Arden and Solihull TCP: a framework for procuring community supported living

"We are confident that the new arrangements we have commissioned on behalf of people with a learning disability and/or autism in our TCP will enable individuals to be discharged safely into the community over the lifetime of the programme and beyond. While it has been time-consuming to get it right, the process has proved successful to date because it is based on a robust understanding of the needs and desired outcomes of people currently in hospital, effective and ongoing co-production with the market, strong system leadership and positive joint working relationships across all partners."

Jo Galloway, Chief Nursing Officer, Coventry and Rugby CCG and Warwickshire North CCG, Senior Responsible Officer Arden and Solihull TCP.

"Warwickshire County Council were delighted to lead the procurement of this new framework on behalf of commissioning partners across the TCP. The approach has been collaborative, person-centred and solution-focused, and we now feel assured that we have selected four experienced and capable providers who we can work together with to improve outcomes for people currently in hospital".

John Dixon, Strategic Director, People Group, Warwickshire County Council, Deputy Senior Responsible Officer, Arden and Solihull TCP.

Synopsis

Arden and Solihull Transforming Care Partnership[1] (TCP) have developed a commissioning framework for community living for people with a learning disability and/or autism who display behaviour that challenges. The framework was developed following extensive market testing and a comprehensive procurement process which included visiting services provided by short-listed providers. Four providers with high levels of expertise in delivering services for these individuals were selected and are now working closely with each other and with commissioners and health and care professionals to help people to leave hospital into their own accommodation with supported living.

[1] Coventry City Council, Solihull Borough Council, Warwickshire County Council, Coventry and Rugby CCG, Solihull CCG, South Warwickshire CCG, Warwickshire North CCG and NHS England local specialist team.

The challenge

Background

An early priority for Arden and Solihull TCP was to develop a comprehensive understanding across the partnership of the needs of the people who remained in hospital. This work revealed a range of needs, including:

- Roughly half of people were on the autistic spectrum without a learning disability – it was recognised that there was a gap in support for this group locally.
- Many people had a forensic history.
- People had a range of mental health issues including depression, personality disorder and psychosis, and a number had an eating disorder.
- A number were considered to be at risk of re-offending post-discharge.

Overall, these individuals have high levels of complex needs and can be challenging to place with community packages. The TCP agreed that it was imperative to have good quality providers with a proven track record and the right skills, experience and models of care to support individuals locally. It set up a market testing initiative to bring a detailed understand of the extent, expertise and capacity of the market.

Testing the market

To test the market, potential providers were issued with a pack through Coventry, Solihull and Warwickshire's joint e-tendering system. The pack contained:

- Information on the TCP journey so far and a summary of the local Transforming Care Plan.
- Anonymised patient information including presenting need, potential community support required and discharge trajectories.
- An outline of proposed service requirements.

Service providers were asked to provide a summary of what they could provide locally in terms of specialisms, experience and cost. They were also asked for comments on the TCP's proposals for the service. 31 providers responded – these included both existing local providers and those with a track record elsewhere who wished to extend into this area.

The following are examples of what providers said they could offer:

- Specialisms included working with children and young people, people with challenging behaviour and forensic needs, and people with complex needs including dementia.
- Experience included working with housing authorities, employing a positive behaviour support team or forensic practitioners, and implementing the SPELL framework for people on the autism spectrum (structure, positive, empathy, low arousal, links).

- Information on costs included both hourly and annual rates.

Comments on the proposed service included:

- Longer term contracts will encourage providers to make investments.
- Working in partnership and avoiding transactional procurement are more effective for allocating complex support packages with housing solutions.
- Shared accommodation is often easier to secure and to manage than individual housing.

Following the written submissions, further discussion took place with providers to follow up some of the issues that had been raised.

Based on information from the market testing, commissioners presented an options appraisal to the TCP board. The pros and cons of options, such as working with existing providers, were considered, but the board chose the option of undertaking a new procurement process. Although this was the most time-consuming route, it had many advantages. Chiefly it would be likely to attract new providers with demonstrable expertise in supporting people with complex and challenging needs into the area, which would improve local capacity to provide the range of services that was needed. This option also had the lowest procurement compliance risk. The board's decision was endorsed by the seven local commissioners, who also approved estimated financial contributions.

