 BEST VALUE

- 3.7.1 The Local Government in Scotland Act 2003 "Local Authorities' Duty to Secure Best Value" introduced the statutory Framework for Best Value for Local Authorities and the themes/statutory duties [Local Government in Scotland Act 2003 \(legislation.gov.uk\)](http://legislation.gov.uk)

3.8 FINANCIAL REPORTING

- 3.8.1 Service Providers commissioned under the terms of this Commissioning Plan and the FFA shall submit to the Council a copy of their audited accounts on an annual basis within three months of the accounts being approved, or as requested by the Council.

Part Four: Quality Assurance

4.1 PERFORMANCE MANAGEMENT

4.1.1 Service Providers shall notify the Partnership of and the Partnership shall be entitled to attend Care Inspectorate feedback sessions. Where the Partnership is unable to attend Service Providers feedback sessions, Service Providers shall inform the Partnership's Contract Administrator, within three working days, of the provisional grades attained.

4.2 QUALITY ASSURANCE FRAMEWORK FOR COMMISSIONED SERVICES

4.2.1 The aspiration to deliver high-quality Service shall be a shared responsibility for the Partnership and Service Providers. Working in partnership to improve the outcomes for Individuals and their families is at the core of delivering high quality care and support.

4.2.2 Section 4.2.3 – 'Quality Assurance Framework for Commissioned Services' sets out the evidenced based approach the Partnership shall implement to provide the Partnership with assurance that the Service is providing high quality care and support on a consistent basis for the Individuals.



SAHSCP QA

4.2.3 Framework Final 0206

4.3 OUTCOMES AND KEY PERFORMANCE MEASURES

4.3.1 Service Providers shall have robust management arrangements in place to ensure effective delivery of the Service. Specific outcomes to be achieved for Individuals shall be agreed between Individuals, Carers, Care Managers and Service Providers and shall be recorded and reviewed. The outcomes shall be recorded and reviewed by Service Providers. Service Providers shall report Individuals outcomes using a suitable assessment tool, for example, an outcomes tracker or equivalent. Reporting progress on these outcomes and measures shall not only be statistical but shall also be accompanied by qualitative information.

4.3.2 The outcomes and indicators detailed in Part 2 of this Commissioning Plan, shall be utilised by the Partnership to monitor/evaluate service level performance throughout the duration of contracts awarded under the terms of this Commissioning Plan and the FFA, applying section 4.2.3 – Quality Assurance Framework for Commissioned Services. This approach shall enable progress towards the attainment of the short, medium and long-term outcomes.

4.4 CONTRACT AND SUPPLIER MANAGEMENT

4.4.1 The Council shall monitor and measure Service Providers performance against the Council's Key Performance Indicators (KPI's)

4.4.2 A breakdown of what is expected from Service Providers and the applicable Contract and Supplier Management (CSM) process relevant to this Commissioning Plan is detailed within section 4.4.3.



SAC Social Care
KPI's.pdf



CSM Meeting
Agenda.pdf

4.4.3

4.5 MANAGEMENT INFORMATION

4.5.1 Management information may be required to be provided to the Partnership by Service Providers.

4.5.2 Management information shall be submitted electronically to the Partnership 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 this Commissioning Plan and the FFA.

4.6 EXIT PLAN/EXIT STRATEGY

4.6.1 If Service Providers are excluded from providing the Service and any contracts that it has with the Council under the terms of this Commissioning Plan are terminated, Service Providers shall ensure minimum business and disruption to the Service is maintained. Service Providers shall prepare an exit plan and submit it to the Partnership for approval when requested.

4.6.2 The Service Providers shall ensure that their exit strategies are reviewed on an ongoing basis or when a significant change occurs. The Partnership may request a copy of Service Providers exit plan as deemed necessary.

4.6.3 The Partnership shall have responsibility for ensuring that both parties are working towards the planned fulfilment and exit of this Commissioning Plan, FFA and any other contracts that it has with the Council under the terms of this Commissioning Plan and the FFA.

4.7 CONTRACT REVIEWS AND OPTION APPRAISAL

4.7.1 Planned Commissioning Plan Review

4.7.2 The Partnership may undertake a planned review of the Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan and the FFA. The purpose shall be to review the performance of the Service Providers, Service Provider's contribution towards the agreed outcomes of the Commissioning Plan, enable operational representatives to reach a decision regarding the suitability of the service model i.e. responsive to current demand and future need, suitability of Service Providers moving forward, meeting Best Value and to identify areas of innovation, amendments and improvements. The Quality Assurance Framework, Contract and Supplier Management process and the Commissioning Plan review shall inform the ongoing development of strategic commissioning plans.

4.7.3 The outcome of the review shall be reflected in a review report. The report may include an options appraisal section that shall consider the following but not limited to options:

- continue this Commissioning Plan, the FFA and/or any contracts that Service Providers have with the Council under the terms of this Commissioning Plan

- vary the Commissioning Plan
- vary the FFA
- vary the contracts
- redesign/reconfigure the Service
- service moratorium
- terminate the Commissioning Plan
- terminate the FFA
- terminate any contracts that Service Providers have with the Council under the terms of this Commissioning Plan
- decommission the Service
- tender
- tender for an alternative Service
- alert to other statutory bodies

4.7.4 The review report, may be shared with all relevant stakeholders, including Service Providers.

4.8 Unplanned Commissioning Plan Review

4.8.1 The Partnership may be required to undertake an unplanned review of the Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan.

