

## Lot 1 Care at Home Services – Appendix 1



**Nottingham**  
**City Council**

**NHS**  
Nottingham City  
Clinical Commissioning Group

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# **NOTTINGHAM CITY COUNCIL AND NHS** **NOTTINGHAM CITY CLINICAL COMMISSIONING** **GROUP**

## **CARE AT HOME SERVICE SPECIFICATION LOT 1**

**Name of Service: Care at Home Services**

### **1. Introduction**

Nottingham City Council (NCC) and NHS Nottingham City Clinical Commissioning Group (NHS NC CCG) require organisations to provide high-quality Care at Home Services.

The elements of the Care at Home Service are as follows:

- Personal Care Services
- Domestic Care Services
- Community Support Services
- Health Care Services
- End of Life Services

### **2. Strategic Relevance**

#### **2.1 National Relevance**

The Provider is required to meet all statutory requirements, current and future, relating to delivery of the Services including, but not limited to:

- Care Standards Act 2000;
- Domiciliary Care National Minimum Standards;
- The Domiciliary Care Agencies Regulations 2002 ;
- Nurses Agencies Regulations 2002;
- The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care;

- Care Quality Commission National Standards;
- Mental Capacity Act, 2007.

In addition all providers are required to be in support of the Dignity in Care Campaign led by the Social Care Institute for Excellence.

It is expected that the providers will adopt the principles of the Care and Support White Paper, published in July 2012, which sets out the Government's vision for a reformed care and support system, building on the 2010 Vision for Adult Social Care and framework for transparency and quality and adult social care.

For service users, carers and families the vision in the White Paper will mean:

- "I am supported to maintain my independence as long as possible"
- "I understand how care and support works, and what my entitlements and responsibilities are"
- "I am happy with the quality of my care and support"
- "I know the person giving me care and support will treat me with dignity and respect"
- "I am in control of my care and support"

In addition the Adult Social Care Outcomes Framework (ASCOF) for 2013/2014 will be used to provide local priority setting and care and support service outcomes, focusing on four domains:

1. Enhancing quality of life for people with care and support needs;
2. Delaying and reducing the need for care and support;
3. Ensuring that people have a positive experience of care;
4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

Further detail can be found in appendix one.

## **2.2 Local Relevance**

### **Nottingham Plan to 2020**

The following highlights our key priorities:

- Create neighbourhoods in which people want to live;
- Support families in helping their children realise their potential;
- Enable people to access employment;
- Make Nottingham a safer place;
- Help citizens to be healthier (including improving mental health).

The **Vulnerable Adults Plan 2012-15** sets out a vision of preventative services in Nottingham that:

- Reduce needs and dependency and lowers future costs;
- Develop innovative and new ways in which to mobilise and make use of all the resources of the community;

- Enables vulnerable citizens to remain independent for longer and have real choice regarding how their needs are met.

It seeks to achieve the following outcomes for vulnerable adults:

- Vulnerable adults are safer, healthier, happier and live longer lives in which they are able to fulfil their aspirations
- Vulnerable adults have support, advice and information to live with choice, control and dignity, in a place of residence which seeks to meet individual needs; and
- Vulnerable adults are enabled to achieve their full potential as active partners in their own support as part of a community wide support system

Locally, providers of Care at Home Services have a big part to play in meeting the above priorities. Providers are expected to develop Support/Care plans that consider the priorities as part of citizen's outcomes that will be met through the delivery of the service.

### **3. Scope of the Service**

This Service is expected to be delivered to Adults over the age of 18 who receive Social Care and/or Continuing Health Care funding. It will focus predominantly on task based care services as detailed in section 3.0 The Service.

The service will focus on the enablement of citizens, including enabling single handed care. The aim of this approach is to improve outcomes for citizens by promoting independence, choice and dignity. This will be supported through NCC with specialist training and equipment.

The service will cater to citizens in receipt of Continuing Healthcare funding, this is where a patient has been deemed eligible for NHS funded Continuing Healthcare, including the Fast Track Service for people who have a rapidly deteriorating condition or may be in the final stages of a terminal illness, NHS Nottingham City ('NHS') will be responsible for commissioning the appropriate care package from the Provider, under this Agreement.