The solution

Community living framework

The TCP was clear that the framework should be person-centred – focused on the needs, wellbeing and future independence of individuals. The TCP's lead commissioner led the commissioning and procurement process with input from commissioning and procurement in the partner areas. Engagement took place with providers, health and care workers, some medium and low secure patients, and some carers, who all influenced the service specification. (See extracts from service specification in appendix A. The full specification is available from the contact at the end of this case study). Key features of the framework are described below.

Principles and outcomes

The service will be delivered in line with each individual's support plan, and will focus on behavioural support, risk management, and increasing people's independent living skills to reduce the need for paid support where appropriate. It will adhere to the following service principles: personalisation, outcome-focused, positive behaviour support, promoting independence, promoting education, learning and work, community inclusion, promoting equality, partnership approach, safeguarding individuals from abuse, and providing value for money.

The specification includes an outcomes framework, based on individual 'I' statements, which will be used to assess the effectiveness of support packages. Outcomes, with examples of what current inpatients/parents have said is important to them, include:

- I am supported to exercise choice and control in all aspects of the care I receive, and my quality of life is enhanced. *"It is important I see my son and have a good relationship with him."* Current inpatient.
- My health and wellbeing are promoted at all times and I am supported to maintain my independence wherever possible. *"Staff need to help me quickly to get into a routine."* Current inpatient.
- I have a positive experience of care and support at all times. *"I would like to be involved a bit more – in choosing furnishing for the property … recruiting staff … training staff."* Parent.

(See performance and quality framework, Appendix B.)

Scope

The framework covers community living for people aged 16-plus with a learning disability and/or autism with behaviour that challenges including mental health needs. It is largely focused on people stepping down from hospital with forensic needs, but may also be used to support people at risk of hospital admission. Children's services have been involved in developing the framework, and referrals for younger people will be made where appropriate.

The framework is small – four providers who receive all the referrals for people moving out of hospital provision. The TCP believe it is essential that the framework should involve close working relationships, and a small framework helps to establish effective partnerships between providers, and between providers and health and social care teams and commissioners. It also helps commissioners to keep an overview of how packages are working.

Health and care workers, commissioners and providers will generally decide together which provider is best placed to meet individual need. Should a consensus not be reached, the commissioner may institute a mini tender process or make a direct award based on assessment of need, individual choice, best value and ability to reduce reliance on paid support.

Individuals and families, as appropriate, will be involved throughout. While commissioners will make referrals to providers matching individual needs and requirements with provider skills and experience, individuals will be actively supported to exercise choice about their future care and support arrangements, e.g., location of accommodation, staff recruitment, etc. Other frameworks or direct payment/personal health budget options can be used if these are deemed suitable to meet the complexity of people's needs.

The framework will run for three years, with an option for a further two years. It is not envisaged that further providers will be accepted onto the framework during this period, other than in exceptional circumstances.

Providers are responsible for taking a lead role in sourcing and securing appropriate accommodation, including developing bespoke options, to meet the needs of individuals. The specification makes it clear that accommodation is separate from support – for instance, an individual could change their provider but remain in their home.

The least restrictive, safe options will be commissioned for individuals; this will generally be tenancies in supported living or specialised housing with care, but the specification allows the use of residential registered options, should this be the best option for an individual. Providers are expected to continually work with individuals to enable them to further step down to less restrictive care and support arrangements.

The specification includes a range of requirements for appropriate staff training. In general, employees will be qualified to NVQ level 2 or equivalent within 12 months of starting employment, and will then be actively supported to achieve level 3. Specific training, such as in positive behaviour support and specific communication techniques will also be needed.

While one provider may deliver the majority of care and support hours, it is possible that additional one-to-one support may be given by other providers driven by the personal choices of tenants and supported by the involvement of advocates where appropriate.

Partnership working

Providers and health and care workers will work together on individual transition plans to help people move from hospital. This may include individuals involved in recruiting their support team, and the development of social stories and communication books as relevant.

There is an expectation that providers will not ‘give up’ on people if behaviour escalates. They are expected to have levels of expertise within the organisation to deliver positive behaviour support approaches. If needed they should work proactively with local health and care teams and other providers to prevent the need for readmission. Community nurses are responsible for jointly working with providers on behaviour support plans.