4.8.2 Examples of some of the reasons an unplanned review may be required to take place include, but are not limited to:

- receipt of service concern(s) or patterns/trends which suggest dissatisfaction with the Service
- where significant concerns are raised about the service for example, by Individuals or their Carers, Care Managers, the media, the public
- significant performance concerns, such as staff turnover, staff absence, the level of serious incidents
- where the Partnership/the Council is notified of serious concerns held by another agency, such as the Care Inspectorate, other local authorities, Police Scotland
- breakdown of the Service, which would potentially have significant budgetary impact, requirement for reconfiguration or decommissioning
- where the model of the Service no longer complies with the Partnership's strategic priorities or service objectives
- where changes to legislation affect existing arrangements or Service Providers ability to provide the Service
- Service Providers are in breach of the terms and conditions expressed in this Commissioning Plan and the FFA
- Where changes in the Service affects its overall cost, leading to concerns about the viability or cost of the Service (Best Value)

4.9 **SERVICE PROVIDERS FORUMS**

4.9.1 Service Provider forums shall be the main vehicle for the Partnership and Service Providers to engage, to collaborate and to develop and continually improve the Service. It is expected by the Partnership, that Service Providers shall attend and contribute to the Forums throughout the duration of this Commissioning Plan and the FFA.

Part Five: Strategic Level Risks

5.1 STRATEGIC LEVEL RISKS

5.1.1 Through the development and lifespan of this Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan, it is important to consider associated risks, and to mitigate them as far as is practicable. Strategic level risks may impact on the delivery of this Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan. Table 7 outlines perceived areas of potential risk and approaches to mitigate these.

Table 7: Strategic Level Risks

Risk Title	Risk Description	Impact Description	Mitigating Steps
Commissioning Plan objectives do not remain consistent with the Partnership's priorities and strategies	Key strategic priorities or legislative change occurring, resulting in the Commissioning Plan's service delivery outcomes being less effective.	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 the specification for the Service, and throughout the lifetime of this Commissioning Plan the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan. Ability to vary this Commissioning Plan, the FFA and any contracts awarded under the terms of this Commissioning Plan for any required adjustments needed to meet strategic or legislative change
Adult Support and Protection	The Council and the Partnership fail to provide adequate adult support and protection to Individuals	Accident, incident or crime resulting in harm or abuse to an adult. Legal prosecution/civil litigation. Significant damage to the reputation of the Partnership, the Council and/or other Community Planning Partners. Financial impact of any prosecution or claims made. Impact on resource allocation.	Provision of Adult Support and Protection training to Service Providers and their Staff over the lifespan of this Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan. Partnership has an ASP Co-ordinator in place. Effective procedures in place. Performance reporting to APC and COG in place.
Child Protection	The Council and the Partnership fail to provide	Accident, incident or crime resulting in harm or abuse to a child. Legal prosecution/civil	Provision of Child Protection training to Service Providers and their Staff over the lifespan of this Commissioning Plan, the FFA and any contracts

	adequate child protection to Individuals	litigation. Significant damage to the reputation of the Partnership, the Council and/or other Community Planning Partners. Financial impact of any prosecution or claims made. Impact on resource allocation.	that Service Providers have with the Council under the terms of this Commissioning Plan. Partnership has Child Protection team in place that is also contactable out of hours. Effective procedures in place. Performance reporting to CPC and COG in place.
Financial Constraints/Resource Allocation	The level of resource provided by the IJB is insufficient to deliver against the objectives of this Commissioning Plan	Reputational damage. Risk of dispute arising between partners and Individuals. Partnership breaks down because it cannot deliver against the objectives of this Commissioning Plan. Needs and outcomes 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 this Commissioning Plan. Innovation is a key element of this Commissioning Plan, which requires Service Providers and the Partnership to identify service delivery efficiencies.
Service Provider Failure	There is a risk (a) that Service 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 Service Providers failure.	Failure to deliver critical services, risk to Individuals, reputational damage, financial loss, statutory breach and litigation.	Thorough scrutiny of Service Providers capacity and solvency during the tender process, contract award, throughout the lifetime of this Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan by utilising Quality Assurance and CSM approach. Service Providers shall require having in place robust service decommissioning/exit strategies to permit the effective management of service transitions or unforeseen service failures.
Effective Communication	The Partnership fails to properly engage with	Service Providers are not engaged in the transformation of service planning and delivery	Mobilisation meetings and Forums shall ensure good understanding of service requirements, development of collectively agreed and robust

	Service Providers and other partners.	with negative implications for business efficiency and the Partnership's reputation.	<p>service ambitions, indicators, and future quality assurance.</p> <p>Engagement with Individuals on the SDS options available to them through which their services can be provided.</p> <p>Conduct comprehensive engagement with Service Providers to ensure sufficient communication exists and relationship management is strengthened</p>
Staffing levels	An inadequate level of staffing due to high level of vacancies and turnover has a detrimental impact of achievement of this Commissioning Plan objectives, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan.	Needs are not met. Service is not provided in line with this Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan. Best Value is not delivered.	Thorough scrutiny of Service Provider's capacity, staffing resources, and service delivery model during the tender process, contract award and throughout the lifetime of this Commissioning Plan, the FFA and any contracts that Service Providers have with the Council under the terms of this Commissioning Plan by utilising Quality Assurance and CSM approach.
Hourly Rate	The hourly rate is too low to meet the running costs of the Service.	The Service is handed back to the Partnership. Individuals have disruption in their Service. Reputational damage.	<p>Effective relationship management with Service Providers.</p> <p>Projection information available on the likely future demand for services.</p> <p>Annual budget process allows service pressures to be considered.</p> <p>Overall sustainability of marketplace is regularly monitored.</p> <p>Service Providers financial viability is monitored.</p>
Service Efficiency	Work is allocated in a way that builds efficiencies into the system which then leads to resources	More time is spent travelling between Individuals locations. Multiple Service Providers	This Commissioning Plan and mobilisation plan shall allow historic efficiency issues that have been created to be managed out of the system.

