

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 18 May 2022

Subject: **22/00051 - Bespoke Support Service**

Key/Non-Key decision:

Classification: Unrestricted

Past Pathway of report: Adult Social Care and Health Governance Directorate Management Team -20 April 2022

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: This report summarises the progress of, and learning from, the current Positive Behavioural Support Framework in delivering the objective to discharge people with learning disabilities and autistic people from hospitals. The report also outlines options for recommissioning and recommends procuring a four-year open Bespoke Support Service Framework, while exploring the future aim of better aligning other commissioned services to support the Council to meet the needs of all Kent citizens.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health (in consultation with the Cabinet Member for Integrated Children’s Services) on the proposed decision (Attached as Appendix A) to:

- a) **APPROVE** the procurement for a new Bespoke Support Service for people with complex needs; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health and Corporate Director Children Young People and Education to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 In 2018 the Kent and Medway Transforming Care Partnership’s purpose was to develop bespoke and personalised care and support for individuals aged 14 years and over who can move from specialist/secure in-patient services into a community setting for the delivery of their care.

- 1.2 To support this a new model of a Positive Behavioural Support (PBS) service was required to enable commissioners to work with a small group of providers to develop this specialist provision meeting the individual needs of people in a bespoke and person-centred way.
- 1.3 The Positive Behaviour Support (PBS) Service Framework was commissioned and started on 1 November 2018 and the contract is due to expire on 30 October 2022.
- 1.4 The bespoke nature of the PBS development directly contributes towards the Making a difference every day approach of putting the person first and aligns with the priorities set out in the adult social care strategy.
- 1.5 Central to this approach are three pillars of focus: practice, meaningful measures and innovation.
 - Practice: a strengths based approach is embedded within the contract and service delivery.
 - Meaningful Measures: the outcome-based contract was designed to engage people in innovative approaches to improving their life choices and wellbeing, based on their individual needs, seeking aspiration and progression.
 - Innovation: the outcome-based contract was designed to engage providers in innovative approaches to improving the life choices and wellbeing, based on individual needs, of the individuals supported.

2. Background and Current Position

- 2.1 The tender and evaluation process in 2018 for the Positive Behavioural Support Service Framework involved partners from across the NHS and Local Authority Transforming Care Partnership. Fourteen (14) social care providers demonstrated they had, or were developing the approaches, competencies and capability to support people with a wide and individual set of needs.
- 2.2 The Framework was commissioned with the best intentions to meet only the complex needs of people with learning disabilities and autistic people. Based on the evidence available at the time Positive Behavioural Support (PBS) therapies and interventions were the appropriate route.
- 2.3 At the same time social workers from within Mental Health Teams have sought to refer people to the framework who are not medically recognised as having learning disabilities or being autistic, but who would benefit from a bespoke commissioned package of care, and more innovative collaborative solutions that can be offered through this framework of providers.
- 2.4 To this end, the PBS Framework has created the potential for providers to work in a new way and collaborate and develop more innovative solutions than may otherwise be offered through single service. This presents an opportunity to expand innovation, whilst addressing complexity in people's lives, and reframing needs within a social model, in line with emerging evidence, social movement and a need led, rights based and person-centred approach.

3. Performance Data

- 3.1 In March 2018 there were ninety-four (94) identified in-patients. The programme was required to reduce this figure to maximum of fifty-seven (57) individuals by March 2019 (by NHS England).
- 3.2 The PBS Framework was initially commissioned, by KCC as the lead commissioner, to develop bespoke, personalised care and support for the ninety-four (94) people who were autistic and/or had learning disabilities, aged fourteen (14) and over, and in specialist or secure in-patient services at that time.
- 3.3 Twenty-four (24) people have already received bespoke commissioned care and support via this framework and are now living in their own supported accommodation. There remain sixty-three (63) people (at the time of writing this report), who are autistic and/or have learning disabilities, in secure inpatient settings and require discharge. There are twenty-five (25) people currently in the discharge process (again at the time of writing this report).
- 3.4 Children's Social Care have received a total of 73 referrals. Fourteen (14) of these are currently in progress and twelve (12) have been placed through the Framework. To note, although the referrals come via the Children's teams the majority are people over 18 yrs. The support people receive would be to prevent escalation of need or entry into a residential or hospital placement.
- 3.5 Numbers of people currently in a hospital setting according to the Adults Inpatient Database and Discharge tracker is sixty-two (62). Nineteen (19) of these are people under the age of twenty-five (25) and forty-three (43) people over the age of twenty-five (25).
- 3.6 Experience of challenges within the current Care and Support in the Home market providing support for those with the most individual needs, shows the need to expand access to this framework for bespoke services across all areas of Adult Social Care to potentially also include people with Dementia.

