



*Acting Together for Autism*

## Commissioning for Brighter Futures:

Highly vulnerable autistic people with complex needs

2021-2025

Overarching Service Specification



## INTRODUCTION

This document sets out the requirements relating to the provision of services for highly vulnerable autistic people over the age of 14 years who have complex needs and have been assessed by any and all of the Key Partners as having care and support needs that meet statutory eligibility thresholds and who are deemed to be the responsibility of the Partner Commissioning Body. The key partners are defined as:

Northamptonshire Adult Social Services (NASS)  
NHS Northamptonshire Clinical Commissioning Group  
Northamptonshire Children's Trust

For the purposes of the Contract, Northamptonshire County Council is the lead commissioner. The term 'Commissioner' is used to describe any one of the key partners and their representatives.

This Service Specification must be read in conjunction with the following contract documents, which are considered to be 'Documents to be Relied Upon'.

- The All Age Autism Strategy for Northamptonshire 2018-2021
- Commissioning for Brighter Futures: The Commissioning and Contract Framework for highly vulnerable autistic people with complex needs 2021-2025
- Commissioning for Brighter Futures: the allocation of Individual Service Funds
- 'Raising Aspiration' – the Strategy for Children and Young People 0-25 years with Special Educational Needs and Disability (SEND)
- The Pledge: A pledge to children in care and care leavers (Northamptonshire County Council)
- The Terms and Conditions of the Contract

This Service Specification does not describe the types of services delivered to individual recipients. This is expressly determined in accordance with the **Commissioning for Brighter Futures: The Commissioning and Contract Framework for highly vulnerable autistic people with complex needs 2021-2025**

### 1. REGULATORY REQUIREMENTS

- 1.1 The Provider must be registered with the Care Quality Commission (CQC) and/or Ofsted dependent on the type of provision and the age-intended provision.
- 1.2 If for any reason relevant registration (CQC or Ofsted) is suspended or withdrawn during the life of the Contract, the Commissioner shall terminate the Provider's contract.

- 1.3 The Provider shall promptly inform the Commissioner of the outcomes from a CQC inspection and provide them with a copy of any resulting report.
- 1.4 Providers are required to comply with the law that currently relates to the operation of their business or as amended or implemented at a future date. The service must be delivered in accordance with recognised, current and accredited good practice.
- 1.5 It is a requirement that all Providers who are registered with the Care Quality Commission (CQC) or Ofsted, or any regulatory successor organisation, maintains registration throughout the duration of this Agreement and or any Service Order.
- 1.6 The Council requires Providers to base their policies, practice and standards on CQC and/or Ofsted guidance in respect of compliance and to comply with this guidance and any relevant successor guidance.
- 1.7 The Provider must demonstrate adherence to all best practice in manager and staff training requirements, including subsequent measures, set down by the relevant registering and regulatory body, Skills for Care, and adherence to minimum training standards and Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Health) and current and subsequent legislation for registered Providers.
- 1.8 It is a requirement that the Provider possesses the type of CQC and/or Ofsted, or any subsequent successor organisation registration required under this Agreement and the requirements of any Service Order.
- 1.9 This Service Specification shall be met by Providers who wish to contract lead Commissioner to provide Services to individuals who are the responsibility of Northamptonshire Adult Social Services, Northamptonshire Children's Trust and NHS Northamptonshire Clinical Commissioning Group.
- 1.10 The purpose of this specification is to set out the minimum standards that the Commissioners expect from Providers delivering statutorily commissioned care and support to individuals.

## **2. ROLE OF THE PROVIDER**

- 2.1 The Provider shall have suitable premises from which to manage the contract, staffed between the hours of 9am-5pm. Appropriate emergency contact arrangements shall be in place outside of core office hours including robust on-call 24/7 management support. All contact details must be shared with the Commissioners representative.
- 2.2 The premises must be equipped with, or the Provider must have access to, appropriate training facilities for support workers in order to provide them with ongoing training and development opportunities.
- 2.3 The Provider and Partners will work in partnership to deliver services which are outcome focussed and have integrity to the nature of the contract, helping them to be:
  - a. Safe – protected from abuse, neglect or harm

- b. Healthy – experiencing the highest standards of good physical and mental health and supported to make healthy, safe choices
  - c. Achieve – Receive support and guidance in their learning- boosting their skills, confidence and self esteem
  - d. Nurtured – Having a nurturing and stimulating place to live and grow
  - e. Active – offered opportunities to take part in a wide range of activities-helping them to build a fulfilling and happy future
  - f. Respected – to be given a voice and involved in decisions that affect their wellbeing
  - g. Responsible – taking an active role within their communities
  - h. Included – receiving help and guidance to overcome social, educational, physical and economic inequalities; accepted as full members of the communities in which they live and learn applicable outcomes at an aggregated level across all individuals from each care group.
- 2.4 Each Provider must ensure that it has the ability to provide the necessary services with a trained and competent staff group as necessary to provide support to each Individual.
- 2.5 The Provider must ensure that each person responsible for the delivery of care is fully aware of the requirements of the Contract Standards as well as the Essential Standards of Quality and Safety and be able to demonstrate a commitment to maintaining and delivering high quality services for individuals with a variety of needs and/or conditions and provide services where all identified outcomes are met.
- 2.6 The Provider will supply services that meet the needs of the individual and are provided by competent staff in a way that supports the safety and security of the individual. The service shall at all times be responsive, reliable and maintain a person’s dignity and respect. The services shall be accessible and delivered with compassion, understanding and without discrimination.
- 2.7 Services must always be provided in a way that enables the individual to maximise their independence, health and wellbeing and in a way that supports their social, spiritual, emotional and healthcare needs.
- 2.8 When supporting adults, the Provider shall have regard to the Care Act 2014 and the Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health and ensure that their Services comply with The Care Act 2014 and the requirements of the 7 principles as detailed and explained in "A Vision for adult social care: capable communities and Active Citizens" (November 2010) namely:
- **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence
  - **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care

- **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing
- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality Providers
- **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.
- **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out.

2.9 When supporting individuals under the age of 18 years, the provider shall have regard to the Children and Families Act 2014 and the Care and Support statutory guidance under the Special Educational Needs Code of Practice 2015 by the Department for Education and its guiding principles:

- The participation of children, their parents and young people in decision making
- The early identification of children and young people's needs and early intervention to support them
- Greater choice and control for young people and parents in respect of support
- Collaboration between education, health and social care services to provide support
- High quality provision to meet the needs of children and young people with Special Educational Needs
- A focus on inclusive practice and removing barriers to learning
- Successful preparation for adulthood, including independent living and employment

2.10 The Provider must also ensure that their services are delivered in a manner which is compatible with the **duties** placed on the Local Authority under the Care Act 2014 and the Children and Families Act 2014

2.11 The Provider must ensure that its staff have regard for equality and diversity and uphold people's human rights (in line with the guidance outlined in the Report of the Equality and Human Rights Commission inquiry) and does not discriminate against people for any reason. Its policies will incorporate respect for both staff and the Individuals supported.

2.12 The Provider must ensure that all staff work in an enabling way that allows individuals to increase or maintain their level of independence, develop skills to self-care and move to a reduction in care and support, where appropriate.

2.13 Providers must recognise the role they play in ensuring that autistic people experience the good health and wellbeing necessary to live a meaningful life.

### **3 ENABLING PEOPLE TO LIVE INDEPENDENTLY**

#### **3.1 General Principles:**

- a. Personalisation, choice and control
- b. Supporting carers and families
- c. Multi-agency and partnership working
- d. A skilled and confident workforce
- e. Person-centred, strengths based and outcome focused
- f. Best use of technology where appropriate
- g. Positive risk taking
- h. Creativity and innovation

#### **3.2 Specifically:**

- a. Guiding and supporting aspirations
- b. Responsiveness to ill-health, promoting good health
- c. Enabling access to annual health checks
- d. Promoting and facilitating access to ordinary life experiences
- e. Working with services and suppliers to facilitate and reconcile reasonable adjustments
- f. Promoting positive relationships
- g. Promoting a family life and establishing/re-establishing a sense of family life
- h. Accessing education, skills training and additional learning
- i. Accessing paid employment
- j. Accessing relevant benefits and grants

### **4 INDIVIDUAL OUTCOMES**

4.1 The Commissioner will work in partnership with the provider in defining the outcomes which are relevant for the individual and within the context of the intentions and ambitions stated in the Commissioning and Contract Framework.