	not being utilised in the most efficient way possible.	operating in the same street/area.	Use of GIS mapping identifies where potential inefficiencies exist. New arrangements proposed for the future allocation of work which should improve efficiency overall. Utilisation of Service Providers expertise to achieve efficiencies in the allocation of the Service.
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Part Six: Evaluation

6.1 EVALUATION

6.1.1 Service Providers whom wish to participate in delivering against this Commissioning Plan and the FFA, shall be required to submit tenders subject to assessment and clarification by means of a structured process in accordance with South Ayrshire Council’s Standing Orders. The evaluation process will be systematic, thorough and fair.

6.1.2 Award Criteria

Tenders received shall be assessed against the following criteria:

Price: 0%
Quality: 100%

6.1.3 Service Providers shall be required to submit as part of their tender response, full and detailed written responses to each question illustrated in Table 8, taking cognisance of the weightings applied to each question. Members of the evaluation panel whom shall be assessing the tenders received, shall assess all the information provided by Service Providers in response to these questions.

Where questions require a written response, Service Providers response shall not exceed 2 sides of A4 in Arial Font Size 11 with single spacing for each question (excluding attachments or diagrams).

Table 8: Quality Evaluation Criteria

Quality Evaluation Criteria		
Question Number	Question	Weighting (%)
1.0	<p>How will Service Providers achieve the objectives of the Service to be delivered under this Commissioning Plan as outlined in section 2.2.3?</p> <ul style="list-style-type: none"> • support the health and wellbeing of Individuals • treat Individuals with dignity and respect • meet outcomes as articulated in Individuals Support Plans • signpost Individuals to community services and organisations to prevent social isolation and loneliness through the Partnership Community Link Practitioners, 3rd Sector Organisation and by utilising the information within the South Ayrshire Life Community Information Database • prevent inappropriate admission to hospital • provide discharge with care timeously from hospital • promote ‘Home First’ ethos <p>Service Providers must include evidence to support their response.</p>	15%
Service Providers Response		

2.0	How will Service Providers achieve and measure the long-term service level outcomes of this Commissioning Plan as outlined in Section 2.2.34? Service Providers must include evidence to support their response.	10%
Service Providers Response		
3.0	What is the approach Service Providers shall apply to Workforce Planning, including, but <u>not</u> limited to the recruitment and retention of staff?	5%
Service Providers Response		
4.0	How will Service Providers systematically plan to ensure their workforce is registered with the appropriate bodies; meets all re-registration requirements; and has the capacity, experience, knowledge and skills needed to manage and develop the needs of the Individuals receiving the Service?	5%
Service Providers Response		
5.0	How will Service Providers support and develop Staff during the period of this Commissioning Plan and the FFA including but <u>not</u> limited to specific training? Service Providers shall submit a proposed training plan for the first year of this Commissioning Plan. The training plan shall include but <u>not</u> limited to the range, frequency and level of training and development opportunities Service Providers shall provide to Staff to fully comply with this Commissioning Plan.	5%
Service Providers Response		
6.0	What effective management and supervision arrangements shall Service Providers have in place to	5%

	<p>deliver contracts awarded under this Commissioning Plan?</p> <p>Service Providers shall outline details of their proposed management structure, office base and their contactable service as outlined in section 2.2.11.</p>	
Service Providers Response		
7.0 Case Study	<p>Mr G is a 75-year-old man who enjoyed being active throughout his life, but in recent times his physical ability has progressively reduced. This has resulted in an increase in falls and resultant long hospital stays. Mr G's mental health is also being affected due to him feeling resentful of his life. Mr G demonstrates his resentment by aggressive verbal and physical behaviours.</p> <p>Mr G was recently discharged from hospital and lives alone in the house that he and his wife moved into 2 years ago. Mr G's wife is deceased. Previously they had lived abroad for 20 years. He has a diagnosis of dementia and is struggling to manage his personal care and meal preparation.</p> <p>His daughter lives one town away and has a young family. She provides support with weekly shopping and some general housework. Mr G frequently contacts his daughter in the middle of the night as he is confused regarding time and place. This is having a negative impact on her health and family life. She has approached Service Providers for help and advice.</p> <p>7.0.1 How would Service Providers help and how shall Service Providers direct Mr G's daughter?</p> <p>Mr G is becoming isolated as his daughter can only manage to visit on Tuesdays and due to only living in his current home for a few years does not have strong links in the community. He previously enjoyed playing darts, dominos and was an avid bird watcher.</p> <p>7.0.2 What would Service Providers approach be to support Mr G within his home?</p> <p>7.0.3 How would Service Providers support Mr G to minimise admission to acute hospital?</p> <p>Service Providers response shall cover but not limited to the following key areas:</p> <ul style="list-style-type: none"> • person-centred approach • achievement of personal outcomes 	<p>5%</p> <p>5%</p> <p>5%</p>

