

Changes to the Specification and arrangements for the Approved Provider List for Care Services in Supported Housing

Introduction

This paper sets out the changes that have been made to the service specification and procurement documents in order to finalise our approach following the stakeholder engagement exercise 16th August to 20th September 2019.

Most respondents were supportive of the introduction of an Approved Provider List (AP List) with general agreement that the Approved Provider List will ensure all approved providers are meeting quality standards and delivering high quality services.

Distribution of information to stakeholders

The stakeholder engagement was live on the county council website for a period of 6 weeks.

120	We sent the link to all providers who currently provide supports in supported living, home care and other supports services
0	We did not issue any questionnaires' to individuals
14 meetings	We shared the link with our self-advocate networks and supported events to assist in taking feedback
	We also asked providers to support individuals who wanted to take part
6	We sent the link to our Clinical Commissioning Groups
1	The Commissioning Support Unit
1	Colleague's leading on the Integrated Care System across Lancashire and South Cumbria
12	District Council Strategic housing leads
83	Housing providers
1	NHS Trust
	Carers services
2	Advocacy services
	Partnership Boards LDA and Autism and their networks and contacts
	Self-advocate organisations and their networks – Pathways NW
2 meetings	Preston LD forum
	Friends and relationship Group

Stakeholders that responded

38 responses were received to the online survey, from the following organisations/individuals:

- 22 Providers
- 4 NHS commissioners and providers
- 7 Carers/family members
- 3 Stakeholder groups
- 2 Individuals

9 hard copy and other communications were received, including:

- 3 questionnaire responses from self-advocates, 1 contact provided a summary of comments made by 2 people and some summarised comments from the engagement sessions.
- 2 family members contacted me directly seeking some clarifications and detailing their observations
- 1 provider
- 3 NHS commissioning organisations

Response to the top nine ranked comments

The summary of key findings of the stakeholder engagements on the AP List for Care Services in Supported Housing Settings identified 9 key themes that emerged from the engagement exercise.

Most respondents were supportive of the introduction of an AP List with general agreement that the AP List will ensure all approved providers are meeting quality standards and delivering high quality services

As this feedback featured most significantly, it is appropriate to provide a response to each theme and outline what changes we have or have not made to our documents and approach as a result of what people told us:

<p>1. Housing with Care and Support Strategy: Comments debating the benefits of communal versus individual homes</p>
<p>Response: We will take account of the feedback received when planning new accommodation to meet the needs of people with care and support needs. We recognise that maintaining choice and control is very important to people when receiving care and support. We feel this was well covered in the Housing with Care Strategy, including in the vision and outcomes. The Strategy also says: "planned care will always be person-centred; focus on the individual's needs and outcomes; and promote their independence, health and wellbeing."</p> <p>We agreed in the Housing with Care Strategy there is a need to have a range of accommodation options and home care in ordinary housing, group supported living and residential care. These are an essential and valued part of the care and support system – giving people more options, choice and control is central to the Strategy. We are aiming to reduce our reliance on residential care and group supported living, not replace them.</p> <p><u>We have always agreed it is important that new accommodation will be in close proximity to local amenities so people are connected to and valued by their community.</u> The best locations will be identified in conjunction with partners, which will include the joint undertaking of needs analyses and the mapping of local amenities.</p> <p>We have taken account of the findings of a large scale review of research in community living for people with learning disabilities, conducted by Agnes Kozma, Jim Mansell, and Julie Beadle-Brown from the University of Kent (link). They found that community-based services are superior to congregate arrangements. These studies provide more evidence of the benefits of</p>

community living and continue to indicate that factors other than the basic model of care are important in determining outcomes.

2. Tenancies – Information and advice service users need to know their tenancy rights and responsibilities

Response: Service users can ask their landlords to explain their tenancy rights and responsibilities. Landlords already provide information about a tenancy and can support people with this. If a service user is not able to understand the tenancy or needs assistance, a best interest meeting must be held to consider the issues affecting the person. In addition there is Advocacy support available to assist people when making important decisions.

There is national guidance available on the suitability of tenancy agreements, The National Development Team for Inclusion has produced guidance "[The Real Tenancy Test](#)" which is available to assist service users and/or their representatives.

3. Service specification - The specification is comprehensive and provides clarity

Response: We will include references to the Fire Safety legislation. We will review some of the terminology and make further reference to 'strengths or asset' based models alongside the progression model.

The county council wants to be able to monitor the ability of the service provider's to meet the specified outcomes in relation to the assessment of need. This is not intended to be a measure of the capability of the person with care and support needs.

