

2. B.1 Service Capability

Care Pathway/Service	Short Breaks service for children with complex health needs arising from disability
Commissioner Lead	Sharon Matson/ Elizabeth Payne/ Rebecca Harty
Provider Lead	
Period	April 2011-14
Applicability of Module E (<i>Acute Services Requirements</i>)	N/A

1. Purpose

1.1 Aims

The definition of disability for the purposes of short breaks provision:

“Children with profound disabilities, severe and moderate learning difficulties, autism, Aspergers Syndrome and children with life threatening or life limiting illness’ (Review of Short Breaks in the South West of England for Disabled Children and Adults with Learning Disabilities, 2003)

Approximately 1600 Children and Young People in Torbay can be defined as disabled. National prevalence figures suggest that the numbers could rise to 1770 in 5 years. Approximately 7% of the 1600 are severely disabled, a figure of 114 potentially rising to 141 in 5 years.

Since 2007/08 Torbay has realised an increase of 110% in the total number of Children and Young People receiving any type of short break. In 07/08 the figure was 115, rising to 135 in 08/09 and subsequently 242 in 09/10.

This Service would form part of the short breaks menu for families alongside:

- Family to family
- Contract care
- Other residential settings
- Befriending, child minding, sitting
- Home support services
- Holiday, weekend and evening playschemes and activities

Providers recruited to the ‘Any Willing Preferred Provider’ list for this service will fulfil best practice in line with the progression of the personalisation agenda by ensuring the service offered is designed for each Child or Young Person, this will include the recruitment of staff and the skills required, outcomes of the service and service delivery.

The service aims:

- to provide high quality, stimulating, fun and flexible short breaks for Children and Young People with complex health needs arising from disability as part of a menu of short breaks provision
- to deliver a personalised service, tailored to the Child/ Young Person’s wants and needs
- to support the Child / Young Person to develop an identity as a fellow citizen leading an ordinary life with equality of opportunities and power to do so
- assist Children and Young People to develop or maintain their independence

1.2 Evidence Base

The transformation of short break services is a key component of the Aiming High for Disabled Children (AHDC) change programme. This element seeks to transform the quality, quantity and range of short

breaks provision available for Children and Young People with physical and learning disabilities. The vision behind the programme is for “all families with disabled children to have the support they need to live ordinary family lives, as a matter of course.” (DCSF/ DoH 2008).

This specification has been prepared in light of national guidance and local strategies including:

- Carers and Disabled Children Act (2000)
- The National Service Framework for Children Young People & Maternity services (2004)
- The Children Act (2004)
- Every Child Matters - Change for Children programme (2004)
- Our Choice, Our Care, Our Say (2006)
- Darzi review October (2007)
- The Children's Plan (Department of Children, Schools and Families, 2007)
- Aiming High for Disabled Children (2007)
- Valuing People Now (2001 refresh 2007)
- World Class Commissioning. DOH (2008)
- Better Care Better Lives (DOH 2008)
- Healthy Lives, Brighter Futures (2009)
- Transforming Community Services (2009)
- Working together to safeguard children (2010)
- National Framework for Children and Young People's Continuing Care (2010)
- The Operating Framework for the NHS (2010-11)
- Moving on Well (2008)
- Valuing People Now (2009)
- Putting People First (2007)
- Improving life chances of disabled people (2005)
- Independence Matters (2003)
- Mental Capacity Act (2005)

1.2.1. The services provided will be subject to inspection by the Care Quality Commission and will be required to meet the following:

- Care Quality Commission Core Standards and performance indicators
- NSF Standards for Disabled and Ill children
- Relevant NICE guidelines
- Children Act (2004) section 11 and other safeguarding legislation
- PEAT (patient environment assessment tool)
- All service provision should be delivered in an appropriate, safe, Child/Young Person-centred environment, which promotes effective care and optimises health outcomes
- Shared Care Network Quality Standards
- Essence of Care –Privacy and dignity
- 'You're Welcome'

1.2.2. Local Standards:

- Local Safeguarding procedures
- Torbay Transitions protocol (2010)
- Torbay Children's Disability Strategy(2008)
- Torbay Children and Young People's Plan (2010-2013)
- Getting a Life, not just a Service (2009-2012)

1.3 General Overview

This Agreement relates to the commissioning of short breaks services for children and young people on an Any Willing Preferred Provider basis for Children and Young People with specialist and complex needs arising from disability.

Such needs could include:

- Moderate and severe learning difficulties, with or without behaviours that challenge

- Moderate or severe physical difficulties
- On the Autistic Spectrum (including ADHD)
- Moderate or severe sensory difficulties
- Serious illness, including life limiting conditions
- Any combination of the above

(See Annex 1 for Criteria of Specialist Social Care)

The Provider will offer family-centred, flexible short breaks for Children and Young People 0-18.