Providers will be expected to demonstrate sound knowledge of the support needs of citizens as detailed below:

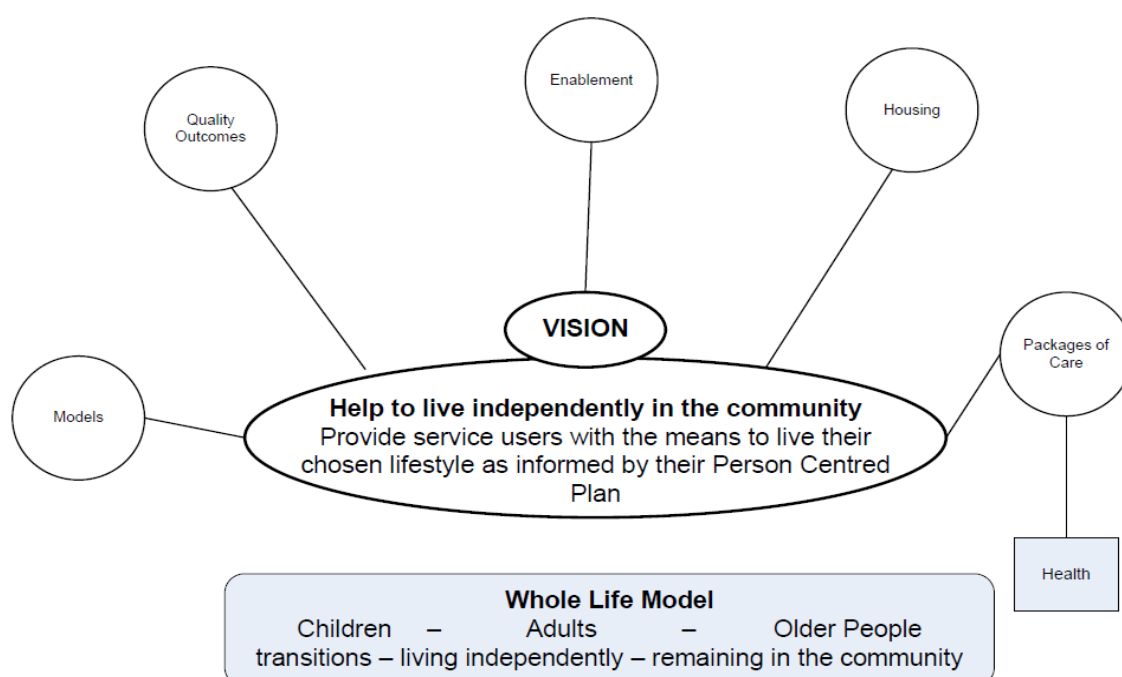
- Older People including those with mild Dementia
- Older People with enhanced Dementia needs
- Adults with Physical and Sensory Disabilities
- Adults with Mental Health Needs
- Adults with Learning Disabilities
- Adults with Substance Dependency needs
- Adults requiring Respite Care
- Adults with NHS Continuing Healthcare needs
- End of Life Care Services

In addition providers will be required to cater for citizens who may have a combination of the above needs.

### 3.1 Vision

The current contract that delivers Homecare Services is due to expire. This has provided an opportunity to review the current services and outcomes that are met through these services. Following this review a vision was developed to ensure all citizens' needs, regardless of age, would be met through a whole life model.

Nottingham City has developed a shared vision 'Help to Live Independently in the Community' which the Care at Home Service is a distinct part of. The vision outlines the elements of a service that delivers the aim to support a citizen to live as long as possible in their chosen place. This provides citizens with a balanced range of care and support services which enable them to live their life, regardless of their disability, age or personal need, and offers a holistic 'whole life' approach as seen below. It is expected that the Care at Home service is delivered in line with these elements to support the aim to enable citizens to remain in their own homes. The key elements are referred to throughout the service specification.



The vision is underpinned by the whole life model which will support Children and their Families through childhood and with transitions, it will support Adults to live independently and will support Older People to remain independent in the Community.

This model and specification will support Adults who are in receipt of social care funding. The model and specification aims to empower and citizens to access both social care support and community based support.



### **3.2 Service Orientation**

The service will form part of a Framework of Providers of flexible services that will respond to the changing needs of Citizens based on a whole life model of health and social care requirements. It is expected that this Framework of Providers will also be accessible by those in receipt of social care funding through a direct payment, personal health budgets and self-funding citizens.

