

Appendix 3 to Report 243/2010

MODULE B – PERFORMANCE REQUIREMENTS – SPECIFICATION, QUALITY AND PRODUCTIVITY

SECTION 1 – SPECIFICATION

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Care Pathway/Service	Day Services for Older People
Commissioner Lead	Hannah Hurrell
Provider Lead	To be determined via tender
Period	Services to commence from 1 st May 2011
Applicability of Module E (<i>Acute Services Requirements</i>)	n/a

1. Purpose

1.1 AIMS

- § To ensure all commissioned day care placements are of high quality and effective contract management is in place.
- § To establish a preferred provider list for the independent sector.

1.2 EVIDENCE BASE

This specification was created following a full 3 month consultation with the community. The key components of the model for day services aims to ensure day services were more compatible with a changing market, and more preventative in design.

The modernisation of older people's services in Torbay began in 2006 as part of the Care Trust's ambition to provide and purchase the best possible services for older people. The modernisation has included a review of the Adult Social Care Services provided by the Care Trust for older people. The development of quality and value for money were key elements of the drive to ensure choice for clients, this continues to be the ethos behind the modernisation programme.

The modernisation programme of older people's services has resulted in significant changes in domiciliary care, residential care and community meals. Determining the appropriate day services for today and the future is a natural progression in the modernisation of older people's services.

Torbay Care Trust initiated a review of day care services for older people in early 2009 as part of its continued commitment to modernise services and increase choice for this client group.

The review has demonstrated a need to modernise day services for older people in Torbay. Continuing to provide and commission day care to the current configuration results in the needs of individuals will not being met. The review found that there is an overprovision of traditional style day care in Torbay and that older people are not receiving enough choice about the range and nature of

day services.

1.3 GENERAL OVERVIEW

The Service should include the kind of care that could be provided by a competent and caring relative able to respond to social and emotional as well as physical needs. It could also include help with toileting, supervision of Service Users taking medicines, counselling or emotional support as part of a planned programme of care.

1.4 OBJECTIVES

- § To reduce the number of people prematurely entering more institutional forms of care;
- § To provide support and respite for carers;
- § To enable people to remain in their chosen environment within the community;
- § To reduce social isolation;
- § To increase the number of people leaving institutional care in order to live more independently;
- § To maximise the number of people who are enabled to participate in community activities;
- § To maximise the number of people who are enabled to achieve employment.
- § To build on and enhance, where possible, existing skills and abilities of Service Users.

1.5 EXPECTED OUTCOMES INCLUDING IMPROVING PREVENTION

- § Service Users will be able to remain in their chosen environment;
- § Service Users will be enabled to move on to more independent settings;
- § Service Users will be less likely to lose their home or tenancy;
- § Service Users living in institutional forms of care will be enabled to return to the community;
- § Service Users will be enabled to 'move through' the Service to independent living with or without other forms of personal care or support;
- § Premature admission of Service Users to more institutional forms of care will be reduced;
- § The risk of Service Users needing to access more intensive housing, health or social care will be reduced
- § Service Users will maintain or increase their:
 - Communication skills;
 - Concentration;
 - Participation in activities;
 - Contact with non-service users;
 - Sense of self-determination, confidence and well-being
- § The quality of life for Service Users will be maintained or improved;
- § Service Users will be enabled to participate in and contribute to other community activities otherwise unavailable to them;
- § Service Users will be able to exercise greater self-determination;
- § Service Users will feel less isolated;
- § The risk of Service Users being socially excluded will be reduced.
- § Service Users will be enabled to perform some tasks for themselves which they would otherwise be unable to do;

- § Service Users will acquire skills and confidence to manage their own affairs;
- § Service Users' potential for employment will be increased where appropriate.
- § Service Users' health and well-being will be monitored and maintained;
- § Service Users' access to general medical services will be improved;
- § Service Users' access to treatment interventions will be improved.