Mandatory provision will comprise:

- Residential overnight breaks
- Out-reach overnight care into family homes
- Day Care
- Emergency breaks comprising all of the above

Optional provision will comprise:

- Sessional out-reach day care (babysitting, child minding and befriending services)

The Provider will:

- Offer enjoyable and developmental experiences for Children and Young People away from their primary carers;
 - a range of stimulating activities as appropriate to the Child and Young Person's personalised individual care plan;
 - Activities could include day trips, creative play, drama, sport (this list is not exhaustive) – the Provider will offer a dynamic, changing menu in response to service users views (Children, Young People and their families);
 - The Provider will engage with other providers to promote and deliver inclusion
- The model of service delivery will meet the individual assessed needs of the Child/ Young Person. Staff delivering services will be appropriately trained to deliver the Child/ Young Person's care plan;
- The Provider will be an integral part of the 'team around each child' to ensure integrated working amongst all the professionals involved in the Child/ Young Person's care

1.4 Objectives

The strategic objectives of the service, although not an exhaustive list, are to:

- Provide a regular break for parents and carers from caring, thereby contributing to the long-term stability of the Child/ Young Person's care by their own family;
- Provide positive activities and care for Children and Young People by promoting friendships and encouraging social interaction and new experiences;
- Minimise the need for individual long-term residential placements;
- Provide parents and carers with opportunities to spend time with their other children;
- Enable Children and Young People to achieve the outcomes stipulated in their individual care plan, regarding independent living skills, socialisation, behaviour support and management, emotional development and physical development;
- Parents and Carers will have access to regular, planned breaks in times of crisis
- Ensure clear links and regular information exchange to be made with the named professionals in the Child/ Young Person's 'Team Around the Child' (TAC) and their family
- Provide Children and Families with a short break service as close to their home as possible
- Offer a choice of specifically tailored provision supporting personalisation

1.5 Expected Outcomes including improving prevention

Outcomes can be categorised as being both Child and Young Person; and parent/carer focused in recognition of the dual function of the service.

The outcomes:

- Families feel supported in enabling them to live family life to the full
- Families, Children and Young People are actively involved in evaluating and planning services

- Children and Young People experience positive, enriching and supportive breaks
- Parents and carers feel confident that the service provision meets the needs of their Child/ Young Person
- Assessed needs of Children and Young People identified in their individual care plans are met
- Children and Young People's personal and social development is enhanced and social isolation reduced
- There is a reduction in shared care placements due to early intervention and support for families and in children being looked after in full time out-of-county placements
- The quality of life for Children and Young People with complex additional needs will be maintained or improved
- Children and Young People will be supported to maintain and develop friendships and relationships

2. Scope

2.1 Service Description

The service will be provided in accordance with the Child or Young Person's individual care plan and may include:

- Promotion of independent living skills
- Socialisation
- Managing behaviour that challenges
- Emotional development
- Physical development
- Management of specific health needs

Staff will be recruited for their qualities to match the needs, personality and interests of the Children and Young People they support.

To provide this support, staff may require additional special skills i.e. sign language or makaton.

All care needs will be set out in the individual's care plan which will be developed using a person-centred approach to ensure that the preferences of the Child, Young Person and their family are followed.

Where services are working with Young People 16-18, they must have an understanding of the Mental Capacity Act (2005) and its implications.

2.1.1 Care:

Could include prompting or physical support to carry out the following

(the list is not intended to be exhaustive):

Assisting the Child/ Young Person to get up and/or go to bed, at times specified by the care plan and/ or family;
 Moving and handling with or without a mechanical hoist. (Wherever possible Children and Young People's preferences must be respected, responsibility for lifting and handling must be undertaken with due regard to Health and Safety legislation by the organisation);
 Administering BI-PAP/ CPAP ventilation;
 Washing, bathing and personal hygiene needs;
 Denture and mouth care;
 Dressing and undressing;
 Assistance with continence including using the toilet, emptying and changing catheter and colostomy bags;
 Assistance with eating and drinking;
 Fitting callipers and surgical aids;
 Social and health care issues that require support services day or night in the Child/ Young Person's home, providing personal care as specified;
 Sitting or sleeping in the Child/ Young Person's home providing personal care as required;

Support the administration of medicines and other appropriate tasks in line with the principles and responsibilities of the Medication Management Administration Procedure;



Medication Administration Support

NB Staff are only permitted to assist Child/ Young People with care having undergone appropriate instruction and trained as competent to do so; and were necessary with the levels of supervision, but at all times considering the needs of the Child/ Young Person.

2.1.2 Care should be holistic and will also (not a fully exhaustive list):

- Promote and assist play and learning
- Develop life skills;
- Promote independence and choices for Children and Young People as appropriate, including all areas of care, i.e. dressing, what foods to eat and feeding;
- Establish personal safety and security;
- Provide advice and support on responsible risk taking;
- Develop social skills and techniques for behaviour management- maintaining behavioural programmes as agreed in the Child/ Young Person's care plan. The Provider will maintain records of behavioural issues if required. The Provider will provide clear guidance on the use of restraint;
- Enable participation in social activities provided by the Provider or other supplier;
- Provide emotional support;
- Develop friendships and relationships;
- Provide agreed support of Medication requirements in accordance to the Care Quality Commission (CQC) appropriate Levels to Children and Young People receiving out-reach care;
- Monitor the Child/ Young Person's health and well-being and alert other agencies appropriately in a timely manner;
- Assist the Child/ Young Person with the preparation of meals, or other food and/or beverages, in a manner which is consistent with their preferences and needs;
- Provide information and support when required on good health and hygiene practices;
- Assist to develop, maintain or improve skills in any of the areas covered in accordance with the Child/ Young Person's care plan;
- Maintain the physical well being of the Child/ Young Person as outlined in their care plan

2.2 Accessibility/acceptability

Children and Young People aged 0-18 years who meet the Criteria for Specialist Social Care (Annex 1) and have been assessed as requiring short breaks:

- Moderate and severe learning difficulties, with or without behaviours that challenge
- Moderate or severe physical difficulties
- On the Autistic Spectrum (including ADHD)
- Moderate or severe sensory difficulties
- Serious illness, including life limiting conditions
- Who are registered with a Torbay GP
- Children with complex needs arising from disability, who are in care, placed by Torbay Children's Services
- Any combination of the above

Children and Young People shall be supported regardless of age, gender, disability, culture, socio-economic status, sexual preference or ethnicity.