### **3.3 Direct Payments/Personal Health Budgets**

Direct Payments are available for adults. They are payments made “In Lieu” of social care services and put the citizen in control of deciding on their own support and services, as an alternative to receiving direct social care services like home care, sitting services and other short breaks services, provided the chosen support and/or services has been considered to meet assessed social care needs.

NHS Nottingham City undertook a pilot of Personal Health Budgets which has led to a continued offer of personal health budgets to a wide range of adults with long term conditions. This is in line with the policy announcement by Norman Lamb in November 2012, on the roll out of Personal Health Budgets for all.

**This framework will provide an opportunity for citizens to choose approved providers to deliver their required Care at Home Services.**

## **4. Core Principles of the Service**

- The Service must promote and encourage the independence and well being of the service user in their own home, taking into account their particular circumstances and chosen lifestyle and the need to promote a secure environment. It must be delivered in a non-discriminatory manner and give respect to a citizen’s cultural or religious beliefs.
- The Provider must treat every citizen as an individual and keep them fully informed about the options available to them in order for them to exercise choice and take informed risks. Under the Personalisation agenda supported by the Commissioner the citizen has the option to exercise personal management of how the Service will be delivered to them, and their agreement to the manner of service delivery is therefore required.
- The Provider must promote dignity in care at all times in the service they deliver.
- The Provider is expected to be able to demonstrate the effectiveness of their care delivery through a Support/Care planning system that has the citizen’s needs and wishes clearly articulated and characterised by certain principles which are described in section 6 “Service Outcomes”.
- There must be reliable delivery of the Service. It is expected that providers will seek to offer a consistent care worker, at the times agreed with the citizen and in exceptional cases where this cannot

happen, the citizen, or their representative, is communicated with appropriately.

- The Service must maintain the citizens right to privacy and confidentiality, and must recognise this when consulting the citizen's carer and/or family.
- The Service must adhere to the Mental Capacity Act and subsequent legislation released during the duration of the contracted service and provide policies and procedures and staff training that reflects this. Any changes in a citizen's capacity must immediately be referred to the commissioner.

#### **4.1 Aims and Objectives**

To provide high quality, enabling Care at Home Services to adults aged 18+.

This will include:

- Support for adults requiring care at home and healthcare services in their own home.
- Support for adults to access local community provision if so required.

The primary aims of this service are to:

- Provide safe, quality, tailored and flexible care within the home and other suitable locations.
- Focus supportive and enabling services.
- Work in accordance to safeguarding legislation and procedures.
- Provide citizens centred services.
- Protect and support the most vulnerable adults.
- Promote access to the service and reduce inequalities.
- Involve citizens in every stage of service development and delivery to ensure high quality services and satisfaction. This should enable and support their roles, lifestyle choices and aspirations.
- Sustain a workforce that has the appropriate knowledge, skills and expertise to deliver safe, high quality, dynamic service provision.
- Provide a service that develops and delivers citizen centred Support/Care plans.
- Where a service is provided in the home ensure there is an agreed lead home care provider and a single set of Support/Care plan documentation used by all home care providers which includes the citizens emergency health Support/Care plan / personal resuscitation plan and medication documents.
- Evidence that all staff are trained to an appropriate, accredited level to meet the needs of citizens accessing the service.
- Support the citizen to make choices, giving consideration to the Mental Capacity Act.
- Provide advice and information in relation to assistive technology that could support a citizen.

- Inline with Nottingham City Council's 'Have Your Say' monitor Comments, Compliments and Complaints from service users and report back to the commissioner in line with monitoring requirements.

## **5. The Service**

### **5.1 Service Outline**

The Care at Home Service is broken down into five distinct elements:

- Personal Care Services
- Domestic Care Services
- Community Support Services
- Health Care Services
- End of Life Services

Providers are required to be able to deliver all of these elements as part of the Care at Home contract.

#### **5.1.1 Personal Care Services**

Personal Care Services are services that attend to the physical needs of citizens. All personal care services should be enabling and should encourage citizens to do what they can for themselves even if this may take longer.