2. Scope

2.1 SERVICE DESCRIPTION

A range of stimulating activities should be available, which are appropriate to the Service User group and the Service aims and objectives. Where appropriate, opportunity should be available to Service Users to take part in activities outside the buildings where the Service is usually provided

Food will usually be prepared or delivered for Service Users but in some settings could mean food prepared by the Service Users themselves under supervision or with assistance. A mid-day meal will be provided and/or other meals and refreshments appropriate to the time of day. A charge will be collected as set out in Condition C3.2.

- § Day services are provided for the purpose of developing or sustaining a person's capacity to live independently as well as providing meaningful activity. These services, which will be provided by appropriately trained and skilled staff, will encompass any or all of the following tasks as specified in the Individual Service Agreement (ISA).
- § Assist the Service User to maintain, develop or re-gain domestic and/or life skills;
- § Assist the Service User to manage their finances and to claim benefits;
- § Assist the Service User to establish personal safety and security;
- § Provide advice and support to the Service User on avoiding or minimising hazards, based on risk assessment;
- § Assist the Service User to develop social skills and techniques for behaviour management;
- § Assist the Service User to establish social contacts and contact with relatives where this is the Service User's wish;
- § Assist the Service User to partake in social activities
- § Assist the Service User to access local community organisations
- § Assist the Service User to gain access to other services
- § Assist the Service User to gain access to training opportunities
- § Assist the Service User to gain and maintain work experience opportunities or employment
- § Liaise with other agencies, organisations or services on the Service User's behalf;
- § Provide the Service User with advice and advocacy;
- § Provide emotional support to the Service User;
- § Provide the Service User with peer support and befriending;
- § Monitor the Service User's health and well-being;
- § Monitor the Service User in their use of medication;
- § Accompanying the Service User when shopping;
- § Accompany the Service User to medical and other appointments.

2.2 ACCESSIBILITY/ACCEPTABILITY

- § Referral and access to the service will be via a Care Manager working for a Trust Operations Team.

An Individual Service Contract (ISA) shall be agreed and signed by all Parties in respect of any service provided to a Service User under this Agreement. The service will be determined by assessment using Fair Access to Care Services (FACS) eligibility criteria.

The Service Purchaser is responsible for ensuring that referral information is of sufficient quality and contains a written Care Plan detailing the outcomes of the service to be provided and any other assessment details that will enhance knowledge of the Service User.

If the Service Provider considers the Service User unsuitable for the service, or is of the view that the Service User's needs cannot be met, they must inform the Service Purchaser and give reasons why. In urgent circumstances referrals may be accepted verbally which would then be followed by written information within two Working Days.

Commencement of the Service will be at a time mutually agreed between the Service User, Service Purchaser and Service Provider.

2.3 WHOLE SYSTEM RELATIONSHIPS

2.4 INTERDEPENDENCIES

Providers should consider linking with the following groups/projects in Torbay.

Active Living Centres (available from April 2011)

Other day services including those run by voluntary groups/organisations.

2.5 RELEVANT NETWORKS AND SCREENING PROGRAMMES

The service will work closely with Statutory, non-statutory organisations and other relevant community resources. The provider will have a good knowledge of local services and signpost people to community services or those directly related to Disability, older people and mental health including;

- services related to supporting and maintaining independence, including; social care, housing, education, employment services, health services including Primary Care services, financial advice and leisure facilities.
- The service will network with mainstream and specialist service providers to raise awareness of the challenges associated with community access for people of all ages and abilities.
- The service will work closely with the wider Torbay zone teams as well as other provider organisations. The service will provide information about rights, services and support mechanisms that are available, to professionals, staff and family carers.
- The service will support the influence of strategic planning through work informing commissioners, The Torbay older citizens forum, Disability Partnership Board, local politicians, community partnerships and Torbay Strategic Partnership.
- Links will be evident with CQC and LINks as well as local businesses, community groups and advocacy organisations.
- The service provider should be aware and where appropriate be involved in Local, National

and regional networks.

3. Service Delivery

3.1 SERVICE MODEL

The Service will provide up to 10 units of structured day care for clients identified as requiring day care and having chosen this service to provide their service.