The Child/ Young Person and family will be supported in accordance with their views and beliefs which may mean the Provider has to make adjustments to the service delivery to that Child/ Young Person in accordance with the Child/ Young Person and /or family wishes.

The Provider will ensure all services and information are delivered in a way that the Child/ Young Person and/ or their families understand.

Referrals will be made by the Child/ Young Person's Lead Professional. They will undertake a Fair Access to Carers Breaks Assessment and develop a care plan with the Child/ Young Person and the Family including the monitoring and review process.

2.2.1 Risk Enablement and Organisation Management of Risk

The Provider should establish a balance between Children and Young People experiencing new things and managing risk.

Enablement can be safely managed through effective knowledge of the Child/ Young Person. Risk enablement should be a feature of the Child/ Young Person's care plan.

All environments should be risk assessed according to the needs of the Child/ Young Person and the staff. Wherever possible Children/ Young Person and their families should be engaged in assessing their risk to enable self knowledge and risk assessment skills.

2.3 Whole System Relationships

- The Provider will be identified by the Child/ Young Person's Lead Professional in designing the care plan with the Child, Young Person and their family
- The care plan will be defined and influenced by the Lead Professional and other professionals in the team around the child i.e. Children's Community Nursing Team, Early Support, Paediatricians, Allied Health Professionals, Integrated Joint Agency Children's Disability Team

2.4 Interdependencies

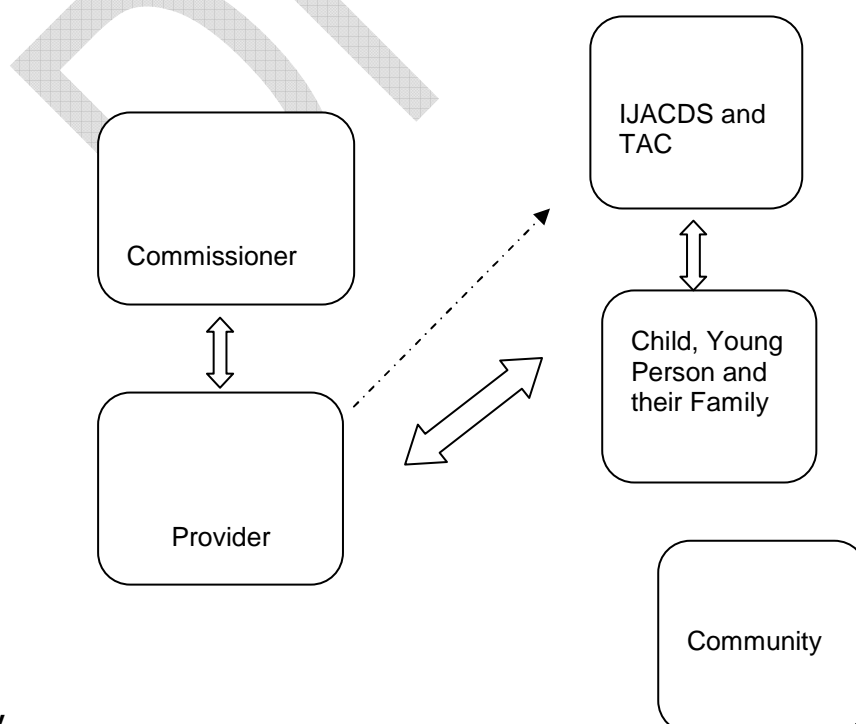
- The Provider will ensure clear links and regular information exchange to be made with the named professionals in the Child/ Young Person's 'Team Around the Child' (TAC) and their family
- The Provider will have clear procedures and processes for safeguarding and confidentiality

2.5 Relevant networks and screening programmes

The Provider is expected to ensure that the organisation, staff teams and the families that are supported are informed and up to date with best practice guidance and national developments.

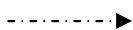
3. Service Delivery

3.1 Service model





Provider answerable to



Provider influenced by

IJACDS Integrated Joint Agency Children's Disability Service

TAC Team Around the Child- all the professionals involved in the Child/ Young Person's/ Family's life

*Responsibility for the contract remains between the provider and commissioner.

The Lead Professional is able to influence the individual delivery of the contract through assessment and support planning in partnership with the Child, Young Person and their family.

Delivery of the service to the Child/ Young Person remains the responsibility of the Provider and they are answerable to the Child, Young Person and their Family as well as the Lead Professional and the Commissioner.

