

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date: 19 March 2015

By: Director of Adult Social Care and Health

Title of Report: Older people's directly provided day services

Purpose of Report: To update committee on the tender for service provision at the Isabel Blackman Centre, Phoenix Centre and Charter Centre following the conclusion of a tendering process.

RECOMMENDATIONS

The Committee is recommended to note:

1. The current position of the tender process for these services
 2. That confirmation of signed contracts and scheduled commencement of contract dates will be circulated to Committee as soon as available
 3. That an oral update will be made at the meeting on further progress.
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1. Financial Appraisal

1.1 There are no additional financial implications arising from this report. The full year effect of savings achieved to date from Phase 1, from the closure of three units and net of client re-provisioning costs, total £417,984 (2015/16 budget). Further savings will be achieved once the future use of the buildings has been made. Details are set out in Appendix 1.

1.2 With further savings of £344,000 planned from Phase 2 a total of £761,984 annual savings will result from Phases 1 and 2.

2. Background and Supporting Information

Cabinet Decisions

2.1 On 10th December 2013 Cabinet agreed to close the Orion Centre - Hailsham, Pinehill – Hastings and Hookstead Centre – Crowborough. These services have now been closed and clients re-provided with alternative services. Cabinet also agreed to seek alternative providers to manage the buildings and deliver a day services at the Isabel Blackman Centre – Hastings, the Charter Centre – Bexhill and the Phoenix Centre – Lewes. On 13th November 2014 Adult Social Care and Community Safety Committee received a report on Developing the Market, Appendix 4 of that report provided an update on Day Services Review Outcomes.

Tender Process

2.2 A full tender commenced in August 2014 with bids returned in November. Bids were evaluated and the successful organisation, Sussex Community Development Agency (SCDA) was informed in January 2015. The tender was constructed so that bidders could offer to provide services at any or all of the locations. SCDA bid for and were successful in all three locations.

2.3 As a consequence of the similarity between the current services and the tendered services, Transfer of Undertakings - Protection of Employment (TUPE) regulations apply. This means that a number of current staff will continue to provide services through the transition and into the future and that therefore clients will have continuity and minimal disruption. Approximately 30 staff will potentially transfer to the new provider from either the County Council or from Age UK.

2.4 The contract moves to a "spot purchase" mechanism where the County Council pays for individual service user attendance. This avoids high unit costs as the rate per day is fixed by the contract. This reduces risk for the authority and avoids the payment of voids for non-attendance that can be associated with a block contract. The contract also requires the provider to manage the buildings. This allows for income generation on the part of the provider and the ability to market services to self-funding clients, thereby offering a more sustainable business model than total reliance on a council contract for day services.

Strategic Context

2.5 The approach described above has been taken within the Council Operating Principles to use Strategic Commissioning 'to deliver appropriate services to secure the best outcomes and value for money for residents', thereby keeping vulnerable people safe and making the best use of our resources. Working with voluntary and community sector providers also supports strong partnerships in developing the market, resulting in greater choice for clients and improved value for money. Costs have been reduced as have financial risks to the Council.

Engagement and Specification

2.6 High levels of engagement with clients, carers and staff took place prior to, during and after the consultation period. Clients and carers were invited to contribute to the new service specification in order to ensure that any concerns about new services would be considered and addressed. Appendix 2 gives a summary of the process and examples of the returned forms. Appendix 3 provides key information from the service specification.

3. Current position

3.1 Work is ongoing to quantify pension liabilities and responsibilities in advance of formal signing of contracts. These are complex arrangements and the scale of the staff transfer is significant. SCDA is working with Age UK and County Council on transition planning. SCDA has employed a project manager to support this transition. Joint communications have been agreed between agencies for staff, clients and carers. Once the pensions issue has been resolved the contracts can be signed and transition arrangements put in place.

3.2 Throughout the transition, all day services will continue to be provided without disruption. As staff TUPE into the new services, continuity will be provided for clients. All three units have some usage by external agencies. SCDA has agreed that these arrangements will continue unchanged during the transition period and any future changes will involve discussions with these agencies. Transport arrangements will continue as they have previously been provided. This will also support continuity. The transition will include staff consultation of 30 days.

3.3 Following transition, as with Phase 1, market development will continue to develop and support new services, in line with the Cabinet decision.

4. Conclusion and Reasons for Recommendations

4.1 This report further updates for Committee on day services changes, as requested on 13 November 2014.

4.2 A successful provider has been identified and offered the contracts for all three day services and buildings management. Work is ongoing to agree TUPE arrangements for County Council staff. Appendix 4 provides detail about the tender process. SCDA has appointed transition staff and is attending communication events at each of the centres in order to progress planning arrangements.

4.3 Savings targets continue to be on track and will be confirmed at the point of contract commencement. Throughout transition and into contract management, close monitoring and support will be used to achieve a smooth transfer to the new services with as little disruption as possible for current clients, carers and staff.

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Phase 1: Day Services savings summary

2015/16	Net Budget	Reprovisioning Costs	Net Savings
	£	£	£
Hookstead	224,500	46,592	177,908
Orion	197,600	87,360	110,240
Pinehill	319,300	189,464	129,836
TOTAL	741,400	323,416	417,984

Phase 2: Day Services savings summary

Full Year Projected Saving	
	£
Charter	88,000
Phoenix	62,000
Isabel	194,000
Total	344,000

1.1 The full actual cost of re-commissioning Phase 2 will not be known until transfer takes place. The figures are based on an assumption that current levels of service will continue.

1.2 For both Phase 1 and Phase 2 there has been a move away from a fully funded service (the service having a fixed annual budget and regardless of attendance levels) to a 'spot purchased' contract where ESC ASC&H pays for individual attendance sessions. This reduces the risk for the council and provides transparency in terms of costs to the client.