Tasks include assisting, advising, supporting and encouraging a citizen to:

- to get up
- to get dressed
- to get undressed
- to go to bed;
- to wash, shower or bath including washing of hair
- undertake oral hygiene;
- Assisting the citizen with their toilet/continence requirements; (including safe disposal of waste);
- Helping the individual to eat their food or take a drink;
- Administer/Prompt the citizen to take medication (in line with the Medication Management Procedure outlined in the NCC Core Policies – Care at Home document (available on request from the Council)
- Assisting an Individual with their mobility needs including prompting regarding basic exercise regime.

#### **5.1.2 Domestic Care Services**

Domestic Care Services are those that enable a citizen to maintain their living environment.



These services could include assisting, advising, supporting and encouraging an individual with:

- Light meal preparation;
- Maintaining the cleanliness of living space;
- General tidying and light household duties;
- Ironing and Laundry;

There may be a stated requirement to assist service users with care of children, for whom they have a responsibility, for example by helping them get ready for school. Provider staff engaged in providing such assistance must have been subject to a DBS (or CRB) check which reveals no area of concern. To be able to deliver this providers are required to have a children's safeguarding policy in place.

### **5.1.3 Community Support Services**

Community Support Services are those that enable a citizen to access to their local community maintaining a relationship with community based services.

These services could include assisting, advising, supporting and encouraging a citizen with access to:

- Community activities;
- Social networks, maintaining relationships including family;
- Education & employment;
- Managing a Citizen's finances;
- Counselling support;
- Advice with transport.

It would be expected that providers are aware of local groups and work in partnership to help citizen's access local activities and services to assist them to remain independent.

### **5.1.4 Health Care Services**

#### **Standard healthcare tasks:**

- Positioning;
- Behaviour management;
- Skin care;
- Prompting/administration of medicine, for example inhaled medication, eye drops;
- Continence management;
- External catheter care (bag changes etc);
- Colostomy/ileostomy care (change and empty bag);

- General observation of user's physical and mental well-being;
- Assisting with putting on appliances (e.g. leg callipers, surgical stockings, artificial limbs, special boots);
- Assisting service users to eat;
- Prompting regarding basic exercise regime.

**Specialist healthcare tasks (specialist training and competencies must be undertaken):**

- PEG feeds (continuous and bolus feeds);
- Tracheotomy and oral suctioning (not changing inner tube);
- Intermittent catheterisation (insertion or changing urinary catheters);
- Apply male sheath drainage/alternative drainage systems as per Support/Care plan.

### **5.1.5 End of Life Services**

Fast Track continuing healthcare is NHS funded care where the individual has been referred by an appropriate clinician because that person has a rapidly deteriorating condition and the condition may be entering a terminal phase. The individual may need NHS continuing healthcare funding to enable their needs to be urgently met, e.g. to enable them to go home to die or to provide appropriate end of life support in their own home.

The commissioners require the provision of a responsive, high quality patient focused domiciliary care service, including all elements outlined under personal care services and health care services, for individuals eligible for fast track NHS continuing health care. The primary aim of the service is to enhance the quality of life for the service user. The provider will work closely with family carers as well as healthcare professionals involved in the person's care, e.g. district nurse, GP, continuing care team and any other health commissioned services such as Marie Curie and local Hospices.

The provider will ensure the service reflects the ethos and standards outlined in the National End of Life Care Strategy with full account being taken of each person's preferences set out in their advance Support/Care plan.

Care staff are expected to have received specific end of life care training prior to delivering end of life care, and to receive regular refresher training on at least an annual basis.

NHS Nottingham City Clinical commissioning group is committed to supporting more people at the end of their lives to die in the place of their choosing, and better support will be given around the clock both to these patients, and to those who care for them. 45 per cent of people at the end of their lives will be supported to die at home every year (*41.71 per cent of people at the end of their lives have been supported to die at home in the year up to February 2013*) by March 2015.

## 5.2 Service Delivery

### 5.2.1 Locations of service delivery

The Care at Home service will be primarily based within a citizen's home. This will be specific to the needs of the citizen and will be outlined in the citizens Support/Care plan, All services will be delivered to citizens who live within Nottingham City or who are registered to a Nottingham City GP for citizens in receipt of Continuing Care services.

### 5.2.3 Days/Hours of operation

Services are required to be available 24 hours a day, 7 days a week. Providers will be paid a rolled up rate for the delivery of services.