The Service Provider shall ensure that sufficient numbers of people of appropriate ability, skill, knowledge, training or experience, are available so as to properly provide and to supervise the proper provision of the Service and to meet the assessed needs of Service Users, as detailed in the Service Users Care Plan, where this has been supplied as part of the referral process.

DETAILS OF SERVICE(S) TO BE PROVIDED

- § A variety of rehabilitation focused activities should be made available to service users, and these activities should reflect the needs of the individuals.
- § An assisting bathing service should be available for those who require it.
- § Lunch and refreshments should be provided throughout the day
- § Transport to and from the day service should be arranged, this can be via a minibus or via a taxi service.

3.2 CARE PATHWAY(S)

4. Referral, Access and Acceptance Criteria

4.1 GEOGRAPHIC COVERAGE/BOUNDARIES

The geographical area covered by the Agreement is Torbay, which comprises Brixham, Paignton and Torquay areas unless any specific designated part is specifically identified.

4.2 LOCATION(S) OF SERVICE DELIVERY

Service should be based within the home and the number of placements available should be in accordance with CQC regulations.

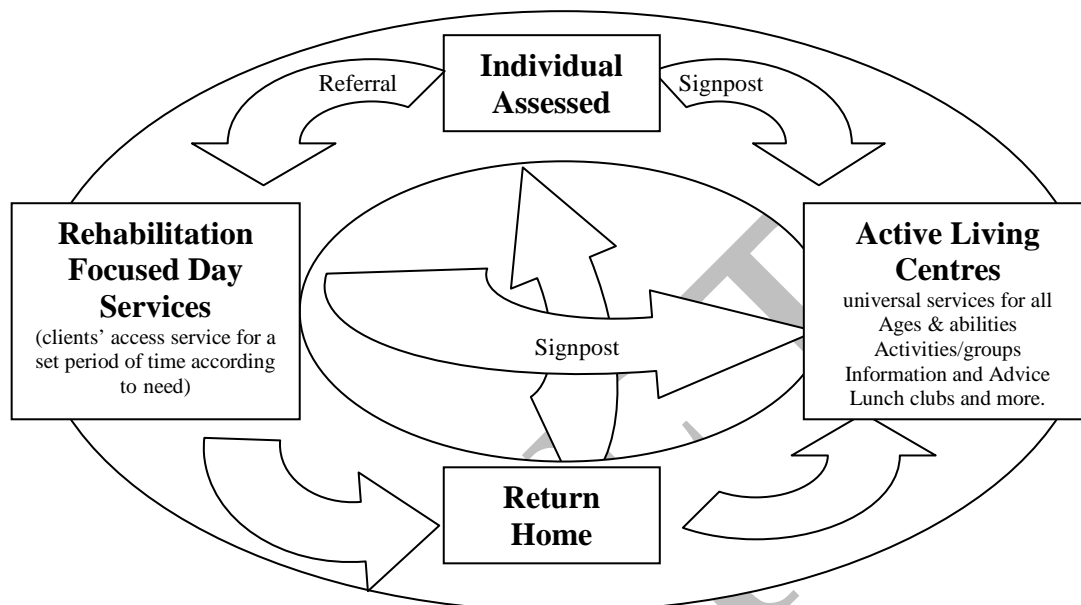
4.3 DAYS/HOURS OF OPERATION

Day services should be available from at least Monday to Friday from 10am-4.30pm. (weekend services are optional)

4.4 REFERRAL CRITERIA & SOURCES

4.5 REFERRAL ROUTE

The diagram below shows the route that an individual may take. This specification is for rehabilitation focused day services.



An individual will either be referred to an independent 'rehabilitation focused' day service or signposted to an active living centre depending upon their level of need. Those who access the traditional (rehabilitation focused) day services should be able to return home without the need of a day service or access they can self refer to Active living centres for socialisation, confidence building and companionship.

4.6 EXCLUSION CRITERIA

Referral and access to the service will be via a Care Manager working for a Trust Operations Team.

If the Service Provider considers the Service User unsuitable for the service, or is of the view that the Service User's needs cannot be met, they must inform the Service Purchaser and give reasons why.