3.2 Care Pathway(s)

Identify need for service through Fair Access to Carers Breaks Assessment-allocation determined and agree method of access: a. direct commissioning or b. direct Payment	Child/ Young Person and family given service information	Care plan, general risk assessment & outcomes developed and Provider asked if needs can be met. Funding mechanism agreed	Provider, Child/ Young Person, family and Lead Professional agree the care plan	Plans are safe and key people involved are happy to execute them.	Service commences	Ongoing monitoring by Lead Professional alongside Child/ Young Person and family
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3.2.1 Pre-joining Arrangements

The Provider will ensure that Children, Young People and their families are given every opportunity to find out about the service in order to make informed decisions about using the service.

The Provider has a prompt and efficient system for responding to referrals, including emergency referrals

Prompt contact is made with the family referred to introduce a named member of staff, arrange an initial meeting and provide the opportunity to visit the service as many times as required within an agreed period of time, and to speak to staff and other people using the service.

The Provider will ensure that pre-joining arrangements fully comply with agreed transition plans

3.2.2 Planned Introduction

The provider will ensure the Child/ Young Person's experience is welcoming and supportive when joining the service.

There will be a planned introduction which will lay out the structure of the service, review and evaluation processes. During the agreed trial period or taster sessions, every opportunity will be given to the Child/

Young Person and their family to discuss their needs and requirements with named member of staff, and a written individual care plan will be drawn up based on outcomes that reflect their aspirations, needs and choices.

The Child/ Young Person/ family will have a copy of the individual care plan, signed by the family (or their carer or appointee) and the relevant Provider representative.

The care plan will clearly define the service to be provided to meet the assessed needs, including:

- How the health and social care needs will be met
- How intimate physical care will be provided, and by whom (where appropriate)
- How cultural and spiritual needs will be met
- How social engagement needs will be met
- Any specialist equipment needed
- Any special communication needs
- Who should be involved in reviews
- Arrangements for taking medication
- Special dietary needs/preferences
- Aspirations for the future
- Desired Outcomes
- Family and emergency contact numbers
- Risk assessment
- Staff training plan

And anything else the Child/ Young Person or Lead Professional requires

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

Whilst the service is for delivery to Child/ Young People residing in Torbay due to the individual nature of delivery; the service may be delivered to the Child/ Young Person outside the Torbay boundary.

4.2 Location(s) of Service Delivery

Care is provided in a range of settings. Individualised packages of care are provided by ongoing assessment, planning, implementation and evaluation in collaboration with Child/ Young People, their families and Lead Professionals, liaising with and referring to other health and social care professionals.

4.3 Days/Hours of operation

The services described in the specification will vary from individual to individual. The allocation of Short Breaks will be determined by the Fair Access to Carers Breaks Assessment and the detail of the individual care plan. The service should be flexible covering 24 hours per day, 7 days a week.

The Provider will ensure that a contact point is available at all times when outreach staff are commissioned to work. This telephone number should be made available to the Commissioner in writing, and should be "manned" at all times, i.e. not an answer-phone.

The telephone numbers as described above must also be made available to the family and Lead Professional for use in the event of non-attendance by the Provider's member of staff. This must also be provided in a format which is accessible and appropriate to the family.

4.4 Referral criteria & sources

An Individual care plan shall be agreed and signed by all Parties in respect of any service provided to an Child/ Young People under this Agreement. The service eligibility will be determined by assessment using Fair Access to Carers Breaks Assessment.

4.5 Referral route

Referrals will be made by the Child/ Young Person's Lead Professional. They will undertake a Fair Access to Carers Breaks Assessment and develop a care plan with the Child/ Young Person and the Family including the monitoring and review process.

The Provider should request sight of the individual care plan before the service commences in order to help tailor support to meet the Child/ Young Person's needs.

4.6 Exclusion criteria

Children and Young People over the age of 18 years

If the Child/ Young Person is asked to leave the service because it can no longer meet assessed needs or because of unacceptable behaviour, as per the Providers Exclusion Policy, their right to complain or appeal the decision must be fully explained and supported. The Provider must notify the Lead Professional prior to the Exclusion Policy being escalated.

4.7 Response time & detail and prioritisation

- Lead Professionals/ families will receive a response from the service within 48 hours during week days and first working day following weekends.
- Lead Professionals/ families should be able to access the working hours of the service each week via messaging services for both email and telephone.
- Written responses will be made with 7 working days
- Emergency response same day including holidays and weekends via the Emergency Duty Team

5. Discharge Criteria and Planning

5.1 Except the circumstances below, the termination of service will need to be agreed in advance and will be determined on the basis of the care plan following consultation between the Child, Young Person and/or family, Lead Professional and Provider; and where appropriate, following a review. The organisation should have appropriate systems in place to ensure this happens.

5.1.1 The Commissioner may terminate access immediately where it has been agreed with the Commissioner that the Service is no longer appropriate due to serious relationship breakdowns with the Service supplier e.g. Safeguarding Children issues or Health & Safety at Work failings.

5.1.2 In the event of a Child or Young Person's transition to adulthood, changes in a Child or Young Person's need or a placement of a Child or Young Person in residential care

5.1.3 In the event of a Child or Young Person's Parent/Carer choosing to access alternative service provision

5.1.4 Service for an individual Child or Young Person may be ended with immediate effect where the Service Supplier or the Commissioner is in serious or persistent default of the terms of the agreement

5.1.5 On the death of a Child or Young Person the individual's care plan shall terminate with immediate effect and either party shall notify the other of such event at the earliest opportunity.