### 5.2.3 Response time and prioritisation

The packages requested should be acknowledged and initiated in the following timescales:

	Request Acknowledged	Service Initiated
Care at Home	2 hours	48 hours
Continuing Healthcare – End of Life	2 hours	48 hours
Hospital Discharge	2 hour	5 hours

There is an expectation by the commissioner that sessions will not be cancelled by the provider and the provider will have contingencies in place to cover staff absences such as use of overtime to ensure continuity of care.

#### Emergency Care

Providers are required to provide flexible care packages that are responsive to emergency requests as required by the citizen. It is an expectation that providers can deliver emergency care within a two hour response time and will communicate effectively with the commissioner on their progress and/or delay in achieving this.

### 5.2.4 Referral and Funding Process

#### Nottingham City Council Referral Process

The Social Care Referral Process to Care at Home Services follows the below route:

- Citizen Assessment.
- Package of Care drawn up for the citizen and approved at Panel.
- Reablement services are provided where appropriate.
- Provider contacted by Citizen or someone acting on their behalf.
- Provider accepts package and is sent Request for Homecare Services form (as shown in schedule 4), which is acknowledged by email – the package may only be accepted if the Citizens Care First Identification is included. Service request information must be sent to generic email address to ensure information can be accessed by all coordinating staff. (Provider must ensure they have a robust process in place for managing all new / amended packages of care.
- Package is initiated within 48 hours.
- Support/Care plan drawn up by the Provider with Citizen.
- 12 week initial review.
  - if changes needed then Support/Care plan adjusted and review again in 12 weeks.
  - if no changes needed then review again on a six monthly basis.

### **NHS Nottingham City Clinical Commissioning Group Process**

The following process will be undertaken when a citizen becomes eligible for Continuing Healthcare:

- Requests to the provider for an end of life care package will be made by the continuing care team based within Nottingham CityCare Partnership who have delegated responsibility for commissioning fast track NHS continuing health care packages on behalf of NHS Nottingham City Clinical Commissioning Group (CCG).
- Costings will be based on the agreed pricing mechanism within the Homecare Framework Agreement
- End of life care package requests must be given a high priority by the provider. The provider will respond to a request for provision of a care package within 2 hours with confirmation of a start date and time. If the provider cannot meet the requirements a negative response must be given within the same time frame.
- Nottingham CityCare Partnership will confirm the funding agreed in writing within 5 working days, along with details of where to submit invoices.
- The provider will submit invoices to the CCG on either a weekly or monthly basis promptly at the end of each period setting out details of the care provided (dates, times). A separate invoice is required for each individual service user.
- Nottingham CityCare Partnership will review the service user's eligibility for NHS funded care within 12 weeks of the commencement date. Any withdrawal of funding will be advised to the provider within 5 working days of the funding decision and 28 days notice of withdrawal of funding will be given, dated from the day of the CCG decision.

## **5.3 Staffing Requirements**

### **5.3.1 Recruitment**

The Provider:

- must follow robust recruitment processes and employment procedures in accordance with:
  - Health & Social Care Act 2008 (Regulated Activities) Regulations 2010;
  - CQC Guidance about Compliance: Essential Standards of Quality and Safety March 2010;
  - Disclosure and Barring Service (DBS previously CRB) checks for providers registered under the Health and Social Care Act 2008;
  - CQC Guidance July 2011;
  - or subsequent legislation, regulations or CQC Guidance amending, replacing or re-enacting the same.
- will ensure that identification is carried by Staff at all times and must show:
  - A photograph of the Staff member;
  - The name and signature of the Staff member;
  - The name of the Provider and a telephone number that can be used to verify this information;
  - Expiry Date.
- must comply with the requirements of the Equalities Act 2010, Nottingham City Council's Equality and Diversity Policy and keep themselves up to date on any subsequent amendments to equality legislation;
- will employ sufficient numbers of suitably qualified Staff to enable it to carry out the service and continue to meet demand;
- must employ Staff who are able to communicate effectively with the citizens they will be delivering the service to, these Staff should be able to speak English and/or the citizens first language;
- will ensure that all Staff will have a written job description;
- The Provider will ensure all staff are employed on fair and appropriate terms and conditions. This includes ensuring workers are being paid at least the National Minimum Wage, are paid for travel time and are reimbursed for any expenses outlaid during the working period. In addition statutory sick pay and holiday pay are required to be paid separately from basic pay to all employed staff.