We will also strengthen the references to support personal relationships.

The specification is intended to clearly set out what is required and how the provider can assist the county council and individuals receiving support. Service providers have previously asked the county council to provide mechanisms for them to make changes to the way needs are met.

4. Quality monitoring – a. Comments were made in relation to the collection of data. Most providers agree that quarterly contract monitoring is sufficient. One provider asked for monthly monitoring, another would like bi-annual.

Response: As part of a systematic approach to contract management across the county council the AP List has specific approaches suitable to the importance and risk perceived in delivering the contract requirements. The AP List will require detailed monitoring via the Annual Service Development Proposals alongside a contract monitoring programme. Therefore after the first year, the contract monitoring team intends to review returns and benchmark performance and will discuss any proposed changes to the frequency of monitoring and contract performance which may allow the frequency of contract review meetings may be reduced in discussion with Approved Providers. Following a review of the

<p>responses contract management have amended the collection interval in relation to KPI 1 Service User outcome measures (Outcomes being achieved) from quarterly to 6 monthly.</p>
<p>Quality monitoring - b. All service users should be asked permission before a spot check is undertaken.</p>
<p>Response: We recognise that where care is delivered is first and foremost a person's home, and aim to complete any contract monitoring with little or no disruption as possible. We will review our processes to ensure wherever possible that permission is requested, and expect service providers to take into account that it is a person's home rather than solely a place of work.</p>
<p>Quality monitoring - C. Experts by experience (service users) should be involved in the monitoring of service quality</p>
<p>Response: We agree entirely about the importance of including self-advocates when asking about the services they receive and to ensure they have a voice. Contract management will be including service user comments when we carry out visits where care is being delivered and developing feedback surveys directly with service users, and where appropriate their families, rather than via the care provider.</p>
<p>5. Key Performance Indicators (KPIs) – a. Requests to strengthen current KPIs to include references to best interest, person centred, dignity and respect.</p>
<p>Response: As KPIs are a numerical indicator it is difficult to reflect this important qualitative information. However they do feature significantly in the other aspects of quality monitoring programme, including contract monitoring site visits and contract reviews. The county council does not want to duplicate approaches already in use by the Care Quality Commission inspection questions via the key Lines of Enquiry (KLOEs).</p>
<p>KPIs - b. Relating to employment may prove difficult, not everyone wishes to find employment</p>
<p>Response: The county council understands that not all adults want to find employment, only supported adults with either paid or voluntary work identified as a care and support outcome in their support plan are to be included in this KPI. It is recognised that there may be factors outside of a service provider's control that may affect the ability to achieve a KPI, these will be taken into consideration at the time of reporting.</p>
<p>KPIs - c. Recommended adoption of the Reach Standards when developing and providing services for people with a learning disability and/or autism.</p>
<p>Response: Contract management monitor services in line with the agreed care and support plans as well as care standards as defined in the specification.</p>
<p>KPIs – d. The KPIs should include quality standards that will be measured against service user outcomes, for example: the service is always delivered in the best interests of the service user; people are treated with dignity and respect; and the service is person centred.</p>

Response: As KPIs are a numerical indicator it is difficult to reflect this important qualitative information. However they do feature significantly in the other aspects of quality monitoring programme, including contract monitoring site visits and contract reviews.

6. Contract - Providers would like clarity on the duration of contracts

Response: Service contracts may be agreed for a period of up to 10 years. The scope and duration of each service contract will be determined at business transition for existing provision or specified at mini competition.

7. Mini-competition – a.

Could the county council consider how they ensure providers see only mini-competitions relevant to them?

Response: Providers will have the opportunity to identify geographies and service user categories that are of interest to them meaning a provider has the opportunity to opt out of receiving every mini-competition opportunity. Equally if they wanted to be invited to be invited to every mini-competition they could confirm interest in all areas, categories and any other subdivision of services offered.

Where appropriate the county council plans to have the option to select participating providers based on CQC registration information, specialist experience, training or qualifications.

Mini-competition – b.

Has the county council considered how families/service users can be involved?

Response: In addition to providing for service user choice, the county council has given consideration to how best service users and/or their families can be engaged and has implemented some approaches as part of the existing 'Flexible Agreement'.

The county council can support involvement through co-production of the detailed requirements, particularly through development of 'pen pictures' and the description of personalised services to ensure these are focussed on individuals where appropriate. Involvement in the production of mini-competition award criteria questionnaires is another opportunity that will be explored.