1.3 Estimated savings forecast combined for Phase 1 and Phase 2 are £761,984.

Engagement Summary

1.1 As part of the County Council's 2013 – 2015 Reconciling Policy Performance and Resources process, older people's directly provided day services were reviewed, these were:

- Orion, Hailsham
- Pinehill, Hastings
- Hookstead, Crowborough
- Phoenix Centre, Lewes
- Isabel Blackman Centre (IBC), Hastings
- Charter Centre, Bexhill-on-Sea

1.2 As part of this review, a 90 day consultation with clients, carers, staff and key stakeholders took place between July and October 2013. The scale of the consultation was significant, involving over 200 clients and their carers, at least 50 staff and a wide mix of key stakeholders. More than 780 responses were received to the day centre consultation and each were responded to. The commissioning team and directly provided services worked collaboratively in managing the consultation which was at times both challenging and emotional. At least two meetings were offered to staff, clients and carers at each of the units. Carers and clients were invited to complete a form that highlighted the key elements of the specification and asked for views. These were collated and used to inform the drafting of the service specification.

1.3 There had been a series of meetings with staff and clients before the formal consultation and following the consultation meetings were held to inform clients and carers of the outcomes. Carers in particular were assured that their views would inform the service specification as some concerns had been raised regarding the potential impact of any changes.

1.4 People were invited to contribute to the consultation in the following ways:

- Complete the online survey
- Complete a printable survey and post it back
- Attend a meeting at the day centre service in person for those who use the centre, care for someone who does or who work there
- Attend a drop-in event at the day centre service in question for those who use the centre, care for someone who does or who work there
- Speak to the manager at the day centre service or call a named officer
- Write or email with your comments
- Focus groups were also set up to talk in small groups
- Complete the service specification form.

Day Services - Specification (Key Headings) – Sample responses:

Please use the boxes below to write any suggestions / comments under the appropriate key heading(s) for consideration when developing service specifications.

Key Heading	Comments
Hours of service	<ul style="list-style-type: none"> • Shorter hours pending where it is • Fixed hours fine for our family. Prefer a fixed regime time wise. Existing hours work well for us. • 9 to 5 pm, 3 days a week. • Flexible opening hours almost a prerequisite for service users as Alzheimer's sufferers gradually lose track of time and so are not easily persuaded to wake up and go to bed at the same time every day. • Replacement must have at least the same opening hours as Hookstead to enable me to work. A flexible approach when occasionally delayed in the afternoon is also essential. Would welcome service availability on Saturday's (even say once a month) depending on prices. • OK • Flexibility would be very helpful as Alzheimer's sufferers gradually lose track of time and so are not easily persuaded to wake up and go to bed at the same time every day.
Activities	<ul style="list-style-type: none"> • Cards, Dominoes, Quizzes, Chair Exercises • Singing / music / physical activity (music & movement tai chi) especially good. Outdoor activities if possible. • Outings, things going on around her. • Activities should be arranged for social contact and stimulation and not restricted to "safe" past-times such as "passing the ball" although any possible risks should be made clear for these other activities. Monitoring of existing capabilities of daily living must be encouraged. So engaging those being cared for in a range of activities that will stimulate the mind and body, and entertain, is vital. This could include among other things:- Singing, Dancing, play acting, dressing up, etc. A nice addition would be providing advice to carers on how this might be extended to the domestic situation. It is not easy this is a skilled job that deserves much more input to enable the carers at home to undertake their duties in a more informed manner. • Most continue to be a variety of things going on with activities appropriate to the age and experience of the clients e.g. quizzes, involving in songs from the 1940s/50s. • Balance exercises for elderly people to prevent falls. • Vital that day care provides what is less easy to provide in the service users own home - social contact and stimulation. If language is being lost then just sitting with someone else and talking is no longer a stimulating activity and this is what domestic relationships would once have evolved around. So engaging those being cared for in a range of activities that will stimulate the mind and body, and entertain, is vital. A nice addition would be providing advice to carers on how this might be extended to the domestic situation. It's not easy, this is a skilled job.

Key Heading	Comments
Community engagement / Social needs	<ul style="list-style-type: none"> • Carers call times for meds and to check I'm ok as registered self medicated as taut by Hookstead staff. Also my shopping trip with carer. • Needs company several times a week. • Service users should be encouraged to join in with the activities and with conversations (if this is possible given the restricted awareness of those suffering from mental impairment) but still be allowed the independence of being able to refuse to join in. • None
Dietary needs	<ul style="list-style-type: none"> • Nill - except bananas or flan. Tea is a no go. • Gluten free diet. • None. • As the ability to do almost anything that requires much physical effort decreased inevitably the number of calories needed decreases too and as such the meal sizes should be appropriate to the physical makeup, level of fitness and the amount of physical activity. A balance diet of freshly cooked food that does not rely on pre-packaged / pre-cooked meals must be added. Fresh fruit and vegetables will also be part of a varied diet. The care provider therefore has the opportunity to improve the health and well-being of their charges. It is clearly much cheaper and easier to give biscuits with coffee but fresh fruit and water would be much more healthy. And in the fruit growing area of England local supplies should be easily available most of the year, offering the additional advantage of helping the local economy. Again offering advice to carers should be part of their role. • Midday meal required but no special dietary needs. Also plenty of drink required during the day. • Including vegetarian and low fat diet as many elderly people have vascular problems (narrow blood vessels) • As the ability to do almost anything that requires much physical effort decreased inevitably the number of calories needed decreases too. It would therefore seem sensible if the food on offer took this into account. It is clearly much cheaper and easier to give biscuits with coffee but fresh fruit and water would be much more healthy. The global food manufactures do not want this as it would impact on their profits, so probably neither the care providers nor the care receivers want fresh fruit and water; they have all been educated to want a high fat/sugar/salt diet. But a day care establishment has the opportunity to act as a counter balance to the food manufactures who do not have our best interests at heart. And in the fruit growing area of England local supplies should be easily available most of the year, offering the additional advantage of helping the local economy. Again offering advice to carers could be part of their role. Compliance with Food Safety (General Food Hygiene) Regulations 1995 and Food Safety Act (1990) assumed.