### **5.3.2. Supervision**

The Provider:

- shall ensure that all Staff receive planned and structured supervision and appraisal as outlined in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010;
- shall ensure that supervision procedures include the requirement for supervisory staff to undertake observed practice of staff on a regular basis.

### 5.3.3 Staff Training

The Provider:

- must comply with training requirements in accordance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010;
- shall ensure that:
  - All care and support is delivered by competent, appropriately trained and supported staff;
  - All Staff receive Induction Training to meet Skills for Care Common Induction Standards;
  - There is an organisational Training Policy and Programme, which demonstrate an ongoing commitment to support training opportunities and maintenance of professional knowledge and competence;
  - Staff have a learning and development plan in place from the commencement of their employment;
  - The Staff learning and development programme takes account the citizens needs and the working patterns of Staff;
  - Accurate and up to date training records are maintained and made available to the Commissioner upon request for quality monitoring purposes;
  - A sufficient number of staff are trained to undertake invasive health care tasks have the relevant insurance cover, and shall provide all reasonable assistance to the Key Contact for the NHS to carry out compliance checks;
  - Where the staff are required to use medical devices such as syringe drivers, the Provider shall ensure such staff have received appropriate and up to date training in their safe use. The Provider shall contact the NHS District Nursing Team for any advice and training that may be required in specific instances;
  - All staff involved in the provision of palliative/end of life care, have received the appropriate training, including pain management;
  - Staff are encouraged and supported to undertake training in 'Enabling Single Handed Care' and train peers in line with the NCC programme;
  - Staff undertake Safeguarding, medication, moving and handling, food hygiene and infection control training annually;

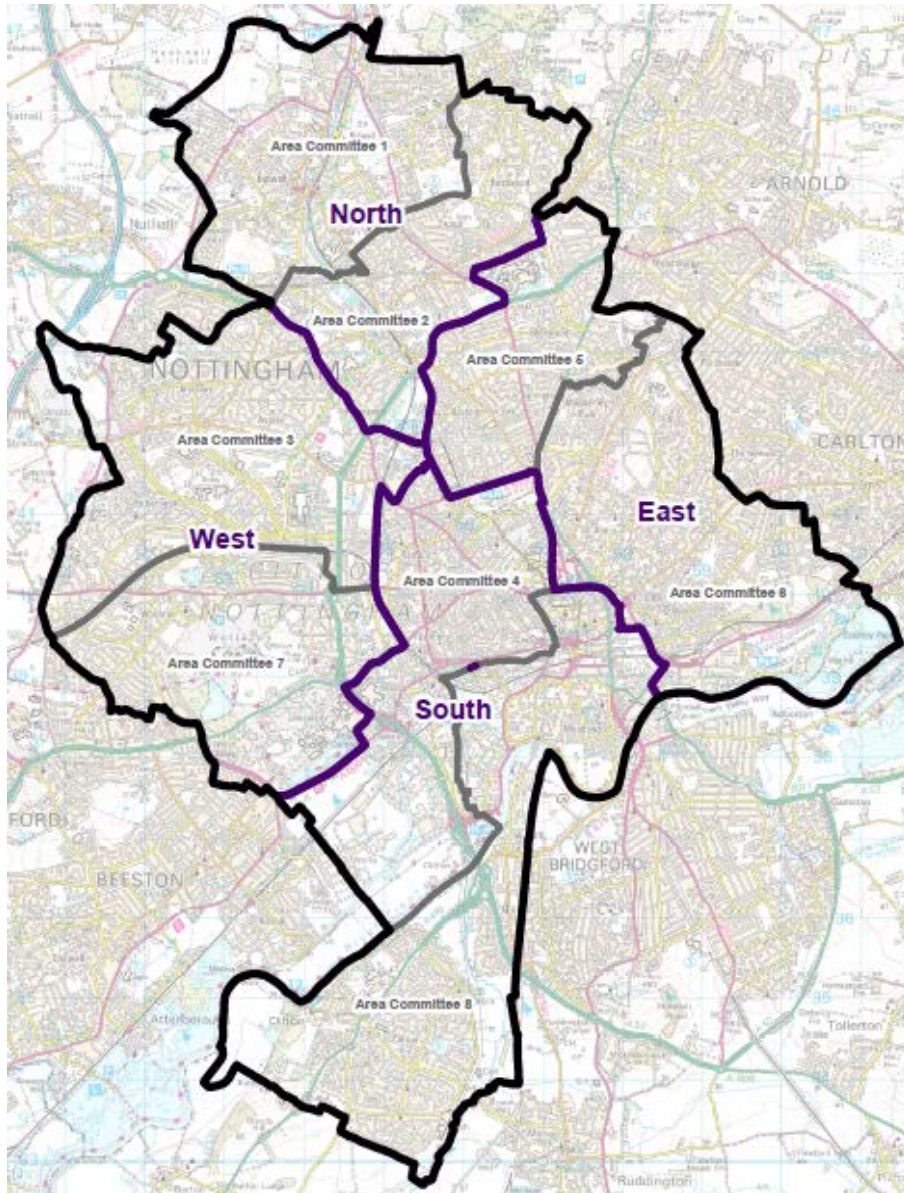
- All staff who are involved with medication must be assessed and deemed competent prior to undertaking any medicines management tasks;
- Staff receive training in how to support citizens with dementia;
- Staff are trained in relation to their understanding of the Mental Capacity Act and how this effects the care delivered.
- Staff receive ongoing support by the provider inline with the training that has been undertaken.