5.1.6 The Provider shall expect a minimum of two working days notice where the Child/ Young Person is known not to require the service due to any planned absence for holidays or such other reasons such as hospital appointments. Where such notice is not given, the Provider may invoice for and the Commissioner shall pay the agreed price until notice for termination of the service has been served in accordance with the conditions of this agreement.

5.1.7 The onus is on the Provider to ensure their staff actively pre-anticipate any possibly non requirements of the service / planned absence as part of their duties, and use this awareness as the required notice. The Provider should have a system for recording and evidencing this taking place.

5.2 Discharge Process

The Provider will ensure that any move on from the service is a positive experience for the Child/Young Person

The need or wish to move on from the service will be regularly reviewed and agreed with the Child/Young Person and/or their family from the outset.

Preparing for any change of service will be properly planned and discussed with the Child/Young Person, their family, their Lead Professional, and staff from the new service, if applicable.

The Provider will support the development of a transition plan, this will be agreed and include arrangements for visiting the new service, and a copy provided to the family

The transition plan will ensure that arrangements can be made for the Child/Young Person to maintain friendships after their move, where practicable.

The Child/Young Person's records for the new service will be updated, agreed with the Child/Young Person and/or their family and passed to the new service if appropriate and agreed by the Child/Young Person and/or their family.

5.3 Developing independence

The Provider and the Child/Young Person's support staff should be encouraging achievement of independence through skill and confidence building.

Where Child/Young Person and/or their family choose to change provider the current provider will support this and support staff to make this a positive experience for them.

5.4 Transition

Providers will ensure they are aware of and adhere to their responsibilities under the Torbay Transitions Protocol and pathway working in partnership with the Team Around the Young Person.

This includes:

- Awareness and adherence to any transition records/ plans as part of the care plan in advance of working with the Young Person taking into account how the service offered could impact future objectives and plans
- The Provider will contribute to the ongoing development and review process of the Child/ Young Person's transition record/ plan at multi-agency reviews

6. Prevention, Self-Care and Patient and Carer Information

A contingency plan is to be developed at same time as designing the care plan and agreed with the Child, Young Person and family for instances such as staff absence which will prevent the usual staff from attending. It is the responsibility of the Provider to make appropriate replacement arrangements and to work with the Child, Young Person, family and Lead Professional to identify acceptable alternative arrangements. The Child, Young Person and family should not be left without a service unless this is agreed between the Child, Young Person and their family, Lead Professional and the Provider.

Use of natural family support should be considered within the contingency plan. It is also imperative that consistency is maintained of the same staff providing the support.

The contingency plan is to be reviewed on a regular basis.

The Provider is required to provide all information to the Children and Young People and their family where appropriate in a format they choose. This may require audio, DVD, use of images alongside writing, large print format or translation into alternative languages. Evidence of where reasonable adjustments have been made for people will be available to the Commissioner on request.

7. Continual Service Improvement/Innovation Plan

During the period of the Agreement the Commissioner and the Provider shall work together to reshape the service to meet changes in legislation, demand, technology and demographic trends e.g. Aiming High for Disabled Children, Healthy Lives, Brighter Futures.

The Commissioner may, at some point in the future, give reasonable notice to the Provider that all

information required under the terms of this Agreement shall be made available in an electronic format. The transfer of electronic data will be subject to all Data Protection, confidentiality, security and all other relevant requirements.

The Provider shall seek to work with the Commissioner to continuously review and improve the delivery of the service to Children and Young People and to ensure value for money.

The Provider shall assist the Commissioner in gathering any feedback from Children and Young People on services provided e.g. questionnaires to families, visits by independent organisations such as LINKs or advocacy groups.

The Provider shall work with all the professionals within the 'Team Around the Child', statutory and voluntary sectors to develop local relationships and, where requested to do so, participate in e.g. Stakeholder Forum Meetings, Partnership Groups etc.

8. Baseline Performance Targets – Quality, Performance & Productivity

Agreeing levels of quality and supporting information

Torbay Care Trust will establish with providers agreed levels of quality and will work with all providers to encourage development and service improvement that will move the provider services along a quality continuum from 'acceptable' to 'excellent'

The provider will be expected to:

- Consistently meet all national requirements / targets including access
- Consistently meet national legislation regarding equality
- Consistently use professional evidence based practice
- Consistently produce evidence of staff training and competence
- Consistently deliver high levels of individual satisfaction / experience
- Consistently meet Core Standards for Better Health
- Continually improve, including evidencing progress against relevant Standards for better health Developmental Standards as these become incorporated in the Annual Health Check or by the CQC.
- Report regularly (**Quality Performance Report**) detailing performance against specified quality indicators (satisfied and failed), and the agreed information streams identified in the Schedule.
- Regularly update standards and measures in accordance with best practice guidance

The provider will advise the Commissioner of National performance monitoring or auditing within 2 weeks of their publication:

i.e. CQC inspection reports, Ofsted reports Audit commission – National audit reports, Health and Safety executive, Shared Care Quality Standards

This list is not exhaustive and may change with restructuring of governing bodies

Providers are expected to achieve a minimum of CQC Good, Ofsted level Good or SP level B with continual service improvement plans being in place in place for progression to the levels above.

<i>Performance indicator</i>	<i>indicator</i>	<i>threshold</i>	<i>Method of measurement</i>	<i>Frequency of monitoring</i>
Appropriate national monitoring body – Ofsted/ Aiming High for Disabled Children / etc	Level of quality achieved	CQC – Good Ofsted- Good SP - B	Evidence of assessment	As by relevant body – or on request where queries are raised.