Key Heading	Comments
Transport	<ul style="list-style-type: none"> • Timings out / return plus cost pending where one lives. • Not 100% necessary for our family not but will be as my father ages. Reckon 12 - 24 months, transport will definitely be required. • None if its local. • Transport needs are obviously essential to me made available for some service users who would otherwise NOT be able to attend the facilities, but the key issues is the length of the journey. Long journeys are disturbing for service users and harder to co-ordinate. If the day care provider is also, as suggested above, to try to form a supportive relationship with domestic carers (partners, children, other relatives, etc) then this would be much easier if the service were local. The transporters must be fully trained in the movement of less able people in & out of the vehicles. They, and the vehicle must also fulfil all current legal and insurance purposes. • Would depend in where the new provision is based. • OK • Clearly appropriate transport needs to be made available but the key issues is the length of the journey. Long journeys are disturbing for service users and harder to co-ordinate. If the day care provider is also, as suggested above, to try to form a supportive relationship with domestic carers (partners, children, other relatives etc) then this would be much easier if the service were local.
Equality and diversity	<ul style="list-style-type: none"> • No idea what this means. • Not quite sure what is meant by this particular heading. • Must reflect the experiences and culture in which the clients grew up. For my mother, the last 50/60 years don't exist. The 1939-45 war is an important memory for many in this age range and care officers need to be aware of this culture and have knowledge of their clients' experience. A predominantly white British staff base is fine - there seemed to be a suggestion in Cabinet papers that there would be quotas for new providers to meet BME staff. When I collected my mother from her respite care spell so far, every person on duty had English as a second language and this is not appropriate when care officers have got to work out what is meaningless babble and what is perhaps childhood experiences or current needs explained in figures of speech not taught in language schools. The ethos of new provision must also be predominantly Christian as that is how the older generation was brought up. (Mum still enjoys going to church). I am surprised how Christian some of the activities are at Hookstead. Naming hymns in quizzes, etc - but clients clearly remember these things and enjoy them. A more 'PC' approach "let's celebrate Diwali today" is right for schools, but totally wrong for confused people of this generation. • OK

Key Heading	Comments
Religious, cultural and spiritual needs	<ul style="list-style-type: none"> • None • Where a service user expresses an interest that falls under this heading they should be encouraged to seek like-minded other users. Probably not much of an issue in Crowborough. • Quality of films to watch for clients that can make their mind calm e.g. about nature, animal kingdom, not about war / fight. • Probably not much of an issue in Crowborough
Communication needs	<ul style="list-style-type: none"> • Deaf so just speak up and give her time to answer. • Due to the innate confusion associated with Alzheimer's, having staff with proper training in the art of communicating with people who are losing / have lost speech is very important. All carers should have all, as a minimum, QCF NVQ Diploma in Health and Social Care Level 2. • Needs patience and humour. Needs experience to tell when there is a genuine need (e.g. toilet) from meaningless babble. Arising from this requirement for staff to have good English - and also low staff turnover so clients can be familiar with them. • Would be good if staff would make time for an individual to talk / communicate • Having staff with proper training in the art of communicating with people who are losing / have lost speech is very important. All carers should have all, as a minimum, QCF NVQ Diploma in Health and Social Care Level 2. Or maybe what has been put in 'other', below is what is meant by communication needs.
Accessibility needs / Physical environment	<ul style="list-style-type: none"> • No steps and not too far to walk. • Possible hazards relating to those service users must be indentified. There should be sufficient space for all types of wheelchair. Any facility needs to be appropriate. Purpose built is ideal but not necessary. The knowledge of how to adapt any building appropriately exists, the issue is will it be used? See other below • None • OK • It should go without saying that they need to be appropriate. Purpose built is ideal but not necessary. The knowledge of how to adapt any building appropriately exists, the issue is will it be used? See other below.
Information and Advice	<ul style="list-style-type: none"> • None • See above and there is a range of other issues on which advice could be required. Carers as well as service users will need as much feedback as possible. Information on what training is available to assist carers to fulfil their roles efficiently. If central provisions via the local authority / social work teams are to be handed to the private sector then hard pushed carers, who have little time for searching for information, would value greatly a service which offered knowledge of the diversity of the offer available. However would they want to pay for this service? Perhaps this is a role the council will be able to preserve and if they do maybe they will be able to be more proactive than they have been on the past, in this respect. • Do not have a lot of time to visit alternative providers. Need ASC to identify appropriate provision for individuals not just a list of