Experience of family involvement in the evaluation process has identified a number of concerns including data protection, resource implications and the increased risk of sustaining a legal challenge in any resulting court proceedings. For these reasons it is not proposed service users or their families are directly involved in evaluation procedures but are as involved as possible in specifying the key requirements of the service and evaluation process.

Mini-competition – c.

The county council needs to use qualitative elements as well as price elements
The county council ought to consider not using price in mini-competition evaluation

Response: The county council proposes to set out a flexible framework for mini-competition award criteria. In addition to setting service requirements it is intended that officers will have the opportunity to apply a quality weighting of up to 60% of the total award criteria within a mini-

competition where price is to be scored or apply a quality weighting of 100% where the county council chooses to set the price for the services.
Mini-competition – d. LCC needs to consider if mini-competitions disadvantage smaller providers
Response: Mini-competitions are intended to provide an opportunity whereby all providers, big or small, have access to the same information for the same amount of time to put forward a proposal for the delivery of the services in question. It is recognised that some providers have greater or lesser experience in submitting proposals of this nature.

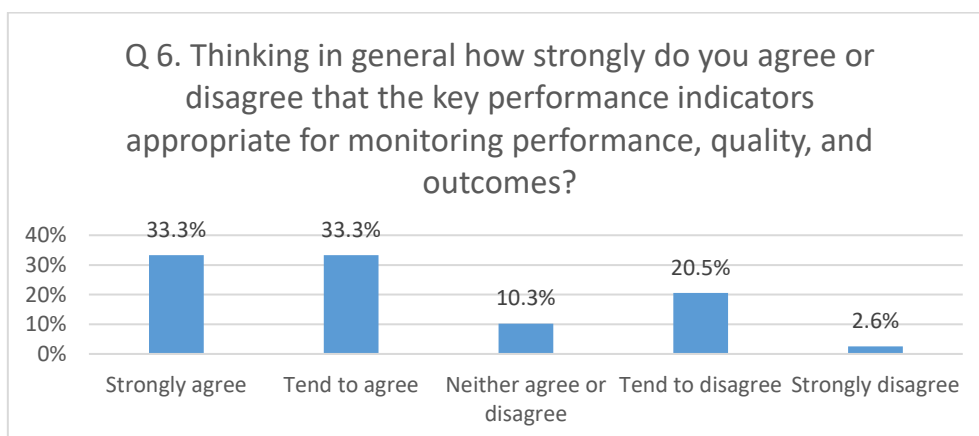
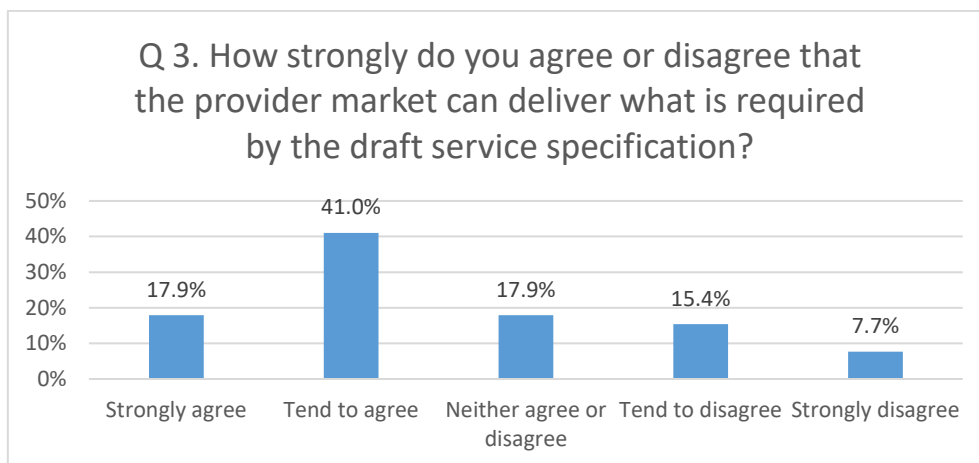
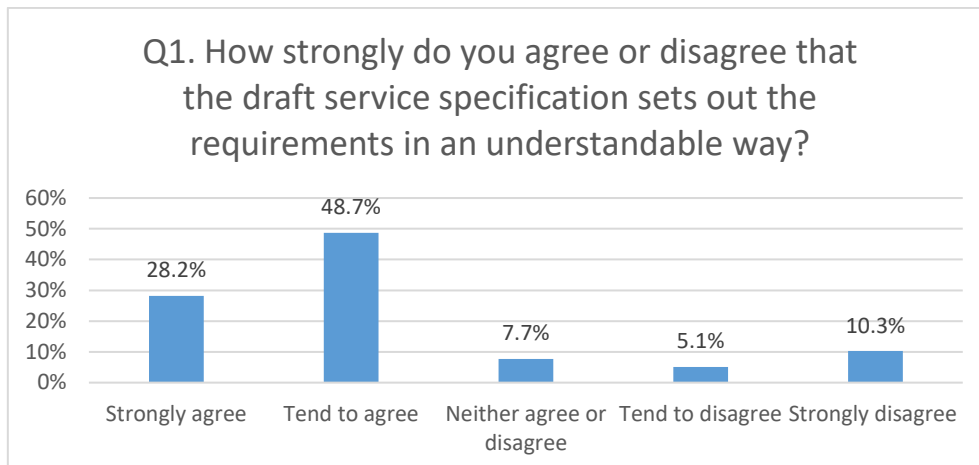
8. Price – a. Providers would like details of inflationary uplifts included in the specification and/or contract.
Response: The principles and details of uplifts and payments will be reflected in the service contract.
Price – b. Contractual incentives for the provision of services, could be included to promote innovation
Response: The county council intends to make provision to explore the principles of incentives and innovation via the Annual Service Development Proposals.