Providers can be supported in above requirements through Nottingham City Council's Employer Hub, further information can be found in Appendix 2.

## **6. Model of Service Delivery**

The new Care at Home framework will operate across the City as a zone based model as set out in schedule 5. Extensive consultation took place in the first half of 2013 to decide on the best approach to delivering Care at Home Services in Nottingham City. The issues that are faced in these services, along with providing the best quality of care for the Citizens of Nottingham have been at the centre whilst considering the new model of delivery.

The map below outlines the zones (North, South, East and West) which are based on Area Committee boundaries.



The table below outlines a snapshot of the current picture of users and hours of delivery required in the zones in a week. Care at Home services vary regularly and therefore the amounts stated below will change through the duration of the contract. However the zones have been based around service hot spots in the City and therefore it is envisaged there will continue to be a demand for these services broadly in line with the proportions stated.

Zone	No. Of users	Weekly No. Of Hours
Area 1 & 2 (North)	268	2109
Area 5 & 6 (East)	321	2474
Area 3 & 7 (West)	408	3172
Area 8 & 4 (South)	319	2479

## 6.1 Lead Provider

### 6.1.1 Lead Provider Model



Care at Home will be delivered in the above zones through a designated lead provider model, where each zone has one lead Provider for that geographical area. Providers will only be appointed to 'lead' in one zone. The lead provider will be required to deliver the majority of the Care at Home Services in the zone they are selected for and are expected to be able to demonstrate a high level of knowledge with regards to that zone in terms of geography and citizen information. It is intended that Lead Providers will be referred all appropriate new packages within that area and will be staffed to an appropriate level to be able to manage the volume of packages that will be required of them.

The Lead Provider is expected to take all packages offered in a timely fashion (as stated at 3.2.3) and to work closely with the Council to ensure high quality and appropriate delivery.

The zonal model will apply only to new work and not existing packages. However all existing Service Users will be given the opportunity to change Provider as part of their annual review process or at any point where their care package requires a change. It is envisaged that the zonal model will provide economies of scale to providers, allow them to employ locally, link together care package runs and enable local community knowledge to be built.

#### **6.1.2 Lead Provider Staffing Requirements**

All providers will be required to have sufficient staffing to meet the volume of packages they are expected to deliver including the ability to pick up short notice requests e.g. hospital discharges. It is an expectation that the lead provider will enable consistency of staff member/s delivering care to individual Service Users through providing contracted hours of work for staff members. In addition to the requirements given at 3.3 the Council expects that staff engaged on contracts with no guaranteed hours to be kept to an absolute minimum.