Key Heading	Comments
	<p>establishments, many of which do not meet individual needs.</p> <ul style="list-style-type: none"> • See above and there are a range of other issues on which advice could be required. If central provisions via the local authority / social work teams are to be handed to the private sector then hard pushed carers, who have little time for searching for information, would value greatly a service which offered knowledge of the diversity of the offer available. However would they want to pay for this service? Perhaps this is a role the council will be able to preserve and if they do maybe they will be able to be more proactive than they have been in the past, in this respect.
Other (please indicate)	<ul style="list-style-type: none"> • Hairdresser • Staffing - continuing stability of staff members will be of paramount importance, especially with service users who have mental impairments, and, although have poor recall, do respond well to known faces. All staff should have a minimum induction period when new to service users. • My mothers needs are to be kept safe, stimulated, warm, appropriately toileted, soothed when anxious etc. Basic care for someone not able to care for themselves is the key specification and is missing from this document “diversity” and “community engagement” are absolutely nowhere compared to this overarching need which needs to be in the core specification. • It would be beneficial if staff would have a workshop with a speech therapist to learn more.
Other (please indicate)	<ul style="list-style-type: none"> • A meal / food at lunch time • All the above are desirable but in many ways pale into insignificance compared to issue of inspection. 1) Quality of care: How will it be ensured that private day care providers actually do any of what they are to be checked against to be published? Where is the informed critical voice that will comment on the appropriateness of these standards? Who are the inspectors? What are their qualifications for the job? To whom will they report? How will service users be informed of the content of their reports? If a provider fails to provide adequate care what will be done about it? How can service users or their legal representatives complain? How much support will they be given in doing so and how much power will they be given in the complaints process? 2) Finances: From 01 April the Quality Care Commission (CQC) will, it says on their website, have a new role: market oversight. The website tells you what this role will include but not how it is to be carried out. This leaves some big questions, the most important one of which is WHAT HAPPENS TO THE SERVICE USERS IF A SERVICE PROVIDER GETS INTO FINANCIAL DIFFICULTY AND CAN NO LONGER PROVIDE THEIR SERVICE? Unlike the slow and consultative process associate with the current closure of Hookstead, bankruptcy of a private firm is immediate. The CQC say they will monitor financial sustainability - how will they do this? What criteria will they use? How can the public know? Who will the inspectors be? How can the public know? What legislative framework is there to insure that there is a total divide

Key Heading	Comments
	<p>between the accountants that do the auditing and those who produce the books for audit? And more important who will enforce this? Are the police currently training fraud squad officers in this new area of work? Where is the detail of how all this will work published? How is the information being disseminated to the service users? How 'user friendly' is the language in which it is expressed?</p> <ul style="list-style-type: none">• Ideally existing staff would be employed by a new provider but we certainly need new provider to take notes and advice from Hookstead to ensure some continuity of care for clients.• Exercises for brain activities.
Other (<i>please indicate</i>)	

Service Specification

East Sussex County Council Department for Adult Social Care

Tender for the Provision of Day Opportunities in the Isabel Blackman Centre, Hastings, the Charter Centre, Bexhill and the Phoenix Centre, Lewes

This specification sets out the quality and standards of the services required by East Sussex County Council's (ESCC) Adult Social Care (ASC) Department for the provision of day opportunities. The standards set out in these documents are the minimum requirements.

The main outcome we want to achieve through this service is to enable older people to remain living independently in the community.

1 The Service

The outcomes of the service will be achieved by providing a broad range of activities either directly by the Service Provider or indirectly through other organisations.

These services will be designed to meet individual needs and provide timely and appropriate support and respite to Carers to enable them to continue in their role as carer.

A range of activities will be made available for Clients. These will, as far as is possible, reflect the needs of the local community and be tailored to address the specific preferences expressed by the Client as detailed on the individual's Care and Support Plan (Reference 4.2).

The activities should not be limited to taking place in one building, and should include supporting the Client, as far as is possible, to access social and leisure opportunities in the local community.

The service should be available to older people (over 65) who may be in the early stages of dementia, or who have physical disabilities, sensory impairment and/or long term conditions. The service provider should have the necessary resources to meet the support needs of this client group, and any premises used for activities need to be accessible for all clients.

Clients should also be supported to manage their own health and social care as far as is practical.

Individuals' choices and preferences should be observed with respect to friendship groups.

Regular surveys of clients' activity preferences and their opinions on the services will be undertaken and recorded.

The provider will work in partnership with providers in health, social care and the voluntary sector and other partners.

Where possible the service should offer flexible operating hours which may include drop in sessions / shorter hours, extended hours, emergency respite and weekends which meet the needs of Clients and their Carers.

Clear information will be provided on the cost and quality of services, so people can make informed choices.

Service Outcomes

The overall service outcome is to deliver a range of services which will enable Clients to:

- maintain and increase control over their daily life;
- maintain personal cleanliness;
- live safely and as independently as possible;
- improve their quality of life;
- participate as active members of the community.

Specific service outcomes include but are not limited to;

- contributing to the maintenance of independence;
- contributing to the reduction of social isolation;
- providing relief and respite for Carers;
- providing opportunities for integration with activities in the wider community including client volunteering, as appropriate;
- the enrichment of Clients quality of life;
- the provision of nutritious meals;
- assisting the maintenance or enhancement of physical and mental skills;
- rebuilding of self-confidence
- improvement of physical health, and mental and emotional well-being;
- ensuring that Clients are able to exercise their rights to choice and preferences;

Relationships with ESCC:

The following teams in ESCC will work in partnership with the provider:

- ASC Neighbourhood Support Team (NST) – these teams work with older people who are eligible for Health and Social Care services to promote and support independence at home and improve quality of life.
- It is expected that most referrals will come from NST via the Service Placement Team (SPT)¹. Assessment workers will use the Single Assessment Process to assess the eligibility of applicants for the service in relation to their care and support needs. They will then develop a Care and Support Plan to address identified needs and in some cases provide ongoing support to clients.
- Strategic Commissioning / Contracts and Purchasing Unit - Representatives from these teams will monitor and evaluate the quality levels and performance of the Service Provider.
- The Business Services Department (BSD) Payments Team will be responsible for ensuring timely payments according to a pre-agreed schedule.

Referral Process

The referral process from ESCC to the Provider takes place as follows:

- The Client or their Carer will have initially received a needs assessment by a member of the ASC NST as potentially benefiting from day opportunities and a range of service options will have been discussed.
- The Service Provider is then contacted by the SPT, and the referral is agreed as appropriate by the Service Provider.
- The Client and their Carer meet with the Service Provider and agree to the referral.