4. Commissioning Considerations

Market Analysis

- 4.1 At the time of commissioning the PBS Framework it was recognised there were minimal providers in the market place to develop and deliver the bespoke nature of care and support for the intended original group of people.
- 4.2 The PBS Framework was commissioned as a closed Framework to support development of the market, with a supporting process of referral and development to enable collaborative and innovative solutions to meet the needs of people with complex background, histories, diagnoses and needs.

- 4.3 In commissioning the PBS Framework for this very specific group of people there may be a risk of perverse incentivisation and development of a specialist market of providers who drive up costs associated with the concept of complexity and specialism associated with learning disability and autism. There is little incentive for providers to reduce care package costs beyond good contract management, and a tension with a health system which specialises people, and gate keeps access through diagnosis, limiting faith in people to succeed without restrictive practice – culture change is needed.

Commissioning Options

- 4.4 In order to select a preferred commissioning option, KCC commissioners conducted an options appraisal process (attached as Appendix 1).
- 4.5 Following this process option 3 was selected as the preferred commissioning option. Option 3 comprises of commissioning a similar service, however using an open framework model allows more flexibility in delivering with a larger number of providers as well as allowing new providers to join if identified.
- 4.6 The preferred option will allow us to work across operational disciplines to understand the needs in line with the emerging landscape and commission in a more holistic and rights-based way.
- 4.7 The preferred option recommended, with a 4-year period, will allow enough time to enable the remaining sixty (60) inpatients to have their discharges planned with bespoke packages of care developed, as well as support the creation of the conditions to enable other people in complex situations to receive bespoke support. This would expand accessibility now, based on presentation of needs and remove the diagnosis gatekeeping.
- 4.8 The proposed future intention is to bring the Bespoke Support Service Framework commissioning for people with complex histories into the wider Strategic Frameworks which are already commissioned. Therefore, options for bringing the bespoke commissioning of support for the needs of these individuals into other commissioning frameworks will be explored, as a progression model to reduce support models in line with an individual's increased capacity for independent living.
- 4.9 The Care and Support in the Home Framework (currently under review) is one such framework to explore for the future. It is commissioned in lots to recognise complexity of need and history, and develop a market place that is flexible, responsive and inclusive of all Kent citizens eligible for social care.

Service Specification

- 4.10 The specification has been reviewed to consider changes in the medical and social models of care for those with complex needs, and not restrict the bespoke service to that of one particular model of delivery (Positive Behavioural Support).
- 4.11 An additional change from the previous specification is the nomination agreement will not be included. This element of the specification no longer exists as it was not renewed.
- 4.12 The specification will also reflect the outputs from the recent Kent Care Summit and subsequent follow up workshop.

Procurement Plan

- 4.11 It is proposed to undertake a procurement process for an open framework of providers.
- 4.12 The high-level proposed procurement timetable is set out below:
- | | |
|------------------------------|-----------------|
| Procurement Go live | 17 June 2022 |
| Invite to Tender return date | 30 July 2022 |
| Evaluation complete | 20 August 2022 |
| Contract award | October 2022 |
| Contract start | 1 November 2022 |
- 4.13 Resources to undertake this procurement will be met from within the current commissioning team capacity with support from Adult and Children's Social Care colleagues for the evaluation of tenders.
- 4.14 A report detailing the outcome of the procurement and subsequent contract award will be shared members of the committee in September 2022