4.2 As part of a statutory review the commissioner's representative will be evaluating an individual's support plan to ensure it is meeting the individual's support needs and the identified goals and that they are working towards achieving the outcomes that matter as defined by the individual and the commissioner's representative.

4.3 The overarching outcomes described as being the outcomes that matter to autistic people and their families/carers are:

1. People feel educated, equipped and able to respond to individuals with differing needs
2. People get the right help at the right time
3. Autistic people have a sense of self worth and social equality
4. Changes are anticipated, understood and supported
5. Autistic people feel safe, supported and able to make progress in their life

4.4. Providers should take note of the approaches described in the Commissioning for Brighter Futures Commissioning and Contract Framework.

## 5. SPECIFIC OUTCOMES

- 5.1 The following are outcomes that Providers will be required to evidence in addition to those described above:
- a. Individuals as active citizens.** The Provider will recognise that each individual will have their own interests and preferences and that these should be respected and supported.
  - b. Healthy individuals.** The Provider will support individuals to access an Annual Health Check that will improve and maintain their health through the planning of regular consultations with the appropriate generic service agencies (registration with GP, Dentist, Optician, Audiologist, etc.) A recommendation should be followed up and recorded in the Health Action Plan. The provider will support the individual to attend health care appointments and ensure routine healthcare checks are made available and accessed. The Provider will support the individual to receive regular medication reviews.
- 5.2 The Provider shall notify the Commissioner's representative of significant risks to the health, safety and wellbeing of the individuals that are identified in the course of providing the service and also, where appropriate, with the individual's consent, make referrals to other agencies who may assist in minimising these risks.
- 5.3 If the Provider encounters any discrimination when accessing health care or other services on behalf of individuals it will challenge the discrimination and share the details of the discriminatory practice with the Commissioner in the aim of both organisations working together to tackle prejudice and injustice.

## 6. PERSON CENTERED SUPPORT

- 6.1 Providers of Services shall provide support to individuals to enable them to live as full and independent a life as possible. The Services shall also encourage individuals to be active participants in their community whenever they so choose.
- 6.2 The Services shall be delivered in such a way that is consistent with the individual's status and rights as a citizen and which gives the individual as much control as possible over their own life whilst protecting them and others from unnecessary harm.
- 6.3 The Provider will ensure that the Service is offered in an individualised and personalised way.
- 6.4 All types of support should be delivered in such a way that they are in line with individual needs, choices and preferences and are subject to appropriate risk evaluation.

## 7. INVOLVEMENT IN SERVICE PLANNING

- 7.1 The Provider will work as a team with each individual in making any decisions about their own support and how support is delivered. The Provider will involve the individual in overall service design and future developments, particularly in the promotion of greater choice in how services are delivered. This includes involving advocacy representatives where appropriate.

7.2 The Provider will ensure that cultural, religious, spiritual, gender preference and sexual orientation are fully acknowledged within the Support Plans they agree with each individual and their families or circles of support.

## **8. KEY ELEMENTS OF SERVICE PROVISION**

8.1 The Provider shall help support the individuals transition in and out of the support arrangement being commissioned.

8.2 All providers must evidence engagement/feedback and co-production in service improvement/delivery.

8.3 All providers must record evidence of involvement with other agencies/organisations in meeting needs and outcomes.

## **9. TRANSPORT**

9.1 Please see the Council's Transport Policy for all transport related issues:

[Children and Family transport policy](#)

[Post 16 travel assistance](#)

[Adult Services Transport Policy](#)

9.2 The Clinical Commissioning Group will determine eligible transport support on a case by case basis.

9.3 It is the Provider's responsibility to ensure it is following the most up to date policy and procedural guidance.

## **10. WORKING WITH OTHER KEY TEAMS AND AGENCIES**

10.1 The Provider will at all times work in partnership with other agencies to avoid duplication of effort and maximise the benefits and outcomes for each individual. The agencies considered as particularly pertinent to this contract (but not limited to) are:

Probation service

Youth offending service

Police (RISE- based with MASH)

DWP and Access to employment

LIVE/EADS

Education: FE colleges, Schools, LAC teams and virtual schools

Substance to Solution (S2S)

Housing authorities

Northamptonshire Healthcare Foundation Trust services

- 10.2 The Provider will be conscious of the limits of its own responsibilities with respect to the support of individuals and will actively seek external professional support from the relevant multi-disciplinary team or Agency in situations where these limits are reached.
- 10.3 The Provider must maintain open and honest communication with the Commissioners representatives and others members of a multi-disciplinary team or Agency and should alert the Commissioner to any operational difficulties that could cause risk for individuals or the Service as a whole.
- 10.4 Providers will play an active role in and regularly attend the fortnightly **Brighter Futures Forum** (see Brighter Futures Commissioning and Contract Framework) any multi-agency meetings that relate to the individuals they are supporting. Examples of these may be Care Programme Approach (CPA), Multi Agency Public Protection (MAPPA) planning meetings, adult support and protection meetings and professional meetings. **Please note this list is not exhaustive.**
- 10.5 Providers may be required to supply reports and updates at these meetings, as well as contribute to any multi-agency care plan or risk management plan.

## **11. RISK MANAGEMENT**

- 11.1 The Provider will ensure conditions of safety for individuals and others through effective risk evaluation and management. This includes ensuring the provision of competent and confident staff.
- 11.2 The Commissioner will endeavour to inform the Provider of any relevant information concerning the individual including any changes to any perceived or known risks which the Commissioner considers relevant to the provision of support that the Provider is required to deliver. Information regarding next of kin and emergency contact details will also be shared by the Commissioner with the Provider.
- 11.3 If the individual is between the ages of 14 to 18 years old the risk assessment and risk management plan should reflect the requirements of children and young people's policy and legislation and will include consultation with parents/carers/guardians.
- 11.4 The approach to risk should be proactive and supportive. Assessment should include guidance for Staff around minimising risks and contingency planning in the event of an emergency.
- 11.5 Risk evaluations should be carried out by the Provider prior to the commencement of the Service. Where commencement is urgent risk evaluation must be carried out within 3 working days of the commencement of the Service.
- 11.6 Through the process of risk assessment the Provider should report to the Commissioner any actual or perceived risks identified that relate to Adult or Child Protection.

## 12. EXPECTED DOCUMENTATION

- 12.1 The following documents should be completed for all individuals:
- a. Outcome focussed care and support plan with agreed goals
  - b. Risk assessment
  - c. Risk management plan
  - d. Contingency plan
  - e. Health Action plan
  - f. Positive Behaviour support plans
  - g. EHC plans (14-25 yrs.)
  - h. Accounting book – expenditure, outgoings, purpose
- 12.2 Records and reports of any serious incidents of violence, aggression, or use of restraint or any other serious incidents must be reported and shared with the commissioner’s representative.