	<ul style="list-style-type: none"> • continuity of care • recognising Carers • adapting the Service to meet unexpected challenges • facilitating flexible and responsive discharge from hospital • engaging and involving Individuals and Carers in the planning and delivery of the Service • engaging and involving Individuals and Carers would inform service development and improvement 	
Service Providers Response		
8.0	Service Providers shall outline how they would work innovatively to deliver against the aspirations of this Commissioning Plan?	15%
Service Providers Response		
9.0	<p>The use of technology including, but not limited to:</p> <ul style="list-style-type: none"> • Technology Enabled Care (TEC) • Telehealth • Care at Home Scheduling Systems • Care at Home Call Monitoring Systems <p>can contribute to the effective delivery of the Service whilst supporting the management of risk.</p> <p>How would Service Providers effectively promote the use of such technology in the Service?</p>	10%
Service Providers Response		
10.0	<p><u>Community Benefits</u></p> <p>Service Providers should detail and demonstrate their organisations' commitment to providing Community Benefits within South Ayrshire with specific reference to this Commissioning Plan.</p> <p>Service Providers shall consider the following Community Benefit categories and, where possible, allocate the benefit intended to be offered through the</p>	5%

	<p>duration of this Commissioning Plan against these categories;</p> <ul style="list-style-type: none"> • Improving Education and Skills (e.g. creation of apprenticeships or delivering presentations in schools) • Improving Local Employability (e.g. creation of new jobs, recruitment of long-term unemployed, disadvantaged or young people) • Work Experience Placements/Programmes (e.g. providing work experience placements to those in education) • Delivering Training and Development in the Community (e.g. mentoring - private sector Service Providers can offer support, normally as part of their CSR activity, where they can offer support and guidance to local organisations and individuals) • Enhancing & Improving Local Community and Environmental Projects (e.g. providing volunteers or donations) • Sponsorship and Charity Work • Supported Business, Third Sector and Voluntary Initiatives (e.g. offering Small and Medium Enterprises and Voluntary Sector organisations opportunities to provide goods and/or services as part of this Commissioning Plan) • Other <p><i>The Councils Employability & Skills Team shall provide support to employers to create apprenticeships, offer work experience placements, support individuals from school to retirement age, helping them to develop employability skills and provide work experience, help to organise a presentation to schools and can signpost to Skills Development Scotland for more information on funding and how to create apprenticeship opportunities. More information on the programmes and placements that can be offered can be found within the 'ES Full Programme' leaflet within the Statement of Requirements and at https://www.south-ayrshire.gov.uk/employability-and-skills</i></p> <p>Service Providers shall focus on what their organisation can deliver throughout the duration of this Commissioning Plan against the Community Benefit categories listed above and submissions shall be evaluated accordingly.</p> <p>Community Benefits delivered in the past or through previous projects/contracts cannot be evaluated as part of this submission and, as such, submissions which focus on historic Community Benefits shall receive zero marks.</p>	
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	<p>If further information is required, Service Providers shall refer to the Council's Community Benefits web page.</p> <p>This web page includes a list of local projects, which Service Providers may find useful for any Community Benefits they wish to propose:</p> <p>https://www.south-ayrshire.gov.uk/article/27849/Sustainable-procurement</p> <p>Service Providers shall submit their response using the attachment titled "Community Benefits Table (Insert Service Providers Name)". Service Providers shall download, complete and attach their file as part of their submission.</p>	
<p>Service Providers Response</p>		
<p>11.0</p>	<p>Fair Work First</p> <p>Service Providers shall describe and demonstrate how they will commit to progressing towards adopting the seven Fair Work First criteria for Staff (including any agency) engaged in the delivery of this Commissioning Plan.</p> <p>Service Providers shall describe how they are committed to progressing towards adopting and how they intend to continue embedding, the seven Fair Work First criteria:</p> <ol style="list-style-type: none"> 1. appropriate channels for effective voice, such as trade union recognition; 2. investment in workforce development; 3. no inappropriate use of zero hours contracts; 4. action to tackle the gender pay gap and create a more diverse and inclusive workplace; and, 5. providing fair pay for workers (for example, payment of the real Living Wage). 6. offer flexible and family friendly working practises for all workers from day one of employment 7. oppose the use of fire and rehire practices <p>Responses shall include current and planned actions that show how Service Providers shall embed these practices during the lifetime of this Commissioning Plan.</p>	<p>5%</p>

	<p>Answers shall include tangible and measurable examples and shall also describe how Service Providers shall report on, and demonstrate progress, to the Council during the lifetime of this Commissioning Plan.</p> <p>Good answers will reassure evaluators that Service Providers are committed to progressing towards adopting the Fair Work First criteria and to progressing towards wider fair work practices set out in the Fair Work Framework for the Staff engaged in the delivery of this Commissioning Plan and those in the supply chain working on this Commissioning Plan.</p>	
Service Providers Response		
12.0	<p><u>Sustainability</u></p> <p>Service Providers shall detail, within their submission, how they shall commit to Sustainable Pledges and ensure that, throughout the duration of this Commissioning Plan, sustainable benefits can be delivered through the products and services provided. Service Providers <u>must</u> make a commitment against at least <u>one</u> Sustainable Pledge Category.</p> <p>Service Providers shall complete the Excel attachment detailing any proposed Sustainable Pledges to be delivered over the course of this Commissioning Plan.</p> <p>Service Providers shall consider the following Sustainable Pledge categories and, where possible, allocate the sustainable benefit intended to be offered during the duration of this Commissioning Plan to at least <u>one or more</u> of these categories:</p> <ul style="list-style-type: none"> • Sustainable products and services: Details of the steps Service Providers shall take to provide products and services that are designed for sustainability, as well as safety, minimising the environmental impacts arising from their delivery or use. • Energy savings: Service Providers targets on reducing greenhouse gas emissions throughout the duration of this Commissioning Plan. Can energy use be reduced, or will more renewable energy be used? Are Service Providers endeavouring to meet the Scottish Government's target of net zero 	5%