4.7 RESPONSE TIME & DETAIL AND PRIORITISATION

n/a

5. Discharge Criteria and Planning

Clients should be discharge after the period of time that is recommended to attend day care, an assessment should be undertaken before discharge to determine how much the service has helped the individual to live independently at home.

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

CUSTOMER INVOLVEMENT

Outcome monitoring based upon Service User feed-back. This information will be collected and collated by the Service Provider and will be based upon the human givens i.e. how well people feel the following needs are being met in their lives:-

- § Security – safe territory and environment which allows us to develop fully;
- § Attention – to give and to receive it;
- § A sense of autonomy and control;
- § Being emotionally connected with others;
- § Being part of the wider community;
- § Friendship and intimacy;
- § A sense of status within social groupings;
- § A sense of competence and achievement;
- § Meaning and purpose – which comes from being stretched in what we do (create) and think

PRIVACY

The provider will ensure that all appropriate measures are taken to maintain customer privacy, in line with the Data Protection Act, Freedom of Information Act, the Mental Capacity Bill, and the organisation's confidentiality policy.

Customers will be made aware of the need to hold records of their individual information, and the appropriate processes for accessing them.

Customers will be able to see for themselves that records are kept confidential and secure, and access to them by others will only be permitted in controlled circumstances.

Permission will be needed from customers to share confidential information about them, unless existing legislation or guidance states otherwise.

Customers will have the right to receive a copy of any information held about them in the provider's files, provided that this does not breach third party or legislative guidelines.

Customers will be able to discuss their needs in confidence and privacy with a member of staff if they wish to.

Customers can be confident that staff will not speak publicly about them unless it has been agreed with them beforehand.

Discussions about a customer personal care and other sensitive matters must be held in private.

7. Continual Service Improvement/Innovation Plan

<i>Description of Scheme</i>	<i>Milestones</i>	<i>Expected Benefit</i>	<i>Timescales</i>	<i>Frequency of Monitoring</i>

8. Baseline Performance Targets – Quality, Performance & Productivity					
Performance Indicator	Indicator	Threshold	Method of Measurement	Frequency of Monitoring	of
<u>Quality</u>					
NI141 Percentage of vulnerable people achieving independent living			Customer records: no of clients accessing each service, age disability, carer support and living arrangements should be recorded	6mths	
NI4 % of people who feel they can influence decisions in their locality			Customer Survey	every 6 mths.	
NI 136 People supported to live independently through social services (all ages)			Customer Survey	every 6 mths.	
H5.1 Reduction in the number of emergency unscheduled bed days for people aged 75yrs or over.			Customer Survey – have they been in hospital in the past 6 mths, have they seen a difference in the health and well being since accessing the ACL's	every 6 mths	
Service User Experience Experience Improvement Plan			Customer survey Action plan and progress made since surveys were received.	every 6 mths	
Staff and volunteer turnover rates			Provider Records	every 6 mths	
Sickness levels (broken down staff and volunteers)			Provider Records	every 6 mths	
No of activities cancelled			Provider Records	every 6 mths	

9. Activity					
What	How	When			

<p>Quantitative Information – Referral and Attendance</p> <p>Number of referrals for different elements of service by age, sex, gender, location, diagnosis, referrer.</p> <p>Responses, numbers of referrals refused and reasons.</p> <p>Details of waiting list, if any.</p> <p>Attendance information for each individual related to their care plan.</p> <p>Absences, reasons and action taken.</p>	Provider records	Quarterly		
<p>Staff Information</p> <p>Staff turnover and sickness levels.</p> <p>Staff training, details of courses and attendance.</p> <p>Development needs identified.</p> <p>Key worker information, case loads and contacts.</p>	Records	Quarterly		
<p>Qualitative Information</p> <p>Details of different aspects of the Service (groups etc.) and numbers attending. Any changes to the various service elements made during the previous quarter.</p> <p>Feedback from people using the service, carers and referrers regarding quality, relevance and what is helpful or unhelpful</p>	<p>Provider records</p> <p>User questionnaire</p>	Quarterly/Annually		