## **6.2 Framework Support Providers**

In addition to the designated Lead Provider there will also be additional framework support providers in each zone who will be able to deliver Care at Home services. It is envisaged that these Providers will be used to enable citizens to have: additional choice as to which provider they would like their Care at Home services delivered by; allow providers who are 'specialist' and micro providers to be on the framework; and offer quality assured services for those in receipt of a direct payment.

### **Office Location**

It is a requirement for all providers to have an office based within 25 miles of the centre of Nottingham City and that the base has easy access to deliver city services. This will ensure that staff are appropriately supported in service delivery and citizens are supported from a local office.

## **7. Service Standards**

### **7.1 Equality and Diversity**

It is the responsibility of the Provider to actively meet the requirements of the Equality Duties (Race, Disability and Gender) these include –

- Eliminating discrimination
- Promoting equality of access to services and of employment opportunity
- Ensuring effective data capturing and analysis of service provision
- Conducting Equality Impact Assessments (EIAs) on policies, procedures and services

It is recommended that services have a clear published plan of action to achieve the equality principles in the equality duties.

Equality Impact Assessment (EIA) must be undertaken and documented as part of any service review process or if any change is made to the provision of the service which could impact on those in receipt of the service.

All staff employed by this Service will recognise and respect the religious, cultural and social backgrounds of service users in accordance with legislation and local and national good practice.

The Service will ensure that it has access to appropriate translation services / resources to enable equity of access and understanding.

### **7.2 Safeguarding**

Nottingham City Council requires that all Providers follow the "Nottingham & Nottinghamshire Safeguarding Adults Policy, Procedure & Guidance "

In addition, the following should be put in place by Providers:

- Providers should attend the appropriate level of Safeguarding Training via Nottingham City Council or their own internal training structures;
- Safer recruitment procedures should be adhered to;
- All safeguarding referrals should be logged and outcomes recorded;
- The Provider should establish internal Safeguarding policy & procedures as appropriate to the size of the organization;
- Nottingham City Council requires Providers to co-operate with investigations of abuse including appropriate representation at City Council Safeguarding Case Conferences and submit Action Plans in response to recommendations arising from Safeguarding Investigations as required;
- Nottingham City Council requires Providers to contribute to all major incidents which require multi agency review.

## **8. Service Outcomes**

Discussion between the service user (and carer where relevant), Purchaser and Provider in construction of the Support/Care plan, will identify the practical outcomes required for the individual service user.

In order to realise these outcomes the Support/Care Planning system adopted by a Provider must meet certain key criteria as follows:

- The Support/Care Planning system must be individual to the citizen;
- The Support/Care Planning system employed should identify the needs and the outcomes required by the citizen or where there are mental capacity issues their representative agreement to the details described in the Support/Care plan;
- The Support/Care Plan should comprise of an assessment that identifies the likely or emerging needs of the citizen, a Support/Care plan itself derived from the assessment, and review mechanisms indicating how the Support/Care planning needs and outcomes are progressing;
- The system employed by the Provider needs to be measurable, specific and therefore employing some form of numerical measure to evidence the progress and patterns/trends of the citizens care;
- The Support/Care plan must be legitimised by the citizen , where there are capacity issues the citizen's representative should confirm the Support/Care plan is a true record of their care needs and agreed outcomes;
- The Support/Care plan should focus upon enabling a citizen to do what they can for themselves.

Overarching outcomes required are set out below and further detail can be found in Appendix one.

## **9. Electronic Monitoring of Care at Home Services**

Nottingham City Council is currently committed to the use of an electronic monitoring system. The following is the Council's initial requirements for the operation of Electronic Monitoring Systems and subject to review to consider ongoing system developments.

As part of the Care at Home Contracts providers are required to implement an electronic monitoring system of NCC's choice. Electronic Monitoring systems must be implemented and operational within 6 weeks of the contract commencement, unless otherwise agreed with the Council.

The Council intend to host and manage data collection, storage or online access to ongoing Care at Home information through the use of the electronic monitoring system. The Council intends to use the information from electronic monitoring to pay providers, fairer charge citizens and provide information to monitor performance.

It is the provider's responsibility to manage the day to day information from electronic monitoring.

- Key drivers for the use of electronic monitoring include:
- Increased transparency;
- Improved management information for performance and quality monitoring;
- Minimising dispute through more reliable information;
- Reduced administration as information captured electronically;
- Ensure citizens are fairer charged appropriately.