Providers are expected to agree a contingency plan for fluctuations in behaviour and mental health needs. This may include a contingency budget for any increase in support needed for a crisis or to maintain a placement if the individual needs a short time in hospital. If the budget is not used, it is repayable to the commissioner.

Tendering and procurement

The procurement process was managed on behalf of the TCP by Warwickshire County Council. The assessment had two stages. In the first, a panel from across the TCP – lead commissioner, two commissioners, two senior nurses and a procurement officer – scored the applications.

In the second, a panel – lead commissioner, two senior nurses, procurement officer – undertook a visit to the top five scoring organisations to see for themselves how they operated in practice. This included visits to other areas of the country and to Ireland. The providers were able to plan the visit to best demonstrate how they met the service specification requirements. The panel was involved in activity such as visiting the homes of people receiving a support service and talking with them, talking to families, and interviewing positive behaviour support leads and other staff.

Based on the site visit evaluation, four providers were chosen to be part of the framework. Of these, one was an existing contracted provider with a local presence, the others were organisations with a track record in another area who intended to provide local services.

Implementing the framework

The framework went live on 4th September 2017. An important element has been to establish the framework partnership. The four providers met as a group and discussed how they can work together, including considering shared training opportunities. A workshop was also arranged for discussions between providers, commissioners and local housing providers.

A regular meeting has been set up between health and social care teams, commissioners and providers to start to plan for discharge, and early discussions have taken place about matching people with providers based on what is known about individual's needs and requirements. There is optimism that good progress will be made on this, since the providers have niche areas of expertise in the range of areas needed for the transforming care population. These include young people 16 -25, people with autism who do not have a learning disability, people who have been in forensic care, people who will continue to present a forensic risk post-discharge and people with challenging behaviour who have spent years in institutions.

Some providers have existing partnerships with local housing organisations, and others are in the process of building these. There is confidence that it will be possible to secure appropriate accommodation across the TCP area. Prior to the introduction of the framework, one person has left hospital to a house with shared ownership and another is about to be discharged into their new shared ownership home. The TCP hopes to facilitate further home ownership arrangements where appropriate.

How the new approach is being sustained

It is too early to assess the impact of the framework. However, arrangements are being set up to ensure regular communication and effective relationship management and to monitor performance and cost.

Performance monitoring

There will be a two-fold approach to performance monitoring. A forum of health, social care and commissioning professionals will continue to meet and consider people's current situations and progress in monthly clinical reviews. Also, contract monitoring will take place with providers based on the outcomes framework in the service specification. An important element of monitoring will be to undertake quality visits to meet with service users to hear their views and to check on levels of care. (See appendix B.)

Finance

The pricing schedule for the framework was based on the findings from the market testing and learning from the model used in Warwickshire's care at home framework, which has been operating for over a year. The pricing schedule identifies a floor and ceiling cost for community living, based on factors such as the national living wage and the requirements of the service specification to meet individual need. The floor rate for day and waking night support is £15.80 per hour and the ceiling rate £19. There is a separate floor and ceiling rate for sleep in nights. It is recognised that the group of people leaving hospital have significant needs, and staff will require additional training, and, in some cases, increased pay, shorter shifts and more breaks. Following the tender process, all bids came in below the ceiling.

Financial modelling on the costs of beds and community packages suggests that, overall, the shift from hospital to community care is likely to be cost-neutral – some packages will be cheaper, others more expensive.

Lessons learned

Key messages

- Supporting individuals with complex needs in the community requires true multi-agency working, involving providers, health and care workers and commissioners as part of a team. In order to provide person-centred support, it is important that all team members, including commissioners, know and understand the individuals involved.

- Although market testing requires time and resources, it has proved an invaluable way of understanding the market and engaging with providers to develop shared

understanding. Providers were very receptive to the market testing exercise and supported the proposed commissioning and procurement route.

- Site visits, as part of the selection process, were very helpful in bringing the providers' offers to life and meant that commissioners had a more realistic understanding about the support that would be provided.

- The rigorous process for selecting providers onto the framework has resulted in positive relationships which will be a good basis for future joint work.

Contact

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List of documents

The following documents are available from the contact above.

- Market test information pack.
- Service specification.