¹ The Service Placement Team is a County Council service that supports practitioner to achieve best value in purchasing services for adults eligible for Adult Social Care funding. They also provide advice and support for practitioners to share with clients on using Personal Budgets to purchase services

- The referral will have been made in response to at least one need identified in the Social Care Assessment that will have been conducted in partnership between the client and the ASC NST. There will therefore be clear reasons as to why the service is needed and for how long.
- Each individual Client will have a Care and Support Plan agreed between the provider and themselves detailing their desired outcomes from using the service. The plan should be written to reflect the stated need as identified in any Social Care Assessment that has been provided
- The Care and Support Plan should be written in conjunction with the Client in a format which is accessible to them. It will be person centred; outcome based and sets out in detail the action which needs to be taken by staff to ensure that all aspects of the health, personal and social needs of the Client are met.
- The support plan should identify reablement potential for clients and outline how the Provider staff will support the client to achieve his/her Reablement potential.
- If the Client experiences any significant changes in their medical and or personal care management, staff from ASC will work with the Client and the Service Provider to re-evaluate their needs.
- The Client will be required to sign the Care and Support Plan to form an agreement regarding the levels of service delivery expected. The plan will be reviewed by the Service Provider at regular intervals in liaison with ASC where appropriate, ensuring that reablement potential is fed back to the Adult Social Care referring team and that the support plan is updated accordingly.
- Information in respect of each Client will be held either within the Care and Support Plan or on the Clients personal file (see appendix 1 for details).
- The Service Provider will provide introductory material containing appropriate information about the service to all new Clients. This will include, but not limited to:
 - Activities
 - meals / refreshments
 - staffing
 - complaints procedure
 - operating hours
- This material will be available prior to using the service in order to help Clients and their Carers in making informed decisions about using the service and in fully understanding their rights and responsibilities.
- In addition the Service Provider will have access to a range of information and be able to refer on to specialist advisors to support and advise individuals on the following aspects of their lives:
 - Financial advice
 - Healthcare advice
 - Aids, adaptations, assistive technology and services to support independence
 - Access to community resources
 - Advocacy services
 - Support and access to hairdressing and therapy facilities
 - Telecare.

Choice and Personalisation

The Service Provider will ensure Clients have, as far as is possible, control of the decisions about their life and the services they receive and have access to resources to support them in making decisions to meet the agreed outcomes in their individual Care and Support Plan.

The provider should conduct all activity with the ethos of personalised services in mind. This may include, but is not limited to, the provision of:

- Low level advocacy, e.g. supporting clients with correspondence
- Choice of activities
- Choice regarding how and by whom support is provided
- Choice about who is involved and control over what decisions are made at meetings and reviews regarding their personal welfare.
- Informed choice and control over risk taking and management of risk.
- 'This is me bag' – Designed for people with dementia, this collection of documents is compiled with the Client and provides information about their individual needs, preferences, likes, dislikes and interests, providing professionals with a better understanding of the *individual* impact of dementia.

The Provider will work with the client to identify reablement goals and potential, providing 'just enough' support to enable the client to develop greater independence and plan ahead for goals that may expand their support away from the Provider.

Respect and Dignity

Policies and procedures will be in place to support respect and dignity. The Service Provider will ensure that Clients are free from any form of discrimination, harassment, abuse and neglect and that their human rights shall be protected.

The Service Provider will ensure that Clients are treated with respect and dignity at all times and will ensure that no Client is excluded on the grounds of race, gender, religion, ethnicity, sexual orientation or for any other discriminatory reason.

Client's faith, beliefs, ethnicity, disability and sexual orientation will be respected. This respect will include the way support is provided and the way services are accessed and delivered, and will take into account any preferences regarding mode of address.

Clients will be advised of their responsibility to treat others with respect and dignity.

Religious, Cultural and Spiritual Needs

The Service Provider will ensure that the religious, cultural and spiritual needs of individual Clients are recorded in the Care and Support Plan and are respected.

Staff working for the Service Provider will be trained and informed of the differing cultural and religious beliefs or faiths of Clients and be aware of any implications in respect of meeting their support and dietary requirements.

It will not be assumed that an individual Client identified as belonging to a particular faith or religion follows the traditional belief system and, therefore, all aspects of the individual's needs will be identified in their Care and Support Plan and be agreed, discussed and regularly reviewed with them.

Clients will, as far as is practicable, be given the opportunity to support and to keep in touch with their faith communities and be supported by staff to observe any religious ceremony and festivals.

Any perceived incidents of discrimination, racism or exclusion will be documented and acted upon by the Service Provider in accordance with the appropriate policy or procedure relating to the service (refer to clause 3.3 in the contract terms and conditions).

Privacy

This service will be provided in a manner which safeguards Clients privacy in line with their personal choices and in compliance with the Data Protection Act, Freedom of Information Act, The Mental Capacity Bill and the Department's confidentiality policy.

Privacy will, as far as is practical, include Clients having control over who has access to personal information held about them and being able to discuss their needs in confidence and in private. Policies and procedures should reflect the need to support an individual's privacy.

Safeguarding Vulnerable Adults and Children

The Service Provider must ensure that clients are safeguarded from any form of abuse or exploitation, meeting the standards and regulations set out in:

- The Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk (2013) Clause 3.14 of the Terms & Conditions of the Contract ("Safeguarding Vulnerable Adults and Children")
- The Service Provider will share information with the relevant organisation (police, the probation service, Adult Social Care and/or Children's Services) if a Client discloses information that would indicate a child or vulnerable adult is at risk of harm and/or admitted to an offence for which they have not been convicted.

Safety and Risk

The Service Provider will ensure that they recognise the Clients right to take risk in order to extend opportunities and in doing so ensure that they are given support to help them understand the implications of risk taking.

Clients will be protected from any form of bullying, harassment or any other form of abuse.

Full investigations will be conducted for reported incidents or accidents and when appropriate these will be referred on to external agencies.

Risk assessments will be undertaken when arranging trips and community based activities.

There will be appropriate numbers of trained staff on duty to deal with any accidents or incidents.