## 13. SAFEGUARDING

- 13.1 The Service will have policies and procedures in place to deal with Safeguarding and Protection issues as appropriate.
- 13.2 The written policies and procedures safeguard individuals from any form of abuse or exploitation and staff must be familiar with and follow these procedures.
- 13.3 There are procedures for responding to suspicion or evidence of abuse or neglect which reflect multi agency policies and procedures, including the involvement of the Police and other appropriate parties:

[Adult Safeguarding Procedures](#)

[Child Protection Procedures](#)

[Child Safeguarding and Welfare](#)

[Child Welfare Procedures](#)

[Child Safeguarding Board Procedures](#)

- 13.4 It is the Providers responsibility to ensure it is following the most up to date policy and procedural guidance.
- 13.5 The Provider shall ensure that it has up to date and appropriate Child and Adult Safeguarding policies and procedures in place which reflect and adhere to the multi-agency Adult Safeguarding Policy and the Northamptonshire Safeguarding Children Partnership Procedures. Such Provider policies and procedures must give clear guidance to support workers on how to recognise and refer safeguarding concerns to a person with lead responsibility within their organisation. All contracts of employment shall include an explicit responsibility for safeguarding adults and children according to Northamptonshire protocols, policies and procedures.

- 13.6 The Provider must have clear whistle-blowing policies and staff must feel confident that as a result of whistle-blowing their concerns will be acted upon without reprisal. The Provider shall have someone appointed to take lead responsibility for safeguarding and that officer must be aware of their responsibilities to analyse and refer appropriately any concerns to which they are alerted.
- 13.7 The Provider will limit the use of Agency Staff in the provision of care and support packages and at all times will evidence appropriate induction and shadowing/training relevant to the individual being supported where agency staff are being used. Providers should use a 'staff bank' of known and experienced staff as an alternative to agency use.
- 13.8 The Provider shall cooperate with the relevant Commissioner's representative and Local Authority representatives in the event of safeguarding issues that require further investigation and reporting. Any recommendations resulting from Safeguarding Boards or Serious Case Reviews shall be acted upon appropriately by the Provider.
- 13.9 The Provider must have in place a robust audit programme to assure itself that safeguarding processes are working effectively. Any support worker employed by the Provider who is found to be at fault following a thorough safeguarding investigation shall be subject to the rigour of the Provider's robust disciplinary procedures even where that support worker has already resigned from their post.
- 13.10 The Provider shall ensure that all staff undertake Mental Capacity Act (MCA) 2005 training, including Deprivation of Liberty (DOLS) Safeguards training commensurate with their level of responsibility.
- 13.11 Where it is relevant, it is the Provider's responsibility to ensure that all front line staff be immunised against known infectious diseases that will have a detrimental effect on an individual with specific health conditions. Basic childhood immunisations should have been given in accordance with the current UK NHS guidelines, **Immunisation Requirements** in addition to Hepatitis A, Hepatitis B and seasonal influenza, unless there have been contra-indications for the support worker. It is the Provider's responsibility to complete a risk assessment where a support worker has not been vaccinated and inform the Commissioner's representative accordingly. The Commissioner's representative shall have the discretion to refuse to allow the support worker to provide care and support to the individual if this is considered to pose a health risk to an individual.

## **14 ACCESS TO THE SERVICE**

- 14.1 All Providers will participate in the fortnightly Brighter Futures Forum held with commissioners and members of a multiagency network who are brought together to support autistic individuals access the right support at the right time under the auspices of the Brighter Futures Commissioning and Contract Framework.
- 14.2 The Brighter Futures Forum will determine the best individual-provider 'fit' in pursuit of meeting needs and achieving individual outcomes. Capacity, competency and delivery will

be discussed at this Forum. There will be occasions where a speedy response is required and Providers are expected to comply with 'out of Forum' discussions and agreements.

- 14.3 Providers will be expected to flexibly respond to any request for a Service and to work with the Commissioner to agree a mutually acceptable service start date and schedule of agreed review periods for the year ahead. This start date will vary depending on the needs of each individual but will range from within 24 hours up to a maximum of 28 calendar days. The key is that any agreed start date is acceptable and manageable for the individual and in keeping with the nature and complexity of a needs assessment.
- 14.4 A number of individuals who have been residing in specialist units will be referred into the Forum and the Forum will be required to agree the step down and transition plans whereby Providers are asked to be flexible and sensitive to the particular difficulties these types of changes may present to both the individual and their family.
- 14.5 Providers will ensure that there is the necessary workforce capacity to accept and commence care packages over weekends/bank holidays
- 14.6 Providers will encourage reductions in care and support needs where safe to do so and/or where independence permits
- 14.7 Providers will minimise the number of different workers delivering care and support to the individual, unless through individual choice, in order to promote consistency, continuity and the sense of 'team'.
- 14.8 Providers will always ensure that there is a match between an individual's needs and aspirations and the skills set, knowledge, personal attributes and competency of support workers. Individuals will be involved in choosing support staff.
- 14.9 Providers will ensure the Service is delivered in accordance with the individuals Care and Support Plan and personalised outcomes

## **15 DEALING WITH EMERGENCIES**

- 15.1 Providers will be expected to support individuals who have a range of needs. At times where emergency situations arise the Provider will be required to manage these effectively. In these circumstances the Provider will:
  - a) Immediately seek the help of the emergency services or appropriate health agency (e.g. the GP) where there is an urgent risk to the health of an individual
  - b) Have in place a system of easily accessible back-up to support front-line staff who need assistance when emergencies arise, including access to a manager and extra staff support if required
- 15.2 In response to an emergency, the Provider's staff will:
  - a. Have their own internal systems for recording events and supporting staff
  - b. Inform the appropriate Council's Representative of events as soon as is reasonably practical.
  - c. Plan jointly with the Council to respond to a recurrence of the emergency

- 15.3 The safety of the individual must be paramount in an emergency and the Provider must act accordingly, even if there is an apparent conflict with Service principles described in the Framework Agreement.
- 15.4 The Provider will inform the Council's Representatives of any hospital admission at the earliest opportunity and Commissioners will confirm any required support arrangements during that stay.

## **16 PROVIDERS PREMISES**

- 16.1 The Provider should have available premises that are well maintained, appropriately furnished and suitable for the purpose of which it is intended. The Provider is responsible for maintaining all aspects of the physical environment to the appropriate regulatory standards.
- 16.1 The Provider will have access to premises which will:
- a. Allow issues of confidentiality to be discussed at short notice
  - b. Provide a meeting place for staff
  - c. Provide facilities for staff training
  - d. Provide for the secure accommodation of all office materials including all Customer data
  - e. Provide access to relevant documentation by the Commissioners contract monitoring officer or other representatives
- 16.3 Providers should ensure that any equipment that is required to facilitate the Service is available for use by individuals e.g. mobile phones

## **17 PROVIDER OBLIGATIONS**

- 17.1 Providers will be expected to work proactively with the individual and their families/circles of support to arrange introductions and establish an effective relationship between all parties.
- 17.2 Prior to the Service commencing the Provider shall notify the individual of the time and date that the service will commence. Individuals will have met and agreed their support staff and will have participated in detailing the start plan.
- 17.3 The Provider will make every effort to form a staff team based in the individual's preferences and choices with a staff team with attributes that are important to the autistic individual and/or their family, e.g. gender of worker, interests and skills. Any difficulties that cannot be resolved should be referred to the commissioner's representative for resolution.
- 17.4 The Provider will have explicit values and policies that promote inclusion and anti-discriminatory practice.
- 17.5 The Provider shall discuss and prepare the individual in advance of any change in an allocated key worker where this is unavoidable and notwithstanding the requirement to maintain consistency in support staff generally. The Provider should take advice from the

individual, their family and those that know the individual on how to do this sensitively. The Provider should discuss this potential occurrence at a suitable time early in the support arrangement with the individual, their family and those that know the individual well. An agreed approach to managing such an occurrence must be documented and understood by all staff.