	<p>greenhouse gas emissions by 2045, with a 75% reduction by 2030?</p> <ul style="list-style-type: none"> • Monitoring and recording emissions: The monitoring methods employed by Service Providers, throughout the duration of this Commissioning Plan, to record energy consumption and greenhouse gas emissions, including any baseline data to track improvements against. • Waste reduction: The measures Service Providers shall take throughout the duration of this Commissioning Plan to generate less waste or increase the amount of waste that is reused and recycled. • Transport solutions: Details of Service Providers use of more sustainable transport methods throughout the duration of this Commissioning Plan. Can more efficient methods of delivery be employed or are there any efforts Service Providers are adopting to be have a more sustainable fleet? • Recycle, reduce or re-use initiatives: Will Service Providers employ any examples of the circular economy in the delivery of the Service? • Climate change adaption: What action shall be taken to increase Service Providers resilience to climate change risks throughout the duration of this Commissioning Plan? This could include the inclusion in business continuity plans in the event of threats to the natural environment, buildings, infrastructure networks and society such as flooding, storms, fires and food security. • Climate change awareness: What organisational sustainability activities or training shall be conducted throughout the duration of this Commissioning Plan by Service Providers? Shall there be efforts to increase climate literacy and green job skills through training and the understanding of sustainable objectives among staff and members of the supply chain? • Any other initiatives that shall be implemented to reduce Service Providers impact upon the environment throughout the duration of this Commissioning Plan. <p>Sustainability initiatives delivered in the past or through previous contracts or projects cannot be evaluated as</p>	
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	<p>part of this submission and, as such, submissions which focus on historic sustainability initiatives will receive zero marks.</p> <p>Service Providers response shall be relevant to the scale and scope of this Commissioning Plan and to assist in your response Service Providers can visit the Council's Sustainable Development web pages for relevant documents and information through the following link:</p> <p>https://archive.south-ayrshire.gov.uk/sustainable-development/energy/sac-climate-change.aspx</p> <p>Service Providers shall download, complete and attach the file titled "Sustainability Response Table."</p> <p>Service Providers shall submit their response using the attachment provided.</p> <p>If Service Providers are successful on being awarded contract(s) through the FFA, Service Providers Sustainable Pledges shall be evaluated on an ongoing basis via the Council's CSM procedures and via regular Balanced Scorecard reviews.</p> <p>The Council shall request management information to evidence the delivery of Sustainable Pledges and shall offer guidance and advice on delivering on Sustainable Pledges after contract(s) award.</p>	
<p>Service Providers Response</p>		

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”.*¹⁸

The complete Joint Strategic Commissioning process is set out in the following model¹⁹, which is based on the basic premise of Analyse, Plan, Deliver and Review.



¹⁸ “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/>

¹⁹ Developed by the Institute of Public Care Oxford Brookes University. http://ipc.brookes.ac.uk/publications/pdf/Learning_Development_Framework.pdf

CARE AND SUPPORT TO BE PROVIDED BY SERVICE PROVIDERS

All tasks shall be identified and reported in Individual's Support Plans.

Individuals shall be supported to maintain their independence or increase their independence to their maximum capability and to achieve the outcomes identified in their Support Plans.

The care and support to be provided by Service Providers is listed below. This list is not exhaustive and there may be occasions where Support Plans differ due to individual need. All care and support shall remain outcome focused:

- **Personal Hygiene** - Bathing, showering, hair washing and drying, shaving, oral hygiene and nail care.
- **Continence Management** - Toileting, catheter/stoma care, skin care, incontinence laundry, and changing bedding and clothing.
- **Food and Diet** - Assistance with the preparation of food and drinks, assistance with the fulfilment of special dietary needs, assistance with eating and drinking and leaving the home clean and tidy.
- **Problems with Mobility** - Dealing with the consequences of being immobile or substantially immobile and the use of appropriate equipment.
- **Emotional Support** – Behavioural support, social support, operation of reminding devices and telecare/telehealth devices
- **Medication and Simple Treatments** - Assistance with medication (including eye drops) in accordance with the Council's Medication Policy Level 1, 2 and 3 and South Ayrshire Council's Medication Guidelines, application of creams and lotions, simple dressings, and oxygen therapy; and
- **Personal Assistance** - Assistance with dressing and undressing, surgical appliances, peg feeding, prostheses and mechanical and manual aids. Assistance to get up and go to bed. Transfers including the use of a hoist. Supporting the operation of Technology Enabled Care (TEC) and telehealth devices.

Additional Tasks

The additional tasks listed below are not exhaustive and there may be occasions where Support Plans differ due to individual needs:

- report any concerns about Individuals to Care Managers – including, but not limited to, medication concerns, financial and welfare concerns, and risks
- report any medication errors immediately to Care Managers as soon as aware, actions taken to resolve issues and submittance of a Medication Service Complaint/Incident Summary Report Form:



Med Incident
Reporting Tool.docx

- liaise with pharmacy, GP or NHS Inform on any issues relating to medication

Appendix 2 – Care and Support to be provided by Service Providers

- ensure that Staff have access to the name of GP's with whom Individuals are registered and are aware that whenever Individuals request assistance to obtain medical attention, or appear unwell and unable to make such a request, that GP's or emergency services are contacted without delay. Where Individuals shall not give permission for GP's to be contacted, Service Providers shall notify Care Managers immediately
- report any missed visits to Care Managers as soon as Service Providers become aware and actions taken to deal with such situations
- work with family members/attorneys to provide holistic support