Clients will have risks discussed with them for all activities which may be deemed as carrying an element of risk. Individuals will be supported to take informed risks, within a risk assessment framework which will strive for best practice and risk reduction. Any information regarding the risk assessment framework will be displayed in a clear and unobstructed manner that can be easily accessed by the Client.

Fire Evacuation Risks will be assessed by the Service Provider as part of the standard Risk Assessment Procedure.

Healthcare Needs

Clients must give their permission before any healthcare concerns the staff may have about them are discussed with the family / Carer or outside agency (i.e. GP). In the case of a medical emergency the Clients health and safety is paramount and it is accepted that a decision may need to be made in the best interests of the Client (i.e. calling an ambulance or in order to protect a vulnerable person who in particular situations may lack capacity under the terms of the Mental Capacity Act 2005).

Arrangements will be in place to support the Client to remember to take any necessary medication. If any staff administer medication, they must be trained to do so and this will be within the remit of

the Service Provider's medication policy and procedures which will be robust and reviewed annually.

In case of crisis, the Service Provider will be supplied with information about each Client's medical history, current healthcare needs and potential health risks on a "need to know basis" in order to provide a safe service and support when responding to healthcare needs.

Self-management of healthcare and healthy lifestyles will be encouraged; this may include encouraging immunisations / screenings / regular checkups or referral to the fall prevention schemes.

Where possible, Clients will not be excluded from activities as a result of an identified healthcare need. In these circumstances, risks will be discussed with the individual Client and necessary adaptations to the activity should be made for the individual. The scope and remit of staff medical intervention will be made clear at the onset of any service delivery.

Communication Needs

Clients will be supported to communicate at the speed and in a manner they choose.

The individual Clients communication needs will be identified and addressed in the Care and Support Plan and regularly updated and reviewed.

Where appropriate, staff will be trained in the use of sign language and with communication aids and techniques. Where such specialists and/or interpreters are required, access to these services will be arranged by the Service Providers.

Staff should have access to health care professionals who specialise in speech and language therapies and advice. In such cases the GP and the Clinical Commissioning Group (CCG) should be approached for advice.

The families / Carers of individuals with communication needs should, with the permission of the Client, be requested to support the service in understanding the needs of the individual.

Record and communication books should be adopted between families / Carers, staff and those Clients who have communication difficulties due to memory retention problems.

Meal Provision & Dietary Needs

Clients will be offered the choice of a hot lunch time meal.

All dietary needs will be met, this may include: diabetic, gluten free, wheat free, vegetarian, vegan and low fat.

Regular refreshments must always be available, this may include: fresh water, juices, tea, coffee, hot chocolate and the options of fresh fruit.

All food and drink will be prepared in compliance with current food and hygiene standards.

Support and information will be available on healthy nutrition and lifestyles to support improved health; this will include a balanced diet of freshly cooked meals.

The Service Provider should source from local suppliers where possible,

Community Engagement

The Service Provider will provide opportunities for the Client to use the service as a stepping stone to enable them to engage in community activities and events where these have been identified as being a beneficial part of their delivery of care and improved quality of life.

Transport

The Service Provider and East Sussex County Council will need to agree how any transport element of the service will be provided.

Transporters will be fully trained in the movement of less able people in and out of the vehicles.

Any vehicles used will meet all legal insurance requirements.

Partnership

East Sussex County Council Adult Social Care Department wishes to work in partnership with Service Providers in delivering a high quality of care to its Clients. The Department hopes to maximise the use of available resources by establishing longer-term, more integrated relationships with Service Providers in the independent, community and voluntary sector.

The Department and Service Providers are making a commitment to:

- Share key objectives
- Collaborate for mutual benefit
- Communicate with each other clearly and regularly
- Be open and honest with each other, to respect parties' views and to conduct themselves in a professional manner
- Listen to, and understand, each other's point of view
- Share relevant information, expertise and plans
- Avoid duplicating service provision with other providers wherever possible
- Provide opportunities to give feedback on the performance of both parties
- Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level
- Seek continuous improvement by working together in order to achieve optimum benefit from the resources available and by identifying better, more efficient ways of working and delivering services
- Promote the partnership approach at all levels in both organisations (e.g. through joint induction/training initiatives)
- Have a contract, which is flexible enough to reflect changing needs, priorities and lessons learnt, and which encourages Clients participation.

These principles represent an attempt at defining the spirit of partnership within which the Department and Service Providers will operate.

Staffing and Training

The service will be managed on a day-to-day basis by a "named" person who has relevant experience and/or appropriate qualifications in the field of social care, i.e. QCF NVQ Diploma in Health and Social Care Level 2 and above.

Ensure sufficient management time is available to provide effective management of the Service including regular individual and group supervision.

Staff without Disclosure and Barring Service (DBS) checks should not at any time be left unsupervised in sole charge of an individual Client, a group of Clients or a service (e.g. volunteers or new starters).

Staff will focus on 'doing with' rather than 'doing to' and will be trained and skilled in helping Clients to maintain and enhance their independence wherever possible.

The Service Provider shall ensure the presence of sufficient appropriately trained staff on duty at any given time to ensure a safe ratio to the number of Clients. The actual number will be dependent on the Clients needs. A minimum of 1:7 shall be provided where the Clients have low level of needs and 1:5 where Clients have special needs e.g. wheelchair users; living with dementia; sensory impairment. These ratios will usually exclude the ancillary staff, visiting staff and voluntary helpers.

Staff ratios must be flexible and take into account the changing needs of Clients, environmental factors and any specific activities requiring varying staffing levels e.g. trips to community facilities or day trips.

The staffing level established must be maintained in all circumstances, including at times of staff absence as a result of sickness or holidays and a system will be in place to arrange cover for any expected staff absences and, as far as is practicable, any unexpected staff absences.

Staff skills will be evaluated at supervision sessions and a plan will be devised for personal development, which is based on the needs of the service.