- 17.6 Individuals and their families must be given access, including telephone numbers, to the relevant Manager during the hours of the Service. The Provider shall ensure that outside of normal office hours (09:00 – 17.00) an out of hour's service operates and that it is accessible to each individual and the Council.
- 17.7 It is the Provider's responsibility to stay informed about changes in legislation and regulation as well as policy and approach. Providers must ensure internal policies and procedures reflect current requirements and thinking. It is also the Provider's responsibility to submit updated and amended policies and procedures to the Commissioner when requested.
- 17.8 The Provider will inform the commissioner's representative of any changes in an individual's presentation or circumstance that indicates an increased risk or potential signs of crisis.
- 17.9 The needs of each individual will be identified through an assessment completed by a commissioner's representative in conjunction with the individual, their family and their social circle. If an individual is deemed to be likely to benefit from services provided under this contract the representative will produce a personalised and outcome focused plan - the individual and their representative will identify what is important to them and set out the outcomes to be achieved.
- 17.10 The Provider will work in partnership with the individual and their family/social circle to agree and document a detailed support plan that describes needs, aspirations, goals and the outcomes sought. The support plan will include a Positive Behaviour Support plan describing both proactive and reactive strategies to assist the staff team and the individual in pre-empting and responding to heightened need. The positive behaviour support plan should be shared with relevant persons and professionals involved in the individual's care and support, as agreed with the individual and their family.
- 17.11 The Provider must inform the Commissioner of the need to review the Support Plan if there is a material change in the individual's needs.
- 17.12 Changes to the nature and types of services or arrangements accessed in order to meet need and achieve the stated outcomes are made in agreement between the Provider and the individual as part of the focus on goal achievement and in keeping with the integrity of Individual Service Funds as described in the Commissioning for Brighter Futures Commissioning and Contract Framework.
- 17.13 A Review of needs, the support plan and the agreed outcomes will be held as and when the commissioner representative considers it appropriate or necessary, or as requested by the individual and/or their family or representative, or by the Provider. A schedule of reviews will be agreed on an individual basis as standard practice.
- 17.14 The Review will involve the individual and/or their family or representative, the commissioning body's representative and where appropriate, the Provider or designated

representative. Consideration will be given to ensure reasonable adjustments, convenience and adequate notice for all participants wherever possible.

- 17.15 Where it is necessary to transfer an individual to an alternative care setting, it is incumbent on the Provider to cooperate with the authorised representatives of the organisation to whom the individual is being transferred in order to share with them any pertinent information that will assist them in on-going care which must be communicated in written format.
- 17.16 For every individual; the following information must be prepared and accessible for the purposes of managing a planned, unplanned or sudden admission to hospital:
- a. A completed and up to date A&E grab sheet which should accompany them on any admittance
  - b. A completed 'helping me in hospital/hospital passport'
  - c. Support workers who accompany an individual to hospital must have an in-depth knowledge of the individual and their on-going health needs, medication, and knowledge of how to involve the individual in decisions about their care
  - d. A completed communication passport

## **18 STAFFING**

- 18.1 The Provider will limit the use of Agency Staff in the provision of care and support packages and at all times will evidence appropriate induction and shadowing/training relevant to the individual being supported where agency staff are being used. Providers should consider the use of a 'staff bank' of known and experienced staff as an alternative to agency use.
- 18.2 The Provider's recruitment and selection procedure shall be based on the principles and obligations of 'Safer Recruitment'. Where agency staff are used, assumed as in exceptional circumstances, the Provider should ensure that the employing agency have used principles of Safer Recruitment. Through this the Provider shall ensure the protection of vulnerable individuals and meet the terms of this Framework Agreement.
- 18.3 The Provider should ensure they have Staff who can support Customers with communication difficulties including sensory impairment, or those whose first language is not English.
- 18.4 The Provider will have a Staff Code of Conduct or policies which specify the standards expected of Staff when on duty. These policies should include:
- Appropriate standards of dress
  - Alcohol and smoking
  - Communication with Customers
  - Dealing with Customers finances
  - Confidentiality
  - Gratuity or gifts from Customers
  - Assuming legal powers on behalf of a Customers
  - Conduct when dealing and communicating with the public

**Please note this list is not exhaustive**

- 18.5 The Council requires the Provider to have an established and comprehensive staff induction programme, which staff will complete within two [2] months of commencing employment with the Provider. The induction programme needs to match the aims and objectives of the particular Service being delivered to ensure that all Staff has a good understanding of the needs of Individuals and a rapport that will facilitate goal achievement and positive outcomes.
- 18.6 The Provider will ensure that all their employees receive:
- A workload appropriate to their level of skill and competence
  - Full and appropriate Induction to provide the best care and support
  - Access to line management during the course of their working day and management support out of office hours
  - Individual support and supervision on a minimum two [2] monthly basis
  - Access to all relevant policies and procedures including emergency procedures at all times
  - Clear instructions regarding the management structure, their roles and responsibilities
  - Training from suitably qualified, competent experienced trainers.

**Please note this list is not exhaustive**

- 18.7 The Provider will ensure the provision of ongoing staff training and development in accordance with the Best Practice, Safe Practice and Regulatory Legislation.
- 18.8 The Provider will support Staff to attain any skills and qualifications required of them in order to provide the Service outlined in this specification.
- 18.9 The Provider will ensure that all Staff have the necessary training, competencies, personal qualities, attitudes and commitment to enable them to build effective and trusting relationships with the individual/s they are supporting.
- 18.10 The Provider will have a training programme accessible to all staff members and will also ensure that additional training will be offered to meet the needs of specific individuals. The Provider is expected to fulfil the requirements of the following:

## **19 TRAINING STANDARDS**

- 19.1 Training Standards are sets of key learning outcomes and other relevant information around specific areas of training for Care and Support staff.
- 19.2 Good quality training is a key means of enabling staff to develop the knowledge and skills required to deliver high quality, person-centred services to individuals in order to maximise their health, safety, well-being and independence.
- 19.3 In addition to any statutory training required by CQC as part of your registration, the following is standard training that all support staff must receive:

### **Basic training**

Moving and Handling

Fire Safety  
Basic Life Support/Emergency First Aid at Work  
Infection Prevention and Control  
Food Safety  
Fluids and Nutrition  
Medication  
Safeguarding Adults and Safeguarding Children  
Mental Capacity Act and Deprivation of Liberty  
Mental Health Awareness, including anxiety and self-harm  
Autism awareness  
Epilepsy training  
Premature Mortality, Annual Health checks and Health Action Plans  
EHIC Plans  
GDPR  
Whistleblowing  
Safeguarding  
Dealing with Complaints

### **In depth training**

Understanding Learning Disability in combination with Autism  
Understanding Autism as a 'world'  
Enablement and Systematic Instruction  
Understanding behaviours that challenge as a function and safe techniques for re-direction and Positive Behaviour Support  
Enabling skills and supporting skill acquisition – building on strengths  
Goals and Outcomes  
Suicide and self-harm  
Behaviours as a form of communication  
Domestic Violence  
Bullying  
Hoarding and OCD

19.4 Commissioners will implement a 'skills-exchange' portal for Providers to offer subject matter expert training to each other, without cost, as a skills exchange programme.

19.5 In addition:

**All Providers will have a nominated Training and Development Lead.**

Commissioners will require the names of Leads for communication and records.

## **20 SPECIFIC TRAINING AND GUIDANCE**

20.1 All Provider and staff should have an in-depth knowledge of autism and the social, physical and environmental barriers that are often presented specific to this customer group.

20.2 In recognition of the needs of the individuals and the nature of the contract it is required that the Provider's staff will have an awareness level and in-depth knowledge in the following areas:

An understanding of the principles of the Care Act and the Children and Families Act

An understanding of the 'Social Model of Disability'

Understanding and applied expertise in Person Centred Planning

Awareness of particular conditions affecting that may influence and individual's day to day support e.g. Epilepsy

An Understanding of the principles of Self Directed Support and the importance of maximising an individual's choice and control

Risk evaluation and effective proactive support in the context of providing positive support including support to safely manage difficult behaviour and de-escalation techniques

Knowledge of Mental Health legislation and its implications e.g. Section 117, Compulsory Treatment Orders and an awareness of a range of mental health conditions from mild to severe and how they impact on an individual E.g. Mental Health First Aid

Understanding of outcomes focussed support and how to assist individuals to identify and achieve their outcomes

Listening skills

Enabling positive change and transitioning into adulthood or old age

Sexuality and Relationships and positive reinforcement

Supporting Individuals to connect to their communities

Knowledge of good practice in Adult Safeguarding

Suicide awareness and prevention e.g. 'Safe Talk'

Promoting mental and physical health wellbeing

Managing and supporting individuals who self-harm

An understanding of enablement and outcome focused practice

An applied understanding of working within a multi-disciplinary approach

Long term physical conditions

Administration of medication and supporting self-administration

Health and safety

Fire precautions

Food hygiene and preparation

Basic first aid & CPR

**Please note this list is not exhaustive**

20.3 In line with the contract nature the Commissioner requires the Provider to have an annual training plan that specifies what training is available and how it will be delivered to the Provider's Staff.