Appendix A Key features from the service specification (extracts)

Overview of the service

The Transforming Care Partnership (TCP) is looking to commission a small number of providers to work in partnership with us to develop and deliver bespoke and personalised care and support for individuals aged 16 years and over stepping down from secure services into the community. The TCP may also require providers to work with individuals at risk of admission to secure services.

Service objectives

To meet the specific needs of individuals stepping down from hospital in the least restrictive setting preventing readmission or a prison sentence.

The provider(s) will ensure that support required to meet needs, desired outcomes and preferences identified in the Individual's health or social care assessment or support plan is incorporated in the individual's person-centred support plan which is to be developed by the provider (and referred to as the Provider's Support Plan in the Contract).

The provider will ensure support meets the holistic needs of the individual; focuses on developing skills and independence to reduce need for support; is designed to reduce the incidence of relapse, crisis or behaviours that challenge and enables individuals to achieve positive outcomes.

Support will designed in line with individual requirements relating to the Criminal Justice System, National Offender Management Service, Mental Health Act or Community Treatment Order.

The Provider's Support Plan is to be developed as follows:

- The provider(s) will work with each individual and family/carers/advocate as appropriate to develop an accessible, person centred and outcome based support plan prior to the service commencing.
- The provider(s) will work with clinicians in the secure setting to ensure learning is transferred to the new support plan and the transition is well planned and managed.
- The provider(s) will work with the individual's multi-disciplinary team to ensure the support plan is appropriate to need.
- This plan (the Provider's Support Plan) will be based on the health or social care assessment and requirements detailed in the health or social care support plan which has been given to the provider by the commissioner.
- The Provider Support Plan will clearly determine how individual risk and behaviours will be effectively and positively managed.

- Each Provider's Support Plan will be regularly reviewed and updated to evidence outcomes achieved and progress made
- The Provider(s) will provide an outline of key external organsations where there are interdependencies to support delivery in line with the individuals support plan.

Service principles

The provider(s) will work proactively with individuals to increase their independent living skills and to reduce their need for paid support where appropriate. Where this is achieved the provider(s) will obtain commissioner approval to implement reductions in commissioned support. The service will be delivered in line with each individual's support plan, will focus on positive behaviour support and risk management and will adhere to the following service principles:

- Personalisation – support will be designed in partnership/consultation with individuals, families and carers and will be delivered in a way that meets the specific needs of each individual. Provider(s) must be able to evidence that individuals have exercised real choice and control in all aspects of their care and support and that person centred care and support is at the heart of their organisations culture and values while understanding and managing risk.
- Outcome focused – support will enable individuals to achieve a range of positive outcomes that are important to them and are detailed in their individual support plan. Partial or full achievement of outcomes will be recorded on support plans and support plan reviews.
- Positive behaviour support – will be a key feature of the approach to supporting individuals.
- Promoting independence – support will focus on enabling individuals to use their independent living skills and to develop new daily living skills. There may be a need to balance public protection with maximising independence.
- Promoting education, learning and work – support will focus on enabling and actively supporting individuals to access learning opportunities, to become work ready and to obtain paid and voluntary work as appropriate to their age, needs and circumstances.
- Community inclusion – individuals will be supported to access their local community, universal and targeted services and to take part in a range of activities of their choice.
- Promoting equality – each individual's uniqueness in respect of gender, sexual orientation, age, ability, race, religion, culture and lifestyle will be acknowledged and respected and used to inform support planning.
- Partnership approach – the provider(s) will work in partnership with Individuals, family, carers and people involved in the individuals formal and informal networks.
- Safeguarding individuals from abuse – support will be focused on enabling individuals to remain living in their home where they are safe and secure.
- Providing value for money – support will be provided in the most efficient way and provider(s) are required to evidence how they have reduced individual's reliance on

paid support. Provider(s) must actively encourage and promote the use of assistive technology.

Service definition

- The provider(s) will have a proven track record of successfully supporting individuals to step down from secure services into the community.
- The provider(s) will have experience and knowledge in supporting individuals with learning disabilities and/or autistic spectrum conditions and in supporting individuals with forensic needs.
- The TCP is seeking to commission the least restrictive option for individuals with a preference for supported living or specialised housing with care where this can safely meet needs and promote the achievement of a range of outcomes. Providers are expected to continually work with individuals to enable them to further step down to less restrictive care and support arrangements in future.
- The main principles of supported living are that individuals own or rent their own home and have control over the support they get, who they live with and how they live their lives.
- Despite any provider responsibility for the property there is a clear separation between the provision of accommodation and support in supported living services – it being clear that accommodation is not being commissioned/provided under the supported living contract.