The commissioner will meet with the Provider if they are achieving less than these levels of quality. A schedule will be set for regular reporting and monitoring of services against an immediate improvement plan. Where progress is not achieved the commissioner reserves the right to review and subsequently decommission services.

Where these measurements have formed part of inspection reports for statutory bodies above, evidence of this will be accepted.

The Provider must adhere to the requirements of the following:

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Torbay Care Trust
Health and Social Care Provider Quality Matrix

Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
Safety – Will I be OK?									
Compliance with CQC.	Provision of annual self declaration against CQC criteria.	100% compliance with core standards	Provision of annual self declaration. Action plan where lapse detected					Quarterly review Monitor at CQRM. (frequency to be agreed)	
Patient Safety – infection control									
All reusable medical devices are properly decontaminated prior to use	Single Use equipment is used	Number of Post procedure infections	Completed investigation and action plan for each case Report of incidents	100% quarterly				Quarterly review Monitor at CQRM. (frequency to be agreed)	

Good hand washing techniques and protocols	All staff undergo hand-washing training	100%	Training attendance records	100%					
Patient Safety - Incidents and alerts									
Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
Safety Alerts (CAS)	All relevant safety alerts are actioned appropriately and feedback is supplied to TCT	100% compliance with all relevant safety alerts (CAS alerts)	Provision of exception report detailing where CAS alerts have not been implemented plus response to TCT when requested	100%				Quarterly review Monitor at CQRM. (frequency to be agreed)	
Numbers of Serious Incidents reported and managed effectively and closed within the required timescales	All SUIs to be reported to Commissioner within 24 hours of incident All SUI investigations are completed within 60 day limit and report provided to Torbay Care	100% of Serious Incidents to be reported and investigated as per Serious Incident policy	Evidence by provision of root cause analysis in SUI protocol. Electronic copy of investigation report and learning/quality improvement per incident	Quarterly report re Serious incidents occurring				Quarterly review Monitor at CQRM. (frequency to be agreed) Copy of summary report covering number of SUIs.	

	Trust								
Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
"Never Events"	To investigate any never events as (defined in agreed SUI protocol) as a SUI and complete Root Cause Analysis	Nil never events	Notification of never events if they should occur Provision of completed root cause analysis	Exception reporting					
Number and severity of incidents	To report all patient safety incidents via LRMS, eNPSA , or via commissioner) To report all medication errors to the	100% incidents involving patients and service users to be reported to Commissioner	Receipt of eNPSA Incident reports Incident report	Quarterly report and trend analysis of incidents				Quarterly review Monitor at CQRM. (frequency to be agreed)	

Medication errors	commissioner	Medication errors not including near misses, as a percentage of the overall patient safety incidents (PSI's) reported	Incident report						
Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
Evidence of learning from incidents across the patient pathway.	All incidents are analysed for learning and changes/improvement is demonstrated as a result		Provision of completed root cause analysis in line with SUI protocol. Monitored action plans						
Safeguarding Children	All relevant staff have received CP training relative to their	100% relevant staff have received CP training relative to their service	Audit Written evidence					Annual Report re Safeguarding Children	

	service specification Up to date policies and procedures are in place Where a Serious Case Review is initiated, it should be reported as a Serious Incident	specification Up to date policies and procedures are in place 100% Serious Case Review reported as a Serious Incident	of implementation of local policies Electronic Serious Incident report Follow up investigation report					Discuss all open CP SUIs Monitor at CQRM item on quarterly meeting	
Effectiveness – Will it do me any good?									
Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
Staff are appraised annually and have personal development plans			Written evidence of staff training and service development plans					Monitor at CQRM. Item on contract meeting	
Policies and procedures are		Up to date policies and	Written evidence of					Monitor at CQRM. Item on	

implemented		procedures are in place	implementation of local policies					contract meeting	
Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
NICE guidance – where it is relevant to the service, gap analysis assessment will take place	Where requested by commissioner, provider will undertake self assessment and develop appropriate action plan	100%	Written evidence of all NICE guidance considered						
Care Quality Commission Reviews and visits – if applicable	Provider will inform commissioner of all CQC reviews within 5 days of notification	100%CQC reviews	Copy of review findings and recommendation plus subsequent action plan					Share with Commissioner within 10 working days of publication Action plan produced within 28 days of publication of receipt of draft report Monitor at CQRM. Item on contract meeting	

Experience – Will I be cared for?									
Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
Service User Experience – Complaints		Number of formal complaints received	Service user experience letters and responses					Monitor at CQRM. At contract meeting To discuss progress of more serious complaints and trend analysis.	
compliments		Number of written notes/letters of appreciation	Letters and responses						
		Number and type of issues raised by PALS						Monitor at CQRM. Item on contract meeting	
Provider Business									
NHS Number	Proportion compliance with the use of the NHS number in Clinical activity.	Provision of action plan to ensure compliance with DSCN.							

Performance Indicator/metric	Target	Threshold	Method of measurement	Data Completeness e.g. Coverage or min dataset for 10/11	Data Completeness e.g. Coverage or min dataset for 11/12	Data Completeness e.g. Coverage or min dataset for 12/13	Consequence of breach	Report Due & Monitoring Mechanism	Comments
Information Governance		Staff are aware of Data Protection Act All data loss incidents are reported	Organisation wide assessment					Annual	
Operating Principles									
The provider will abide by the operating principles Annex x and will provide evidence of compliance when requested by the commissioner.									