20.4 In addition, the Provider will meet any reasonable requirements that the Council may seek to introduce in relation to training and support in order to improve the quality of the

Service provided. This will include participation to commissioner-led training and development.

### **Maximising Health and Wellbeing**

- 20.5 Staff members will have the specific knowledge and skills to work with individuals to achieve optimal wellbeing. Members of staff will be expected to demonstrate to the Commissioner their understanding of health promotion and how they work with individuals to maintain health and wellbeing.
- 20.6 The provider will ensure that staff have access to learning and development opportunities that include public health messages and an understanding of the local and national provisions that can support them. Delivery of training courses should include self-advocates and family carers.
- 20.7 Any organisational learning needs analysis will include consideration of staff understanding of how to maintain good health, local health services and initiatives, and an overview of common health conditions and health risks for autistic individuals and vulnerable individuals.
- 20.8 **Staffing - Standard Skill Base:** Needs are such that support workers will be experienced in this particular customer group and have the appropriate values and training to deliver high quality care and support. Risk and complexities can be managed with reasonable consistency as recorded in the care and support plan.
- 20.9 **Staffing - Enhanced Skill Base:** Needs are such that individual may require a higher level of skill due to unpredictability, risk or transitions management. The expectations are that individuals will require regular risk evaluation and as such frequent decision making that may at times go beyond that stated in the care and support plan.
- 20.10 For individuals who severally challenge, with or without mental illness, this will require a frequent level of complex risk assessment and decision making to ensure the individual is supported in the least restrictive environment. Environment is defined as the entirety of a care and support arrangement as well as influencing factors such as family, friends and peers.
- 20.11 At times where other approaches have failed and risk are such that there is no other alternative, there may be the need for brief physical interventions. In all circumstances best practice must be followed and be supported by robust recording and review.
- 20.12 For individuals who may have profound and complex needs and who may be at the End of Life, or require clinically determined support with delegated nursing skills assessment will be required over and above what would be expected of usual. An enhanced level of care and support will be required to continuously prevent and/or reduce the need for admission to a hospital setting.

## **21 MEDICATION MANAGEMENT – LEVELS OF SUPPORT FOR GUIDANCE**

### **21.1 Level 1: General Support, also called Assisting with Medicine**

General support needs should be identified at the care assessment stage and specified in the care plan. Ongoing records will also be required in the care record when care needs are reviewed.

General support is given when the individual takes responsibility for their own medication. In these circumstances the care worker will always be working under the direction of the person receiving the care.

The support given may include some or all of the following:

- requesting repeat prescriptions from the GP
- collecting medicines from the community pharmacy/dispensing GP surgery
- disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the individual)
- reminding or prompting by the care worker to an individual to take their medicines. (A persistent need for reminders may indicate that an individual requires a review of the approach)
- manipulation of a container of prescribed medicine under the direction of the individual, for example opening a bottle of liquid medication

Individuals can retain independence by using compliance aids, including monitored dosage systems. These should be considered if packs and bottles are difficult to open or if the individual has difficulty remembering whether he or she has taken medicines.

The monitored dosage system (MDS) will normally be filled and labelled by the community pharmacist or dispensing GP. The individual may qualify for a free service from a community pharmacist if they meet criteria under the Equality Act 2010. If a pharmacist or dispensing GP does not fill the MDS, the provider should clarify that the arrangements are suitable and minimise the potential for error.

## 21.2 **Level 2: Administering Medication**

The need for medication to be administered by care and support staff should be identified at the assessment stage and recorded in the support plan. Ongoing records will also be required in the care record.

The care assessment or the Medicines Risk Assessment may identify that the individual is unable to take responsibility for their medicines. This may be due to impaired cognitive awareness such as a lack of concentration or could be due to a physical impairment.

The Individual must agree to have the care worker administer medication and consent should be documented in the care plan. If an Individual is unable to communicate informed consent the provisions of the Mental Capacity Act must be followed.

Administration of medication (Level 2 support) may include some or all of the following:  
When the care worker selects and prepares prescribed medicines for immediate administration

- When the care worker selects and measures a dose of prescribed liquid medication

- When the care worker applies a medicated cream/ointment/patch; inserts drops to ear, nose or eye; and administers inhaled medication
- When the care worker selects and puts out (prepares) medication for the individual to take themselves at a later (prescribed) time to enable their independence, in accordance with the care plan

The provider should have a system in place to ensure that competent and confident staff are supporting individuals who require help with their medicines. The provider's procedures should enable care workers to refuse to administer medication if they have not received suitable training and do not feel competent to do so.

Workers should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. Care staff **must** be able to identify each individual medication against the MARS chart and **must** have an overview of side effects which should be documented clearly for all staff. It is a **legal requirement that medication is issued with accompanying information about the medication including potential side effects.**

Individuals discharged from hospital may have medication that differs from those retained prior to admission. The provider should issue additional support to care workers when this occurs.

### 21.3 **Level 3: Administering Medication by Specialised Techniques**

In exceptional circumstances and following an assessment by a healthcare professional, a Worker may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Buccal midazolam for epileptic seizure
- Assistance with oxygen

If the task is to be delegated to a support worker for a specified individual the healthcare professional must train the care worker and be satisfied they are competent to carry out the task. The provider's procedures must include that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel confident or competent to do so.

## 22. **MENTAL HEALTH REQUIREMENTS**

### **Needs-group specific outcomes**

- 22.1 Some Providers will be working with autistic individuals where there may also be needs relating to mental illness. We expect those Providers to work in line with the principles of good practice in mental health and use a recovery model.

- 22.2 The principles of recovery are defined by the Recovery Network as follows:  
**“Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual’s recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process.”**
- 22.3 The Commissioners representatives alongside of NHS staff will work with Providers to deliver the following:
- a. A reduction in avoidable hospital admissions
  - b. Support individuals, in partnership with families and social circles, to manage their mental health and any relapses they experience
  - c. Actively work with individuals to reduce levels of self-harm and prevent suicide
- 22.4 For providers who are working with individuals with additional and on-going mental health needs staff are expected to have training and skill in understanding the mental health of individuals who will have a range of conditions e.g. depression, personality disorder, schizophrenia, bipolar and anxiety.
- 22.5 Providers will maintain up-to-date care and support plans that reference presentations, triggers, precursors, and antecedents and support individuals to seek the support of their CPN or Psychiatrist when they are showing signs of deterioration in their mental health.
- 22.6 Providers may work with some individuals who are subject to legislated restrictions where offences and risks could be serious. Many of these individuals will be supported in partnership with the local Forensic Service.
- 22.7 The terms of engagement with individuals will be the Provider-documented support plan that is focused on outcomes and a comprehensive risk assessment that takes account of any public protection or safety issues.