9. Dispute Resolution - Details about how conflicts of interest are resolved between LCC, landlords and care providers, should be included in the service specification.
Response: This is not appropriate for inclusion in the service specification. Individual issues will continue to be discussed with the parties involved to seek a resolution.

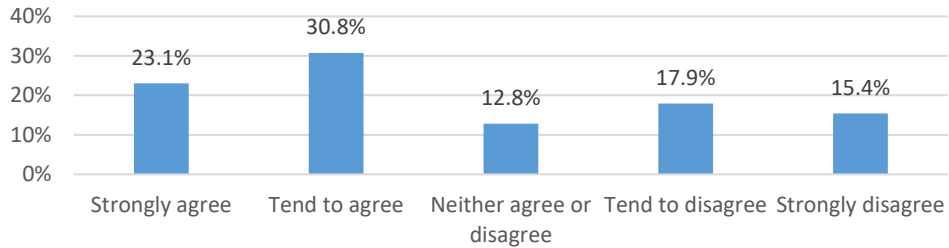
Other comments

NHS commissioners are working with the county council to actively exploring ways to co-work in achieving strategic objectives and to redirect funding which may be targeted to meet those who are the most vulnerable.
Concern regarding more affordable care and support: There is a need to assure the public that new arrangements are valued not just in financial terms and are not a 'cost cutting exercise'. Response: We have clearly set out in the specification that we wish to improve people's outcomes, choices and wellbeing through more housing options that can meet their care and support needs.
Concern regarding assessment and review of individual's needs and circumstances: Response: Adult social care received 538 complaints about adult social care (ASC) which is broadly the same as in 2017/18 and this represents just over 1% of all active adult social care cases throughout Lancashire in 2018/19. There were: <ul style="list-style-type: none"> • 75 complaints related to assessments • 15 in relation to review • 23 in relation to social work practice • 128 in relation to care arrangements <p>People are more likely to compliment adult social care rather than to complain. Therefore respondents can be reassured that there is scrutiny in place regarding assessment and review activity.</p>

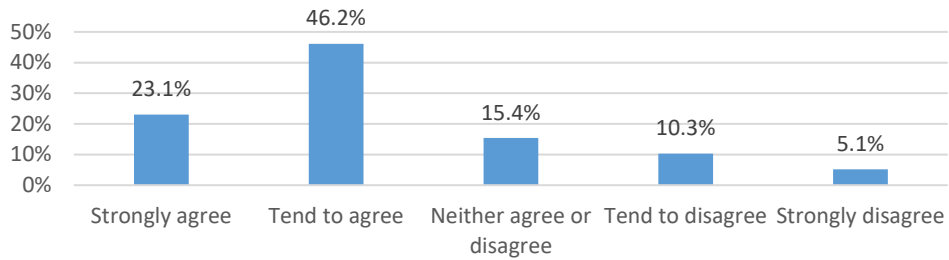
Feedback Responses



Q 9. Consequences of not applying for the Approved Provider List
How strongly do you agree or disagree with this proposal?



Q 11. Business transition – Existing support
How strongly do you agree or disagree with the proposal for business transition?



Q 13. Allocation of new work
How strongly do you agree or disagree with this proposal?