All staff will be trained in health and safety prior to commencement of duties and this will include;

- Fire Safety
- Basic First Aid
- Food Hygiene (where appropriate)
- Control of Substances Hazardous to Health (COSHH).

In addition staff who have more direct contact with clients will be trained in the following prior to commencement of duties:

- Infection Control
- Manual Handling

The Service Provider will ensure that staff are provided with equipment, facilities and training to conduct their role safely.

Quality Assurance

The Service will be monitored by staff in the Strategic Commissioning and Contracts and Purchasing teams within ASC.

The Provider will need to demonstrate that:

- Activity levels match billing (evidenced through storage of daily client sign-in registers)
- Client outcomes are being achieved
- Service quality is of a good standard

Detailed below is an example of some of the data to be collected and recorded by the Service Provider, and made available to ASC quarterly. Targets will be agreed on a service by service basis.

Key Performance Process Indicators
Number of referrals received
Number of referrals who declined to receive a service
Number of referrals not accommodated by provider
No. of Clients accessing the service at start of Qtr
No. of Clients who commenced service during Qtr
No. of Clients who stopped receiving service during Qtr
No. of Clients accessing service at end of the Qtr
Number of days service operating
Service capacity (days service operating x capacity)
Number of Individual Plans of Care agreed
Percentage of Clients contacted within 48 hours of the initial ASC Referral

Key Performance Process Indicators
Percentage of Clients visited within one week of ASC Referral
Percentage of Clients receiving a service after two weeks of first contact from the Service Provider.
Percentage of Individual Plans of Care agreed with Clients within 4 weeks of referral

Key Performance Output Indicator
Number of Clients who received a service during the Qtr
Attendance (Clients x days service provided)
Number of reviews completed
Number of Client satisfaction surveys completed
% of Clients satisfied by the range of activities provided
% of Clients satisfied by the choice of food available

Key Performance Outcome Indicators
Percentage of people who report improvement in knowing where to get more information and who to ask for help
Percentage of people who feel their health is better than 3 months ago
Percentage of people who report an improvement in the quality of their life
Percentage of people who think they received what they needed from this service
Percentage of people who feel the service made them more confident
Percentage of people who feel the service has made their life easier

Key Performance Workforce Indicators
Number of WTE staff employed at start of Qtr
Number of WTE staff who left employment during the Qtr
Number of WTE staff who started employment during the Qtr
Number of WTE staff employed at the end of the Qtr
Number of volunteers
% compliance with induction training for new staff
% compliance with ongoing training for staff / to National Minimum Standards

Other information required
Information on all incidents/accidents and safeguarding alerts
Information on complaints and compliments

Records will be available for auditing purposes at the commissioners' request.

As part of the monitoring review and evaluation of this service, ASC staff may require sight of any statements, policies or procedural documentation relating to any of the sections set out within this Service Standards which will include, but not be limited to:

- Insurance and indemnity policies
- Staffing records

- Training schedules
- DBS records
- Client information
- Health & Safety policy

The Service Provider will demonstrate that it monitors and regularly receives feedback about Client satisfaction. Examples may include:

- Survey sent out to Client using pre-paid questionnaires
- Individual comments to the Service Provider via letter or in person
- Quarterly Client Forums
- Complaints received
- Compliments received
- Action taken by the Service Provider with respect to complaints and compliments.

Using a full range of consultation mechanisms the Service Provider is expected to gauge:

- Client's views on the Service Provider
- Whether the Service Provider has achieved the outcomes the Client had expected to be delivered.
- Client's ideas on improving the day service
- Whether Clients and their families/Carers;
 - are confident that they are fully supported to exercise choice and control over their lives in all aspects of their Day Opportunities service.
 - are confident that they are treated with dignity and that their individuality is respected in all aspects of the Day Opportunities service.
 - are confident that their right to privacy is respected at all times in all aspects of their Day Opportunities service.
 - feel safe at the Day Opportunities service and they understand their rights and responsibilities.
 - feel that there is a good range of activities which are based on individual preferences and are tailored to meet individual need.
 - feel that healthcare needs are supported by the Provider and that they are treated with dignity and respect at all times
 - feel that individuality and diversity is respected and embraced
 - are confident that communication techniques have been adopted which maximise the flow of communication between the Day Opportunities service and the individual.
 - feel that the individual is afforded opportunities to establish and maintain community activity and involvement and are supported to do so where appropriate.

Review of the Service Specification

The service specification will be reviewed on an annual basis. Changes in legislation or improvement in practices may result in modification. The Service Provider shall be fully consulted with regard to any proposed changes.

Buildings and Facilities Management Specification

Context

This specification sets out the quality and standards of the buildings and facilities aspect required by East Sussex County Council's (ESCC) Adult Social Care (ASC) Department in relation to the provision of day opportunities. The standards set out in these documents are the minimum requirements.

This specification describes the main roles and responsibilities of the Service Provider and ESCC and includes as a detailed service level agreement, scope of on-going buildings management and condition surveys for Charter, Phoenix and the Isabel Blackman Centre, the surveys also include the layout plans.

East Sussex will work with potential Service Providers on a site specific basis to optimise the use of existing resources in the building.

Details of the various organisations currently using the space in all three centres is described in appendix 3.

1 Responsibilities

The Service Provider will provide the day to day management of the centre to include any potential usage by other service providers compatible with the existing day service.

The management of the building will include the Service Provider having in place and deploying a clear and detailed policy on Health and Safety. This will include ensuring all client, staff, volunteers, visitors and contractors are fully aware and understand the Health and Safety policy and procedures within.

Controllers of premises will be identified for the buildings to oversee fire, emergency, asbestos management and other related safety arrangements, in particular the safe working of contractors with support / assistance from the ESCC Business Services Department as agreed within the contract and lease agreement.

The Service Provider will provide their own IT infrastructure and be responsible for the on-going technical support and maintenance. However, where possible East Sussex will seek to support existing IT infrastructures.