## **23 MANAGEMENT RESPONSIBILITIES**

- 23.1 The Provider will employ sufficient and suitably qualified managers to ensure that the work undertaken by the Provider’s front line Staff is appropriate, effective and safe.
- 23.2 The Provider must operate a robust quality assurance system to ensure the continued delivery of a high standard of service.
- 23.3 The Provider’s management team will be responsible for:
- a. Appropriate allocation and management of requests for Services made by the Commissioner
  - b. Conducting risk assessments within the context of the overall support plan to ensure staff adhere to appropriate health and safety guidelines
  - c. Creating staff rotas which take account of maintaining consistence in teams as well as the gender requirements of individuals and ethnicity requirements of individuals
  - d. Allocating a consistent team of workers to each individual
  - e. Ensuring that a daily and weekly plan of care and support takes place as agreed and specified with the individual and/or family

- f. Advising and discussing with each individual any changes which could affect their planned activity or care, including the need to make adjustments for annual leave and sickness
- g. Ensuring that all reasonable actions have been taken to assist an individual in emergency situations
- h. Ensuring Staff conduct is appropriate at all times
- i. Notifying the Commissioners Representatives of any changes

**Please note this list is not exhaustive.**

## **24 MULTI-DISCIPLINARY APPROACHES**

- 24.1 Where there is a particular concern for any individual's welfare, the Provider's staff may be asked to participate and play a key role in the multi-disciplinary approach.
- 24.2 In these circumstances the Provider will be asked to attend and/ or submit a report to any relevant meeting such as a Multi-Agency Public Protection Arrangements (MAPPA) and specifically Care and Treatment Review (CTR), (CETRs) or Care Program Approach (CPA) etc.
- 24.3 If required to attend, the Provider will be expected to actively contribute to support planning and risk management plans.
- 24.4 The Provider's staff will be expected to work with and liaise regularly with health staff, Police and the Commissioners Representative over any matters of concern about the person's welfare, wellbeing or risk they present to themselves or others.

## **25 HEALTH/MEDICAL CARE**

- 25.1 The Provider is required to ensure that Support Workers have access to the contact details of the GP with whom the individual is registered. The GP, the NHS 111 service or 999 (depending on and appropriate to the circumstances) must be contacted without delay whenever an individual requests assistance to obtain medical attention, or appears unwell and unable to make such a request. The individual's family and/or next of kin must be informed as soon as possible.
- 25.2 The Provider will need to support the health care of the individual under the direction of their GP, Community Nurse or other health care professional or Community Health Team where this has been specifically agreed and the workers have received the appropriate training and have been deemed competent by a health care professional. This will not ordinarily include any care requiring a medical or professional qualification, but will require appropriate training. A record of all applicable training shall be maintained by the Provider.
- 25.3 The Provider may be required to work with a range of health care professionals to support individuals who require end of life care. The Provider must work within the common

principles set out by Skills for Care and also take account of the National Institute for Health and Care Excellence (NICE) 'End of life care for adults' and 'end of life care for children' standards when supporting individuals who may be at this stage of their lives.

- 25.4 The care and support delivered by the Provider will be enhanced with good cooperative working relationships with numerous people and agencies which may include some or all of the following: the individual's family, circle of support and wider networks, the Commissioner's Continuing Healthcare Team, Clinical Commissioning Groups, Case Managers/Care Managers and Social Workers, local specialist Autism and ADHD, Mental Health or Learning Disability services, primary, secondary and acute health services, other primary healthcare care services, voluntary and 3<sup>rd</sup> sector organisations, learning and occupational services, landlords and housing associations including the Borough Council, housing management agencies, benefits agencies. There is an expectation that Providers will work closely and collaboratively with such agencies for the benefit of each individual.
- 25.5 It is important to ensure that in addition to the funded care and support budget, the individual is engaged with local specialist services to prescribe and give advice and guidance on interventions or treatment where this is identified as a need. This is important in order to reduce the possibility of duplication, omission and poor or inappropriate care. Whilst it is expected that Providers can deliver health interventions at the level identified, Providers are not expected to be the specialist prescribers of healthcare. This is provided and monitored by local health services as required.

## **26 HOLIDAYS/SHORT BREAKS**

- 26.1 The Commissioner will not pay over and above the allocated Individual Budget when an individual chooses to go on holiday. The Individual Service Fund is allocated to meet all needs, goals and outcomes. An individual may top up the allocated budget if choosing to do so.
- 26.2 The provision of Individual Service Funds allows providers to work with individuals and their families to forward plan the requirements of a break.

## **27 RISK MANAGEMENT**

- 27.1 The Provider will ensure conditions of safety for individuals and others through effective risk assessment and management.
- 27.2 The Commissioners representative will endeavour to inform the Provider of any relevant information concerning the individual including information the Commissioners representative considers relevant to the provision of support that the Provider is required to deliver.
- 27.3 Information regarding next of kin and emergency contact details will also be shared by the Commissioners representative with the Provider.

- 27.4 The Provider must undertake a thorough assessment of risk in conjunction with the individual, their families and/or their representatives and members of the multi-disciplinary team/other relevant agencies.
- 27.5 The approach to risk should be proactive and supportive. Assessment should include guidance for Staff around minimising risks and contingency planning in the event of an emergency.
- 27.6 Staff should receive training in positive risk taking.
- 27.7 Risk assessments should be carried out by the Provider prior to the commencement of the Service. Where the referral is urgent the risk assessment must be carried out within three (3) working days of the commencement of the Service.
- 27.8 Through the process of risk assessment, the Provider should report to the Commissioners representative any actual or perceived risks identified that relates to Adult or Child Protection.

## **28 ASSISTIVE TECHNOLOGY**

- 28.1 Providers will be expected to maximise the use of Assistive Living Technology and other aids to promote independence and control for the individual and their family/carers.

## **29 IMPROVING OUTCOMES FOR ALL**

- 29.1 The following outcomes which have been traditionally poor for individuals with complex needs should be emphasised and included in the support offered:
- a. Respond flexibly to changes in an individual's circumstances
  - b. Achieve a balanced approach to risk which gives the individual control and the right to make mistakes without serious implications to their security and safety.
  - c. Reduce social isolation, promoting social inclusion and community integration
  - d. Ensure transition plans are drawn up and agreed with all stakeholders when individuals are transitioning to new services
  - e. Where an individual is at risk of inpatient admission, the provider will work with the Commissioners Representatives to ensure support involves the multi-disciplinary teams and is tailored to prevent admission, and that support plans are updated to reflect this change. This will include robust management and on call structures with teams and individuals involved in these systems having a sound and up to date knowledge of the individuals supported.

## **30 MONITORING AND REVIEW**

- 30.1 As part of this Contract the Commissioners will periodically monitor the Service delivery to ensure compliance with the Contract Standards, the Commissioners Service Outcomes

and Standards of Care, its Terms and Conditions as well as the Contract Schedules, and to assess the quality and performance of the Services being delivered to individuals in relation to meeting their outcomes.

30.2 The Commissioners Representatives are responsible for monitoring the quality of the Services provided and for reviewing an individual's needs.

30.3 Monitoring will include, but not be limited to, the following:

- a. Feedback from individuals and/or their families and circles of support on the standard of Services being provided
- b. Feedback from staff on the standards of Services being provided.
- c. Feedback from the Reviewer regarding whether or not the Service is meeting the individual's assessed needs and meeting the agreed outcomes in the best possible way.
- d. Systematic monitoring of the Provider by the Commissioner, in order to evaluate and record the Services delivered against the Specification.
- e. Consulting with individual recipients and/or their representatives.
- f. Investigation of complaints and / or safeguarding instances.
- g. Reviewing written procedures and records for both Customers and staff.
- h. Written contributions from local Experts by Experience quality checkers
- i. A review of the Accounting evidence for the Individual Service Fund

30.4 A statutory review will consider the extent to which the outcomes set out in the Support Plan are being met and will assist in identifying future objectives. The individuals Support Plan will be amended as appropriate following the review

30.5 The Support Plan is an iterative tool and it is expected that changes will be made to the support plan to reflect individual goals, achievements and aspirations and allowing for pace and detail in how goals are achieved. Changes to the support plan must be evidenced as taking place through 'team' involvement with the individual at the centre.