Health and Social Care Partnership

Director, Health and Social Care Partnership
Tim Eltringham



Dear Manager

Direct Award Letter

Reference:

Care and Support at Home Service

Individual:

Further to our recent discussions I write to confirm agreement on behalf of South Ayrshire Council to fund the provision of a care and support at home service to the above Individual, subject to the following:

1. The rate for this service shall be £ as specified in the above Flexible Framework Agreement.
2. South Ayrshire Council agrees to fund the Service commencing <date> in accordance with the provisions of the Flexible Framework Agreement and Contract Conditions.
3. <Service Provider> shall provide services as detailed in the personal Support Plan.
4. Payment shall be made by South Ayrshire Council in accordance with current payment procedures, four weekly in arrears, on submission of detailed record of service delivery information.
5. The Service Provider's designated officers shall consult regularly with representatives of South Ayrshire Council throughout the duration of the Service for the purpose of monitoring service delivery. The frequency of such meetings shall be agreed jointly between South Ayrshire Council and the Service Provider.

Yours sincerely

Appendix 3a – Sample Direct Award Letter

RESOURCE REQUEST/AMENDMENT FORM

Individuals Name and Address:					
CareFirst number:					
Date of birth:					
Care requested:	Double Carers	YES/NO	Total Hours required per week		
Additional Information (for service amendments only)					
Breakdown of Cost (Hrs x Hourly Rate)					
Total Cost Per Week					

WEEKLY SERVICE PROVISION IN MINUTES										
	(Early Morning) 7am-10.00am	(Mid-Morning) 10am-11.15am	(Mid-day) 11.15am-1.00pm	(Afternoon) 1pm-3.00pm	(Early Evening) 3pm - 6.30pm	(Late Evening) 6.30pm-10pm	TOTAL MINS	Sleep over Y/N	Waking Night	24/7
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
						Weekly Total (mins)				

Please Note: Assessment and Support Plan to be included in order to support delivery of outcomes



Health and Social Care Partnership

**Director, Health and Social Care Partnership
Tim Eltringham**



Community Care Team
John Pollock Centre, Mainholm Road, Ayr, KA8 0QD
Tel: 01292 281993 Fax:
Email:
Our Ref: Your Ref:
Date:
If phoning or calling, ask for:

Dear Manager

**Reference:
Care and Support at Home Service – Increase/Decrease of Service**

In accordance with the agreement concluded between yourself and South Ayrshire Council, please provide a Care at Home Service as follows:

Individuals Name and Address:					
CareFirst number:					
Date of birth:					
Care requested:	Double Carers		Total Hours required per week		
Additional Information (for service amendments only)					
Breakdown of Cost (Hrs x Hourly Rate)					
Total Cost Per Week					

Appendix 3b – Sample Increase/Decrease Letter

WEEKLY SERVICE PROVISION IN MINUTES										
	(Early Morning) 7am-10.00am	(Mid-Morning) 10am-11.15am	(Mid-day) 11.15am-1.00pm	(Afternoon) 1pm-3.00pm	(Early Evening) 3pm - 6.30pm	(Late Evening) 6.30pm-10pm	TOTAL MINS	Sleep over Y/N	Waking Night	24/7
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
						Weekly Total (mins)				

DATE COMMENCED:

NEW WEEKLY COST OF CARE:

Yours sincerely

Please Note: Assessment and Support Plan to be included in order to support delivery of outcomes.

RECORD OF SERVICE DELIVERY

RECORD OF SERVICE DELIVERY

Provider Name:						
Reporting period:	01/04/2018- 28/04/2018					

Level of service provided during 4 week period (all Localities)

Name	Address	Contracted Hours per 4 weeks	Actual Hours Provided	Variance	Cost	Notes
<i>Insert additional rows as required</i>						
TOTALS:		0	0	0	0	

Staffing Levels during 4 week period

How many WTE staff did you require to deliver the ACTUAL hours during the 4 week period?	Staffing Ratio to Actual Hours Provided (no need to enter data this will be automatically calculated)	What was the total WTE staffing level available during 4 week period.	How many vacancies (WTE) did you have during this period ?	Total hours lost during 4 week period due to sickness?	Comments re staffing during this reporting period.
	#DIV/0!				

South Ayrshire Council Equality Impact Assessment Scoping
1. Proposal details

Commissioning Plan for Care at Home Services: Equality Impact Assessment	Billy McClean, Head of Community Health and Care Services
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2. Which communities, groups of people, employees or thematic groups do you think shall be, or potentially could be, impacted upon by the implementation of this proposal? Please indicate whether these would be positive or negative impacts

Community, Groups of People or Themes	Negative Impacts	Positive impacts
The whole community of South Ayrshire		X
People from different racial groups, ethnic or national origin.		X
Women and/or men (boys and girls)		X
People with disabilities		X
People from age groups for example Older people, children and young people		X
Lesbian, gay, bisexual and heterosexual people		X
People who are proposing to undergo, are undergoing or have undergone a process to change sex		X
Pregnant women and new mothers		X
People who are married or in a civil partnership		X
People who share a particular religion or belief		X
Thematic Groups: Health, Human Rights, Rurality and Deprivation.		X


3. Do you have evidence or reason to believe that the proposal shall support the IJB & Council to:

General Duty and other Equality Themes	Level of Negative and/or Positive Impact (high, medium or low)
Eliminate discrimination and harassment faced by particular communities or groups	Positive – Low
Promote equality of opportunity between particular communities or groups	Positive – Medium
Foster good relations between particular communities or groups	Positive - Low
Promote positive attitudes towards different communities or groups	Positive - Low
Increase participation of particular communities or groups in public life	Positive - Low
Improve the health and wellbeing of particular communities or groups	Positive – High

Appendix 5 – Equality Impact Assessment

Promote the human rights of particular communities or groups	Positive – High
Tackle deprivation faced by particular communities or groups	Positive – Low

4. Summary Assessment

Is a full Equality Impact Assessment required? (A full EIA must be carried out on all high and medium impact proposals)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Rationale for decision: The Commissioning Plan for Care at Home Services shall deliver high and medium impacts in terms of a number of the above equality themes.	
	