Recruitment, training and development

The provider(s) will ensure the safe recruitment and employment of a sufficient number of employees to ensure and maintain service delivery that meet the needs of individuals as outlined in their person centred support plan(s) at a quality consistent with this service specification. The provider(s) should recruit employees specifically to meet the needs of individuals and to support effective matching of individuals and employees. The provider(s) will involve individuals, families and carers, in the recruitment of employees.

Employees will be appropriately trained, qualified and competent in providing support to people who have a history of behaviour that challenges or present risks to themselves and other. This may include managing and supporting extreme challenging behaviour and/or offending behaviour.

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Appendix B Performance and quality framework

This performance and quality framework forms part of the service specification. It is based on individual outcomes, which are also detailed in the service specification.

Community living for people with a learning disability and/or autism who have a mental health condition or behaviours that challenge stepping down from secure services		
How will you meet the outcomes?	**How will you measure the outcomes?**	**Commissioner verification**
I am supported to exercise choice and control in all aspects of the care I receive and my quality of life is enhanced.		
Individuals will be communicated with in a way they can understand or respond to and be supported to develop and use a communication plan/passport as appropriate.	Individual will have a communication passport in place that is updated annually as a minimum or as needs change. The provider will evidence through regular staff supervision records and support plan reviews and audits that communication passports and other tools are embedded into day-to-day support.	Self-assessment return Quality visit
Individuals will be listened to in all aspects of care and support.	Individuals will have a personalised outcome based support plan. Individuals will have an accessible / easy read version of the personalised outcome based support plan. Evidence that individuals and their circle of support have actively contributed to and agreed their plan.	Self-assessment return and quality visit Quality visit

	Evidence of regular review of the support plan with individuals and their circle of support. Evidence that the support plan is a 'live' plan which is regularly updated.	Self-assessment, quality visit Self-assessment return, quality visit, feedback from individuals and families/carers
Individuals will know how to complain and be listened to and where relevant be supported to access Advocacy and IMCA services.	The provider will evidence access to advocacy which should include: • access to independent advocacy on a 1:1 basis. • the opportunity to have views heard without family being present. Number, nature and outcome of complaints.	Self-assessment return Self-assessment return
Individuals will be supported to manage risks positively subject to any approved restrictions.	Individuals will have a risk management plan which is dynamic and evolves to promote independence. The provider will evidence through regular staff supervision records and support plan reviews and audits that risk management plans are embedded into day-to-day support.	Self-assessment return and quality visit Quality Visit
Individuals will be supported to take part in fun, stimulating activities and to develop and maintain relationships.	Evidence that individuals routinely participate in personalised, meaningful activities for the majority of their time.	Quality visit, feedback from individuals, families/carers

	Individuals have personalised and predictable routines and timetables.	Quality visits
My health and well-being are promoted at all times and I am supported to maintain my independence wherever possible.		
Individuals will be supported to improve their health and well-being and supported with recovery, rehabilitation and reablement.	Individuals will have a health action plan that is updated annually, as a minimum, or when needs changed.	Self-assessment return, quality visit
	Individuals will have a relapse and recovery plan that is coproduced with the individual and their circle of support.	Self-assessment return, quality visit
	The provider will evidence how individuals are supported to maintain their physical and mental health, e.g., access to community health services, attending appointments, take up of annual health check and routine screenings, promotion of health lifestyle choices.	Stakeholder feedback, quality visits
	The individual will have a Medication Reduction Strategy in place.	Quality visits, individual and stakeholder feedback
	The provider will evidence how they work in partnership to meet individual's health needs.	Self-assessment return and quality visits