9. Activity				
9.1 Activity				
Activity Performance Indicators	Method of measurement	Baseline Target	Threshold	Frequency of Monitoring
<p>Numbers of Children and Young People accessing:</p> <ul style="list-style-type: none"> Residential overnight breaks Out-reach overnight care into family homes Day Care Emergency breaks comprising all of the above <p>Optional provision:</p> <ul style="list-style-type: none"> Out-reach sessional day care including babysitting, child minding and befriending 	Actual numbers and care plans by specialist social work category: A, B or C	<ul style="list-style-type: none"> A: 14 A: 14 B: 41 A: 14 B: 41 C: 70 A: 14 B: 41 C: 70 A: 14 B: 41 C: 70 		Quarterly
<p>Types of activity accessed:</p> <p>Play</p> <p>Youth work</p> <p>Excursions</p> <p>Universal services</p>	Data showing activity type, attendance	100% Individual care plans		Quarterly
Children and Young People and family experience	Children, Young People and families report satisfaction with the service	90% satisfaction at a minimum of 50% response rate		Quarterly
Improving Service Users and Carers Experiences	Children, Young People and families are actively involved in planned changes or development of new services	90% of respondent's agree		
	Children, Young People and	Evaluation of complaints result		Quarterly

	families complaints are listened to and acted upon	in service changes that lead to improvements		
Improving productivity	Appropriate skill mix to meet the needs of Children and Young People	100% of Children and Young People receive appropriately skilled care	Demonstration of skills set and training programme and monitoring report	Quarterly
Staff turnover levels	Ensure service continuity and quality	Staff turnover electronically monitored	Audit	
Sickness levels	Ensure service continuity and quality	Sickness electronically monitored	Audit	
Agency activity	Ensure service continuity and quality	Agency activity electronically monitored	Audit	

9.2 Capacity Review

The Provider will provide a breakdown of outcomes progression for each Child and Young Person. This will be monitored by the Child, Young Person and /or their family), the Lead Professional or the Commissioner which will be validated. Other performance indicators will give information about general progress by the organisation in delivering short breaks for Children and Young People under this agreement. The service can be reviewed at the Commissioners request, by a peer review team involving Children and Young People with experience of using this type of service, families, and other relevant people.

2.B.2 Please confirm willingness to provide the services specified, in accordance to the above specification:

Confirmed		Not confirmed	
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2.B.3 Please complete the following sections to demonstrate your ability to meet the requirements of this service. Consists of Part A – Technical & Quality Assurance & Part B Value for Money.

PART A: Overall weighting 60%

For each question scoring will be based on range of 0-5 (0 = not meeting Requirements to 5 = fully meet requirements). Scoring 0 in any category will automatically disqualify bidder.

Max. Score = 125 (25 questions below, max. score per question =5)
Must attain a min. 80 to be considered further. A score above 80 will still be required to score sufficiently under the Value for Money Criteria.

Technical, Quality Assurance & Innovation (overall weighting 60%)		<p>Short concise answers required, which relates specifically to the question asked and would support your application – please apply a maximum 200 word limit per question.</p> <p>Scoring will be based on range of 0-5</p> <p>Scoring 0 in any category will automatically disqualify</p>	<p>TCT use only score</p> <p>0-5</p>
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Your Proposal for the provision of this service	What is your development and implementation plan for this service		
	How will you review and monitor the effectiveness of the service for Children and Young People		
	How will you provide individualised pricing for families		
	How will you provide services to meet the needs of Children and young people across a spectrum of need- e.g. behaviour that challenges to physical disabilities		
	How would you develop the staff team around the individual child/ young person		
	What is your policy around the - use of temporary / bank staff only at genuine emergencies, please confirm how you will achieve this		
	How can your organisation evidence they deliver person-centred support		
Ability to manage the various diverse needs of Children and Young People group (i.e. behaviour that challenges behaviour, learning difficulties, disabilities etc	What is your organisation's experience in the provision of support to children and young people with complex needs		
	What added value could your organisation bring		
	What emotional support and supervision systems do you have in place for staff		
	How will your organisation support responsible: Risk taking Robust risk planning		

	How can your organisation evidence its ability to work with professionals and clinicians.		
Quality assurance	What is your -- escalation processes of any complaints		
	How are Children, Young People and families supported to feel that they can freely voice concerns		
	Please provide anonymised examples of - individualized care through person-centred care plans		
	Please provide examples of your ability to provide information in appropriate accessible formats.		
	Please provide evidence of Children and young people's involvement alongside family in Quality Assurance feedback and service improvements		
	What do you consider to be the challenges to your organisation in providing stimulating and dynamic short breaks		
	Please explain how continuous service improvement with particular attention to individual professional development of carers will be embedded in the management arrangements of your organisation		
Existing contracts & references	Provide details of: 3 individualised contracts you person-centred care that you currently provide & how you have fully met Children and Young People's needs and		

	highlight any outcome working (we will not contact them without your involvement)		
	Provide details of: 3 Organisations and their contact details who we can contact anytime and preferably are within the South West.		