Signed : Billy McClean, Head of Community Health and Care Services	
Date: 20/8/21	Copy to equalities@south-ayrshire.gov.uk

**SOUTH AYRSHIRE COUNCIL
EQUALITY IMPACT ASSESSMENT**

Section One: Proposal Details*

Name of Proposal	Commissioning Plan for Care at Home Services 2022-26: Equality Impact Assessment
Lead Officer (Name/Position)	Billy McClean, Head of Community Health and Care Services
Proposal Development Team (Names/Positions)	Care at Home Commissioning Working Group
Critical friend (s)	Billy Fisher – Learning Officer

What are the main aims of the proposal?	<p>To provide care at home services for the following groups:</p> <ul style="list-style-type: none"> • Adults/older people with complex care needs • Adults/older people with physical disability • Adults/older people with dementia • Adults/older people who are frail and/or vulnerable • Adults/older people with addiction issues • Children and Young People with complex care needs • Individuals with sensory impairment
What are the intended outcomes of the proposal	<ul style="list-style-type: none"> • Individuals are able to live well at home for longer • More Individuals live safely at home for longer • Individuals’ particular preferences are more likely to be accommodated • Service Providers strive to offer a consistent care service

Section Two: What are the Likely Impacts of the Proposal?

<p>Shall the proposal impact upon the whole population of South Ayrshire or particular groups within the population (please specify)</p>	<p>The Commissioning Plan for Care at Home Services shall impact on the following groups:</p> <ul style="list-style-type: none"> • Adults/older people with complex care needs • Adults/older people with physical disability • Adults/older people with dementia • Adults/older people who are frail and/or vulnerable • Adults/older people with addiction issues • Children and Young People with complex care needs • Individuals with sensory impairment
--	--

Considering the following Protected Characteristics and themes, what likely impacts or issues does the proposal have for the group or community?

List any likely positive and/or negative impacts

Protected Characteristics	Positive and/or Negative Impacts
<p>Race: Issues relating to people of any racial group, ethnic or national origin, including gypsy travellers and migrant workers</p>	<p>The Commissioning Plan for Care at Home Services shall apply equally to Individuals of all racial groups and where information is required to be translated or provided in alternative formats it shall be provided upon request.</p>
<p>Sex: Issues specific to women or men</p>	<p>It is expected that the provisions of the Commissioning Plan for Care at Home Services shall lead to the provision of more efficient and effective services for both men, women and children through an improved utilisation of resources.</p>
<p>Disability: Issues relating to disabled people</p>	<p>Individuals with disabilities or long-term conditions shall be supported to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p>

Appendix 5 – Equality Impact Assessment

<p>Age: Issues relating to a particular age group e.g. older people or children and young people</p>	<p>In relation to older people, South Ayrshire Health and Social Care Partnership shall seek to use its integrated resources to make it possible for older people to live at home within their communities and to provide appropriate care in these settings rather than within a hospital or other institutional setting.</p>
<p>Religion or Belief: issues relating to a person’s religion or belief (including non-belief)</p>	<p>The Commissioning Plan for Care at Home Services is fully inclusive to all eg religions and beliefs (including non-belief).</p>
<p>Sexual Orientation: Issues relating to a person’s sexual orientation i.e. lesbian, gay, bi-sexual, heterosexual</p>	<p>The Commissioning Plan for Care at Home Services is fully inclusive to all irrespective of a person’s sexual orientation.</p>
<p>Marriage and Civil Partnership: Issues relating to people who are married or are in a civil partnership.</p>	<p>The Commissioning Plan for Care at Home Services is fully inclusive to all irrespective of a person’s marital status.</p>
<p>Gender Reassignment: Issues relating to people who have proposed, started or completed a process to change his or her sex.</p>	<p>The Commissioning Plan for Care at Home Services is fully inclusive to all irrespective of a person’s gender.</p>
<p>Pregnancy and Maternity: Issues relating to the condition of being pregnant or expecting a baby and the period after the birth.</p>	<p>It is expected that the provisions of the Commissioning Plan for Care at Home Services shall have minimal impact on this group.</p>
<p>Multiple / Cross Cutting Equality Issues Issues relating to multiple protected characteristics.</p>	<p>It is expected that the implementation of the Commissioning Plan for Care at Home Services shall have no negative issues in terms of all the above protected characteristics and in terms of a number of characteristics it is anticipated to have a positive impact leading to positive outcomes.</p>

Equality and Diversity Themes Particularly Relevant to IJB & South Ayrshire Council	
<p>Health Issues and impacts affecting people’s health</p>	<p>It is expected that the provisions of the Commissioning Plan for Care at Home Services shall have a positive impact on Individuals health.</p>
<p>Human Rights: Issues and impacts affecting people’s human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections.</p>	<p>The right to be treated with dignity is a principle incorporated in the 2014 Public Bodies (Joint Working) (Scotland) Act and of the Commissioning Plan for Care at Home Services. It shall be a contractual requirement of commissioned Service Providers.</p>
<p>Rurality Impacts relating to living and working in a rural community</p>	<p>An equal level of service shall be provided in rural areas. A rurality enhancement shall be paid to Service Providers to cover the additional costs of working in rural locations.</p>
<p>Deprivation Issues relating to poverty and social exclusion, and the disadvantage that results from it.</p>	<p>A critical need for Care at Home Services shall be provided to all through the free personal care provisions.</p>