	The provider will evidence how they actively avoid hospital admission and re-admission.	Self-assessment return and quality visits
Individuals will be supported to learn new things and obtain voluntary or paid employment	The provider will evidence: • access to work opportunities • access to learning opportunities.	Quality visits
I feel safe - protected from avoidable harm and free from any kind of abuse, harassment and discrimination.		
Individuals will be treated with dignity and respect and safeguarded from abuse and neglect.	Robust safeguarding responses and reporting. The provider will evidence how they have supported the individual to stay safe. Robust hate crime responses and reporting.	Self-assessment Self-assessment Self-assessment
Providers will ensure best interest decisions are facilitated in line with the MHA and DOLS.	Evidence of employee understanding and training in relation to MHA and DOLS. Evidence of effective an appropriate best interest decision making.	Quality visit
I have a positive experience of care and support at all times.		
A personalised and positive behavioural support approach will be adopted when supporting individual who present behaviours that challenge.	Individuals will have a positive behaviour support plan. Evidence that individuals and their circle of support have actively contributed to and agreed their plan.	Self-assessment return Quality visit, feedback from individuals, families/carers and stakeholders

	Evidence of regular review of the support plan with individuals and their circle of support.	Quality visit, feedback from individuals, families/carers and stakeholders
	The provider will evidence through regular staff supervision records and support plan reviews and audits that communication passports and other tools are embedded into day-to-day support.	Quality visits
	Evidence that positive strategies are in place with robust incident reporting. Evidence that reactive strategies are in place with robust incident reporting.	Quality visit
	Evidence of the use of Physical Intervention Strategies as the least restrictive option.	Quality visit
	Evidence reflection, de-briefing (including the individual where appropriate to do so) and learning from physical intervention undertaken.	Quality visit
	Evidence of an enhanced positive behaviour support approach throughout the organisation.	Quality visit, self-assessment return

Families and carers will be actively involved and consulted with in relation to care and support, as appropriate.	Evidence of active involvement and effective communication. Evidence of involvement of families and carers in staff training.	Self-assessment, Quality visit, feedback from families/carers Self-assessment, Quality visit, feedback from families/carers
Reduce individual reliance on paid support	Effective support planning and review, and achievement of outcomes, leading to and supporting a planned reduction in paid support (at night and during the daytime).	Self-assessment return, quality visit
I am supported to live in accommodation appropriate to my needs.		
Individuals will be supported in physical environments that meet their individual needs.	Evidence of action taken to adapt the physical environment to support effective behaviour management, enable positive risk management, maximise independence and meet sensory needs. Use of aids and adaptations and Assistive Technology to maximise independence and promote positive risk management.	Quality visit, feedback from individuals, parents/families Quality visit
My staff team are experienced, well-trained and effectively supported to meet my needs*.*		
Employees will be appropriately trained, qualified and competent in providing support.	Evidence that employees have undertaken and are up to date with all mandatory training and receive training focused on values, resilience	Quality visit

	and the delivery of person centred care.	
	All employees receive in-house training in Positive Behaviour Support which is refreshed at least annually.	Self-assessment return
	All employees receive training in supporting people with autism which is refreshed at annually.	Self-assessment return
	Employees have access to comprehensive training and support programme to enable them to meet individual needs.	Quality visit
	Employees have regular supervision, annual appraisals, opportunities for reflective practice and de-briefs following any incidents.	Quality visit, feedback from employees
	Evidence employees supporting individuals are qualified to NQF Level 2, or equivalent, within 12 months of commencing their employment. Evidence employees are supported to achieve the NQF Level 3 qualification.	Self-assessment return
	Information regarding employee turnover, sickness, stress and morale.	Self-assessment return, quality visit, feedback from employees
	Evidence staff have access to and are aware of all policies and procedures relating to the delivery of care and support.	Self-assessment return, quality visit

Providers actively involve individuals, families and carers in the recruitment, selection and training of employees	Provide training for individuals, families and carers in recruitment and selection of employees. Evidence of active involvement in recruitment campaigns.	Self-assessment return Self-assessment return, quality visit
My support organisation is effective and high quality.		
Provider organisation is financially viable.	Evidence of effective financial management and planning.	Monitoring of financial accounts, Credit Safe
Clear quality framework in place.	Evidence of effective quality assurance arrangements in place.	Quality visits, feedback from stakeholders
Effective arrangements in place to engage and involve individuals, families and carers in strategic service development, quality assurance and audit.	Evidence of effective engagement and involvement arrangements in place.	Quality visits, feedback from stakeholders