The utilities for the building will be contracted and managed in arrangements to be determined between ESCC and the Service Provider which will ensure best value and use of resources.

Furnishings already within the building can be utilised by the Service Provider with new and replacement furnishings being provided by the Service Provider.

Kitchen equipment already in place will continue to be supplied and maintained by ESCC. New and replacement equipment, this will be provided by the Service Provider (see next section for further detail).

Faults must be reported to ESCC (see next section) for the service level agreement on property maintenance).

Security will be managed by the Service Provider including the recording and reporting of any breaches of security.

Buildings Management: Organisations using the space at Charter, Phoenix and IBC

1 Background and context

This appendix outlines the current ownership of each Centre and the various use of each building by different organisations other than ESCC, detailing associated licence arrangements.

There will be different expectations for the on-going co-ordination and management of these current partnership arrangements with the individual Centres. This will be dependent upon if organisations pay to use the space and how an organisation might add value as a community resource.

Charter Centre, Bexhill-on-Sea

The Charter Centre in Bexhill is located in a building which includes sheltered housing flats, a base for the British Red Cross and offices for the local Joint Community Reablement Service. The County Council has a 99 year lease agreement with Amicus Horizon Housing who own the building.

There are currently 5 different organisations who occupy some of the space at the Charter Centre at different times, these are:

- ARRCC
- Bexhill Caring Community
- Bohemia Counselling
- Cruse Bereavement
- Alzheimer's Society

Memorandum of Occupation licence arrangements are in place between ESCC and all these individual organisations and were renewed in July 2014 (at a peppercorn rent). They include a clause stating a one month termination by either party or immediately, or if there had been a breach of the agreement terms.

Future arrangements

These organisations are considered as adding value to the local community, therefore there would be an expectation that the new provider managing the building will work in partnership to enable the continued shared use of space by these organisations. Any requests to change the current arrangement, or if there are any new organisations wishing to occupy the space, should be made in writing to the ASC commissioning department.

Isabel Blackman Centre, Hastings

The Isabel Blackman Centre (IBC) is currently owned by ESCC and was re-developed in partnership with the voluntary sector into a "Community Hub" in 2010. This model of service is predominantly but not exclusively focused on the needs of older people in the Hastings area. The centre is managed by the voluntary sector (a partnership arrangement between SCDA who operate the café & Age UK manage the building and day service) with a core Care Managed Day Opportunities service currently led by ESCC seconded staff for a designated cohort of Clients.

Future arrangements

Arrangements for organisations that use / rent the space at the IBC are made directly between the voluntary sector (currently Age UK and SCDA) and it is envisaged that any existing or new arrangements would continue to be managed directly between any new provider and the organisations.

Phoenix Centre, Lewes

The Phoenix Centre is a purpose-built day service in Lewes, owned by the County Council. A Deed of Covenant was entered into by the League of friends of Phoenix Centre with the County Council and dated 12 June 1991 in respect of the extension to the Phoenix Centre. This restricts the use to which the extension may be put, and provides for what will happen in the event that it ceases to be used for such a purpose.

There are currently 16 different organisations who occupy some of the space at the Phoenix Centre at different times, these are:

- Pro Musica
- Slimming World
- A.A.
- Quit Smoking
- Health in Mind
- Autistic Support
- Psychotherapy Sussex
- Alzheimer Society
- Mindfulness Group / Memory Clinic
- Care for the Carers
- Lewes District Seniors
- The Talking Newspaper
- Canine Concern
- Private Foot Care practitioners
- Outside caring agencies i.e. Care Watch providing bathing service
- Blue Badge Clinic

Future arrangements

There is an informal arrangement for the use of space occupied by all of these organisations who pay a nominal rental to ESCC, therefore there may be potential for a voluntary & community organisation to increase the rate for rent and generate income. It is therefore suggested that the new provider takes on the on-going management and co-ordination of these groups including new booking requests.

Procurement and decision making summary

Background

Following the identification of the requirement for the continuation of day services at the Isabel Blackman Centre (Hastings), the Phoenix Centre (Lewes) and the Charter Centre (Bexhill), a decision was taken to approach the market and tender. This decision has been made in accordance for both internal policy and external, European Union Procurement regulations. The Tender for the Provision of Day Services within East Sussex falls into this category.

The Council carried out a Restricted Tender process for this procurement activity.

Following 28 expressions of interest, 7 organisations submitted a pre-qualification questionnaire (PQQ). Of these 7, 3 were invited to tender following a panel evaluation.

Evaluation

1. Introduction

- 1.1. The aim of the evaluation was to identify organisations with the capacity and capability to provide the service tendered for.
- 1.2. The deadline for the receipt of tenders was 14th November 2014 and the evaluation criterion was agreed in advance of this. It was agreed that the tenders would be scored as 80% with respect to quality and 20% with respect to finance. The price scoring would be undertaken by Strategic Finance, Stella Armstrong taking the lead.
- 1.3. Following initial evaluation all bidders were invited to Bid Clarification meetings.

2. Panel Members

- 2.1. The procurement panel of council officers were supported by groups of 'Experts by Experience' representing each of the centres.

3. Evaluation Criteria

- 3.1. The evaluation criterion was tailored to suit this tender and was weighted as follows;

Operations	25%
Quality	17%
Safeguarding & Risk	13%
Workforce	20%
Buildings Management	5%
Price	20%

- 3.2. In accordance with best practice, method statement questions based on evaluation criteria were included in the I.T.T questionnaire. For the evaluation criteria, the following scoring system was used:

0	Unacceptable
1 – 2	Serious deficiencies
3 - 4	Some deficiencies
5 - 6	Acceptable
7 – 8	Good
9 – 10	Very good

4. Financial Appraisal

- 4.1. The providers have been appraised by Strategic Finance and responded to Financial Clarification questions.