Section Three: Evidence Used in Developing the Proposal

<p>Involvement and Consultation In assessing the impact(s) set out above what evidence has been collected from involvement, engagement or consultation? Who did you involve, when and how?</p>	<p>There is on-going consultation with Individuals through local and national surveys. Service Providers are engaged and consulted on an on-going basis through Service Providers Forums.</p>
<p>Data and Research In assessing the impact set out above what evidence has been collected from research or other data. Please specify <i>what</i> research was carried out or data collected, <i>when</i> and <i>how</i> this was done.</p>	<p>Research has been carried out through the Integration Joint Board (IJB) Strategic Needs Assessment process into the likely demand for care at home provision in the period to 2030.</p> <p>Information Services Division Scotland (ISD) has carried out an analysis of the records held by South Ayrshire Council to ensure that the records form an accurate basis for the recommissioning exercise.</p>

Appendix 5 – Equality Impact Assessment

<p>Partners data and research In assessing the impact set out above what evidence has been provided by partners. Please specify partners</p>	<p>Information on numbers of Individuals being supported has been provided by Service Providers.</p> <p>Information from NHS Ayrshire and Arran partly informs the demand for care at home services.</p>
<p>Gaps and Uncertainties Have you identified any gaps or uncertainties in your understanding of the issues or impacts that need to be explored further?</p>	<p>Not in relation to the protected characteristics or to the equality and diversity issues that is relevant to South Ayrshire Health and Social Care Partnership.</p>

Appendix 5 – Equality Impact Assessment

Section Four: Detailed Action Plan to address identified gaps in:

a) evidence and

b) to mitigate negative impacts

No	Action	Lead Officer(s)	Timescale
1	None to all.		
2			
3			
4			
5			

Note: Please add more rows as required.

Section Five - Performance monitoring and reporting

Considering the proposal as a whole, including its equality and diversity implications:

When is the proposal intended to come into effect?	April 2022
When shall the proposal be reviewed?	The Commissioning Plan for Care at Home Services shall be reviewed after two years and shall be renewed at the end of four years.
Which Scrutiny Panel shall have oversight of the proposal?	Integration Joint Board (IJB)

Section 6

South Ayrshire Council

Summary Equality Impact Assessment Implications & Mitigating Actions

Name of Proposal: Commissioning Plan for Care at Home Services 2022 - 2026

This proposal shall assist or inhibit the Council's ability to eliminate discrimination; advance equality of opportunity; and foster good relations as follows:

<p>Eliminate discrimination</p> <p>South Ayrshire Health and Social Care Partnership through the Commissioning Plan for Care at Home Services shall support the elimination of discrimination as it applies equally to Individuals across all protected characteristics.</p>
<p>Advance equality of opportunity</p> <p>The Integration Joint Board (IJB) shall actively promote equality through its plans, policies and procedures and by ensuring that South Ayrshire Health and Social Care staff are appropriately trained and knowledgeable in this regard.</p>
<p>Foster good relations</p> <p>South Ayrshire Health and Social Care Partnership shall foster good relations across all protected characteristics by working with its stakeholders on an ongoing basis, to meets its primary purpose of improving wellbeing for all its communities.</p>

Summary of Action Plan to Mitigate Negative Impacts	
Actions	Timescale
None to all.	



Signed:

Billy McClean, Head of Community Health and Care Services

Date: 20/8/21

This information can be made available, on request, in braille, large print or audio formats and can be translated into a range of languages. Contact details are provided below.

درخواست کرنے پر یہ معلومات نابینا افراد کے لئے اُبھرے حروف، بڑے حروف یا آڈیو میں مہیا کی جاسکتی ہے اور اس کا مختلف زبانوں میں ترجمہ بھی کیا جاسکتا ہے۔ رابطہ کی تفصیلات نیچے فراہم کی گئی ہیں۔

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本信息可慮應要求提供盲文，大字印刷或音频格式，以及可翻譯成多种語言。以下是詳細聯系方式。

ਇਹ ਜਾਣਕਾਰੀ ਮੰਗ ਕੇ ਬੋਲ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਸਣਨ ਵਾਲੇ ਰਪ ਵਿਚ ਵੀ ਲਈ ਜਾ ਸਕਦੀ ਹੈ, ਅਤੇ ਇਹਦਾ ਤਰਜਮਾ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਕਰਵਾਇਆ ਜਾ ਸਕਦਾ ਹੈ। ਸੰਪਰਕ ਕਰਨ ਲਈ ਜਾਣਕਾਰੀ ਹੇਠਾਂ ਦਿੱਤੀ ਗਈ ਹੈ।

Niniejsze informacje mogą zostać udostępnione na życzenie, w alfabecie Braille'a, w druku powiększonym lub w formacie audio oraz mogą zostać przetłumaczone na wiele języków obcych. Dane kontaktowe znajdują się poniżej.

Faodar am fiosrachadh seo fhaighinn, le iarrtas, ann am braille, clò mòr no clàr fuaim agus tha e comasach eadar-theangachadh gu grunn chànanan. Tha fiosrachadh gu h-ìosal mu bhith a' cur fios a-steach.

South Ayrshire Health and Social Care Partnership

01292 612419

sahscp@south-ayrshire.gov.uk