Innovation	Please provide information concerning the future aspiration for Contract and providing quality care to Children and Young People		
	How do you anticipate reviewing, reporting & reducing costs of support		
	How can you evidence that you are a Learning Organisation		
	How would you share learning with other providers and the Commissioner		

Compulsory: Please confirm whether you propose to sub-contract all or part of the proposed service. If yes, please provide details regarding which elements of the service will be sub-contracted and the names and addresses of the organisations which will be responsible for the sub-contracted elements.

Compulsory: Please provide evidence of CQC reference no. & your CQC rating if available (please note you will not be able to deliver a service without CQC registration)

PART B: Value for Money

PRICE SCHEDULE (overall weighting 40%)

The tendered Price must include all costs associated with the provision of the service and specified within the schedule, including management of the service, administration, and all other overheads and expenses, but be exclusive of Value Added Tax.

Please clearly detail below the type of service(s) you are able to deliver – Enter your price in the empty boxes (£) – Please keep your response in the table, and if required add additional rows / columns – or explanation.

The Core areas are: Residential overnight breaks
Out-reach overnight care into family homes
Day Care
Emergency breaks comprising all of the above

Optional provision: Out-reach sessional day care including babysitting, child minding and befriending

(Children and Young People accessing the service may have moderate and severe learning difficulties, with or without behaviour that challenges, on the autistic spectrum, moderate or severe sensory difficulties, serious illness including life-limiting conditions, any combination of the above)

State the Core area(s) (see list above) that you could support and provide a reliable service to Child, Young Person, Family (clearly stating any necessary levels):							
Skill Set	Specialist skill	Hourly Cost	Overnight Residential	Overnight Out-reach	Day Care	Emergency breaks comprising all of the above	Out-reach sessional day care including babysitting, child minding and befriending
Carers with specialist skills e.g. Nursing/ HCA							
Carers							
Play Workers							
Play therapists							
Nursery Nurses							
Youth Workers							
Befrienders							
Child minders							
Other skill set please state skill (e.g.):							

Price breakdown

Provide % breakdown of your costs: (Some may not be relevant please leave these blank)

	(Hourly) rates % Carers with specialist skills e.g. Nursing/ HCA			(Hourly) rates % Carers,			Hourly skill rates % Play workers, Nursery nurses		
	9to5	Out of Hours	Weekly cost	9to5	Out of Hour	Weekly cost	9to5	Out of Hour	Weekly cost
Staff pay rate									
Staff holiday, sick pay, NI, Pension etc.									
Staff Training costs									
General admin.									
Overheads									
Catering costs									
Any other significant cost please state									
"									
Profit – revenue									

Please provide information concerning your structures for charging for costs such as activity costs for staff when providing short breaks for Children and Young People in the community

Transport costs:

Etc:

Please provide information regarding your approach to flexibility within the provision e.g.

The need for contingency support funds:

Flexible use of the agreed costs over time periods due to variations in need of the Child/ Young Person

2.B.4 Please confirm the location(s) from where service delivery will be activated from and monitored.

Facility name	Facility address (including postcode)

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2.B.5 For all facilities identified, please confirm compliance with the relevant statutory bodies and other competent authorities responsible for the registration and monitoring of activities

(The Provider will be responsible for obtaining and maintaining registration of premises, facilities and services.)

Confirmed	
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Not confirmed	
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2.B.6 Please provide a copy of the CQC Certificate of Registration and a full copy of the most recent report for each facility. (Please insert this document into the section below)

Response

Annex One

Criteria for Specialist Social Care

Category A

- Child with life threatening/limiting disability that is both severe and enduring including palliative care and hospital discharge:
- Child with severe or profound learning disability, moderate severe or profound physical sensory or multiple disabilities e.g. multiple additional care needs resulting in high dependency such as requiring 24 hour supervision/ assistance (including ventilation), child unable to access facilities necessary for welfare due to disability
- Disabled child with high level of challenging behaviour arising from the disability exhibited in a range of settings
- Parent unable to provide level of physical, emotional care or supervision required due to disability
- Child looked after due to disability
- Young person 16-18 looked after by Torbay for 13 weeks after 14th birthday due to disability

Category B

- Child with life threatening/limiting illness that is not defined as an enduring disability e.g. cancer, cystic fibrosis, child in hospital for 12 weeks (including hospital discharge)
- Child affected by HIV
- Carer of a disabled child
- Child with moderate disabilities with a high level of additional care needs-day and experiencing considerable difficulty in accessing facilities necessary for welfare due to disability
- Child presenting with challenging behaviour due to a disability
- Parent/ care experiencing considerable difficulty in providing physical, emotional care, supervision or communication required due to a child's disability
- Sibling of a child with severe disability where needs arise from the impact of disability

Category C

- Child with a moderate disability who needs assistance in promoting independence and inclusion in life performance areas such as self care, play or school activities
- Child with significant health issues who may require hospitalisation
- Child presenting with challenging behaviour requiring additional support in some settings

Annex Two

Service Delivery Levels Framework: Suggested numbers of Torbay Children who may access the service, based on reported figures to DCSF.

Guidance Criteria	Overnight Residential	Overnight Out-reach	Day Care	Emergency breaks	Out-reach sessional day care including babysitting, child minding and befriending
C	X	X	70		70
B	41	41	41		41
A	14	14	14		14
All categories				16 based on emergency demand 09/10	