## **31 BROKERAGE**

31.1 Referrals for support services under this contract will be made through the Brighter Futures fortnightly Forum.

## **32 CHANGES IN NEED OR CHANGES IN CIRCUMSTANCES**

32.1 The Provider must inform the Commissioner of the need to review the Support Plan if there is a material change in the Individual's needs, or in the way that an individual would prefer to have their Services provided (e.g. a move from current accommodation or a move to a different core Provider)

- 32.2 The Provider will be responsible for notifying the relevant commissioner or commissioner representative as soon as it is practical to do so, if any of the following occur:
- a. Any circumstances where the individual has consistently refused provision of the Services, medication, or medical attention
  - b. Serious accident, serious illness or serious injury to the individual
  - c. Death of the individual if a death occurs during service delivery and when a death occurs as a result of service delivery
  - d. Outbreak of notifiable infectious disease in the Services
  - e. Any emergency situation e.g. fire, flood
  - f. Legacy or bequests to Provider and/or staff
  - g. Unplanned absence of the individual
  - h. Hospital admission
  - i. An investigation related to Safeguarding of a Vulnerable Person
  - j. Where the Provider has been unable to gain access to the individual's home

### **33 FINANCIAL MANAGEMENT PROTOCOLS AND PROCEDURES**

- 33.1 The Provider will have a Policy detailing how the Provider and its support workers will support individual's with their personal finances including the process for assessment in determining the amount and type of support an individual will need to manage their finances.
- 33.2 Any involvement to support an individual with any aspect of their finances must be clearly documented in a financial plan and be explicitly expressed in the Care and Support Plan.
- 33.3 The following basic requirements and safeguarding controls will underpin all financial support provided by the service to individuals:
- a. Provider's will support individuals to access all appropriate benefits
  - b. Assisting individuals to access their finances as agreed in the Care and Support plan. This may involve advocates, appointeeship, or Court of Protection where appropriate
  - c. The individual will have their own/a designated bank account. Any transaction undertaken by a support worker will be clearly documented and the bank account will be reconciled on a monthly basis.
  - d. Accurate and clear recording of any transactions credit and debit and any agencies/departments involved
  - e. Vouchers to record transactions (income and expenditure) will be signed by two members of staff wherever possible and this will be rigorously monitored by managers
  - f. Individuals are expected to fund their own day to day living expenses (e.g. food and utilities) except in registered residential care. This assumes income from Benefits.
  - g. Individuals are not expected in principle to pay for staff meals (where there are exceptions to this e.g. a special occasion, the provider should ensure a documented

agreement is in place with the individual and/or representatives and where appropriate a best interest decision is recorded)

- h. Where a large purchase is required (for example an item of furniture or entertainment equipment) it is to be paid for out of an individual's capital monies, (or the Individual Service Fund) a best interest decision should be conducted to ensure the purchase meets the needs and is best value for money//and or will best help the individual achieve the stated goals and outcomes.
- i. Where items of equipment, furniture or effects are disposed of, a best interest decision should be undertaken and a clear record made of how and where the item has been disposed
- j. Any loss or damage to property, accommodation or effects shall be reported to the commissioner's representative
- k. The Provider, their staff or families will not become involved in any personal financial transactions with the individual including goods, services or loans
- l. The Provider must have a clear policy and guidance for staff on the acceptance of hospitality and gifts which should detail those of a token value and those which should be declined
- m. The Provider will only be responsible for, or have custody of any documents or items of value (for example bank or building society passbooks, pensions books, cash, credit cards, wills, title deeds, tenancy agreements) where this has been agreed and recorded on the individual's Care and Support plan and only such times as these items are needed and not at any other times.

33.4 The Provider will maintain an inventory of all such items and ensure that these are kept securely.

33.5 Where any member of a Provider's staff financially abuses an individual, the Provider shall investigate the incident and take suitable disciplinary action, report the incident in line with local Safeguarding Policies and Procedures and notify the Commissioners representative. Where appropriate the Police will be informed.

## **34 MANAGEMENT OF THE INDIVIDUAL SERVICE FUND – FLEXIBLE CONTRACTS**

34.1 The fundamental feature of flexible contracts must be the necessary space for the person and the service provider to use the person's personal budget flexibly. The starting assumption is that, together with the person and their representatives, the Provider has the most relevant expertise to help the person achieve the outcomes that are important to them and meet their own needs in their own way.

34.2 The Provider, in partnership with the individual, has freedom to sub-contract. To achieve the Outcomes, the Provider can use resources flexibly and as such is free to sub-contract to any other person or organisation that they believe will help meet needs most effectively.

- 34.3 The Provider will not be issued with a detailed support plan. Working to a rigid pre-defined support plan can be restrictive, dictating to someone how they should live, rather than enabling them to make changes and respond to opportunities or problems. Any care and support plan issued by the Commissioners Representative to trigger a flexible contract should set out the outcomes important to the person rather than the service to be provided.
- 34.4 Each individual and or their representative will be advised as to their allocated Individual Service Fund, which is the money that the commissioner/s has agreed as being necessary to meet their needs. This Service Fund is determined by a set of criteria which describes complexity of need, risks and outcomes sought. The actual cost of providing a service that meets that need is incurred by the provider.
- 34.5 A clear and detailed support plan containing who, what, where and how must be costed by the Provider and aligned to the Outcomes for each individual. The provider can change the services delivered (innovatively and creatively) within that budget amount, without recourse to the Commissioner but in partnership with an individual and their family/or representatives. Each individual must be evidenced as being active participants in the design and spend of their support plan.
- 34.6 The Individual Service Fund must be subject to specific and individual accounting - accounts for each individual must be held securely and kept up to date and be discussed as part of ongoing planning and review cycles and be supplied to Commissioners representatives on request.
- 34.7 Under the terms of this Flexible Contract the resources that are provided to the core Provider and the Individual are made in order that they meet the needs of the person and progress the Outcomes sought for that person. Where an individual is deemed to need less support than is assumed within the Individual Budget allocated (The Service Fund) then the contract will need to be varied to allow for a revised Budget.
- 34.8 The amount specific as the Individual Service Fund will be reviewed at least annually and as agreed at the point of Service commencement. Where an individual is making such progress as to warrant a reduction in an allocated Service Fund before an annual Review, the Provider will notify the Commissioner. Some Individual Service Funds will be allocated in 6 monthly instalments i.e. a starting budget that changes mid year to a revised budget. This is most likely to be used for individuals who will immediately benefit from consistency and continuity. As such a reduction in the budget allocated can be predicted as expected and commensurate.
- 34.9 The Core Provider has a responsibility to meet needs where it becomes evident that the initial allocated Individual Service Fund appears inadequate. In these circumstances the Provider should liaise with the Commissioner Representative in order to seek an evidenced re-evaluation of need against a determined Individual Service Fund. However, Providers are expected to manage fluctuations of need within reasonable parameters, and the Individual Service Fund is allocated on the basis of these expectations.
- 34.10 The Provider is accountable to the Commissioner and the Individual/s they are supporting. The Provider should be prepared to provide information on the following:

- a. **What is my overall budget?** – In most cases it is reasonable and necessary to help people understand what budget is allocated to meet their needs and their outcomes
- b. **Is the budget restricted?** The Individual Service Fund is restricted to the benefit of the named individual.
- c. **Can I change my core Service Provider?** Individuals must be made aware of how to complain about the Provider or how to end support from their service provider. This will require conversations with the Commissioners Representative, usually a Case manager, Care Manager, or Social Worker. It is the Commissioners Representative who has the right to terminate the Contract between the Commissioner and the Provider. The individual does have the right to refuse support from the Commissioning Body and therefore a contracted provider.
- d. **How will you keep me informed?** Most individuals will benefit from knowing what is in their Individual Budget and will therefore need to know what is being spent against that budget. Providers will therefore need to set up an accessible system of accounting and reporting and agree with each individual the information that will be provided and at what intervals.
- e. **Can I use my budget flexibly?** Providers must work with individuals to use their budget flexibly. Some individuals will want to decide how all of their budget is spent. The Provider is required to guide the individual in decisions about how they might achieve their goals, aspirations and outcomes.  
The person receiving services will not be able to dictate to a provider what salaries are agreed for support staff or be involved in any other decisions pertaining to the Terms and Conditions of employment. However, when particular sub-contracting arrangements are put in place by the Core Provider such issues may be of reasonable interest to the person receiving services.
- f. **Can I have my own staff?** – One of the most important factors for people is to identify, trust and like the person who actually provides them with support. Providers should note their ability to employ people as personal assistants for named individuals with specific job descriptions, recruitment processes and contracts. Providers are expected to support each individual with their choice of support staff.
- g. **Can I have my own policies?** Best practice in health and safety dictates that risks are personalised and generic health and safety practices avoided. Often an imbalanced and bureaucratic approach to risk management can be avoided by a different, person-by person approach, keeping decision making flexible and close to the person.
- h. **Can I save money/hold back money?** The Provider can work with an individual to put aside some of their budget for holidays or to account for fluctuating need for example. Commissioners will however ensure that needs are not ‘over-funded’.
- j. **What happens if I overspend?** Sometimes circumstances change and it is impossible to meet somebody’s needs without spending more money than may be budgeted. This may mean a reassessment by the Commissioners Representative however if a change is likely to be short-run the Provider is expected to meet those needs. Providers should work with individuals to plan for fluctuations in spend, paying for extra support from

the allocated budget, or to pay into an 'insurance fund' or 'reserve fund' which allows the individual and the Provider to manage occasional extra costs. These arrangements need to be set out clearly and it is for the Provider and the individuals accessing their support to develop their own agreed systems and approaches.

- 34.11 The Provider may determine, or the individual may wish to, use part of their budget on equipment, adaptations, capital, travel, costs of community involvement or anything else that improves their well-being.
- 34.12 The Provider will at all times maintain Accounts relating to the use of the Individual Service Fund which will be made available on request.
- 34.13 The Commissioners reserve the right to 'clawback' allocated Individuals Service Funds in the event of complete or intentional mismanagement or misappropriation of such Funds. This is a distinct occurrence and one that will incur full investigation by the Commissioning Bodies.

## **35 VOIDS**

- 35.1 For the avoidance of doubt, the Commissioners do not pay any void costs, unless this has been agreed on an exceptional basis.

## **36 COMPLAINTS**

- 36.1 Providers will ensure that complaints information is made available to the individual in an easily accessible format.
- 36.2 Where care is made in arrangement with the NHS (i.e. where the NHS is funding care e.g. Continuing Healthcare for Adults and Continuing Care for Children and Young people) the Providers complaints process and procedures for those individuals must follow the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. In brief this comprises the following elements:
  - a. Advising complainants of the right to complain to the Commissioner of their care if they so choose
  - b. Their right to complaints advocacy
  - c. Publicise complaints procedures and how further information about the complaints process can be obtained
  - d. Each Provider should have an identifiable person who handles complaints
  - e. Complaints can be received verbally, electronically or in writing. Verbal complaints should be written down and the complainant provided with a copy to confirm the complaint details
  - f. A complaint must be acknowledged within three working days, giving the complainant the opportunity to discuss how the complaint will be handled. A timescale for handling the complaint should be agreed with the complainant

- g. A complaints response must be in writing and should provide details of what the investigation found, what will be put right as result, and details of the complainants right to approach the Ombudsman if they remain unhappy and want to take the complaint further
- h. Providers must monitor their complaints activity to include the numbers of complaints received, the subject and outcome of each complaint, and whether timescales agreed were adhered to
- i. Each Provider will compile an annual complaints report which should be available to any person on request and should include which complaints investigated under the complaints regulations were well founded. This should be produced in an accessible format.
- j. Each Provider must send its annual complaints report to the Commissioner

## 37 KEY DELIVERABLES

### 37.1 Deliverables and Key Performance Indicators:

Key Performance Indicator	Measurement
<b>Effective and mutually beneficial partnership work across Preferred Partners</b>	Evidence of cross fertilisation of training and learning opportunities
	Attendance and contribution to Brighter Futures Forum
	Cross-Provider peer group formation
	Evidence of collective purchasing
<b>Effective partnership working with other disciplines and Agencies</b>	Evidence of multi-disciplinary working to reduce risks
	Evidence of effective and appropriate use of CTRs and CETRs
	Evidence of appropriate admission avoidance
	Evidence of effective contingency planning and crisis support plans
<b>Enabling progression and step down</b>	Progress in individual goal attainment
	Progress in individual outcome attainment
	Individuals report that they have gained skills in self-management
	Reduction in Spend**
	Numbers stepping down into less intense support arrangements
<b>Enabling independence and autonomy</b>	Numbers accessing education
	Numbers returning to education

	Numbers accessing vocational training (including voluntary work)
	Numbers accessing employment
	Numbers reporting having a sense of choice and control
	Numbers actively engaged in designing their support plan
<b>Improving well-being</b>	Reduction in episodes of self-harm
	Reduction in episodes of crisis
	Individuals are able to self- report feeling unwell
	Individuals report having a 'tool-kit' for managing feelings
	Individuals report having improved confidence and self-worth
	Individuals report feeling a sense of ongoing achievement
	Numbers maintaining positive relationships with family
	Numbers maintaining positive relationships with friends and peers
	Numbers reporting positive and trusting relationships with supporters
	Numbers accessing annual health checks
	Numbers with a Health Action Plan
	Numbers accessing primary care universal services
	Numbers accessing secondary care services where this is needed

\*\*Research indicates that over a period of 3 years the cost of support reduces by 44% when Individual Service Funds are offered and used with integrity and that there is a significant improvement in the quality of people's lives with multiple outcome improvements/achievements reported by individuals, families and professionals. Improved efficiency was achieved by working with individuals to help them achieve better lives.

### **38 CONTRACT MOBILISATION**

- 38.1 The Commissioners intend to award Contracts under this Framework to a small group of Preferred Providers evaluated as suitable following Contract Tender.
- 38.2 On Contract Award the Preferred Providers will work with the Commissioning Bodies for a period of contract development and mobilisation which will include action learning sets

led by Experts by Experience and training sessions focussed on the application of Individual Service Funds. All Preferred Providers must participate in this development and mobilisation phase.

- 38.2 A key intention of the Contract is to formulate a set of Providers who have evidenced a commitment and enthusiasm to work collectively and dynamically with each other to support individuals and their outcomes. It is expected that the relationship between this network of Preferred Providers will be strong, productive and mutually supportive and will act in accordance with the requirements and ethos as laid out in the totality of the Contract.

## **39 POPULATION COVERED**

- 39.1 Individuals are excluded where they are under the age of 14 years' old
- 39.2 Individuals are excluded if they do not have autism or ADHD. A diagnosis is not necessarily required.

## **40 RELEVANT LEGISLATION and POLICY**

- 40.1 It is the Providers responsibility to ensure it is up to date with relevant legislation, policy and practice relating to the provision of care and support and the approach to that provision incumbent within this Contract.
- 40.2 Where a specific piece of legislation is unclear, or where the Provider is unable to ascertain the relevant policy, the Provider should seek advice from the relevant Body.
- 40.3 The following list of legislation is not exhaustive, but merely seeks to indicate areas a Provider must be responsive to:
- The Children and Families Act 2014 [Children and Families Act 2014](#)
- The Care Act 2014 [Care Act 2014](#)
- The NHS Plan 2020 [NHS Plan 2020](#)
- The Education Act 2011 [Education Act 2011](#)
- The Autism Act 2009 [Autism Act 2009](#)
- Think Autism 2014 [Think Autism](#)
- Homes not Hospitals (Transforming Care) [Homes not Hospitals](#)
- The Equality Act 2010 [Equality Act 2010](#)