5. Financial Implications

- 5.1 This is a supported living framework, delivering packages of care to learning disabled and autistic people, aged fourteen (14) and over, with the most complex needs. As such there are no accommodation costs to KCC
- 5.2 The providers on the current Framework are supporting twenty-four (24) individuals with a total annual spend (across Health and Social Care) of £8,534,505. Of that total the spend from Social Care (Children's and Adults) is £6,597,543. The NHS contribute £1,936,962.
- 5.3 There are currently twenty-five (25) other individuals referred through the Framework (not yet discharged from their current placement) that have a forecasted annual cost of £7,323,202.

6. Legal implications

- 6.1 It is the intention to undergo a procurement exercise to identify a suitable supplier in accordance with PCR 2015 Regulation 32(2)(c) and Procurement Policy Note 01/20.
- 6.2 The main legislative framework for the Service is the Care Act 2014 (for adults), the Children Act 1989 (for under 18s), and the principles of Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with all legislation.

7. Equalities implications

- 7.1 An Equality Impact Assessment will be undertaken as it has been four years since the last one was reviewed.
- 7.2 The development of the social movement for neurodiversity and the language evolution to support and describe the reframing is exposing the potential for some previously unseen intersectional inequalities. Particularly relating to autistic women and the possibility of diagnostic overshadowing with conditions such as borderline personality disorder.
- 7.3 The potential for this framework to also support those with complex needs, other than a learning disability or autistic people, brings fairer access for those with complex needs across all of Adult Social Care.

8. Data Protection Implications

- 8.1 A DPIA will not be required to complete the procurement. A DPIA will be undertaken at the point of contract award when it will be necessary to share information and data so providers are able to make informed and considered proposals to support these individuals.

9. Conclusions

- 9.1 The current Positive Behavioural Support Framework for bespoke service development and delivery for people with complex needs, including those with learning disabilities and autistic people is due to end on 30 October 2022.
- 9.2 There are a significant number of individuals who are currently referred to or waiting for a referral for placement through the framework. Therefore, there is a requirement for a new 4 year open framework, with a potential of increasing the number of providers available.
- 9.3 Future options of aligning these bespoke support services with other strategic commissioning frameworks will be explored as they become available.

9. Recommendations

9.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health (in consultation with the Cabinet Member for Integrated Children's Services) on the proposed decision (Attached as Appendix A) to:

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10. Background Documents

None

11. Report Author

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Appendix 1: Commissioning Options Appraisal

Option	Advantages	Disadvantages	Risk
1 Do nothing and procure support through open market via INDIVIDUAL contracts	<p>Access to wider market Initially less time consuming</p> <p>NOTE: The option to procure and commission support via indi contract for individuals runs parallel so that social workers are not restricted to commissioned frameworks</p>	Easier to explain and for external partners to understand but evidence has shown us that very specialist support is needed for the client group and although providers say that can meet needs – they cannot and placements quickly breakdown	Costs escalation as complexity of individuals situations and histories is inflated with no levers available to reduce perception of need for speciality as risk of breakdown also increases, only adding to complexity and increasing crisis potential for people who need bespoke care
2 Single Provider	<p>Easy to contract manage consistency of offer across the County Potentially reduced time needed to procure and secure</p>	<p>Single point of failure, does not promote market shaping as per the vision of the Kent STP or Care Act duties Not in line with a needs led, person centred approach No opportunity to develop sustainable market solutions or innovate More likely to be institutional, and segregating in nature, reduced choice & control for people</p>	<p>Provider failure / safeguarding or quality issues meaning we are unable to use provision, would stop delivery and risk crisis for a more people Cost escalation related to specialist nature, less likely to keep up with emerging practice</p>
3 Dynamic Purchasing System	<p>Allows us to develop the market and work with providers who can show their track record of delivery with this highly complex client group. Increases transparency for suppliers and Small Medium Enterprises (SMEs) and new entrants to the marketplace Creates active competition in real</p>	<p>Providers in the past have said that they can cope with challenging behaviour, only for placements to fail because they don't have the right models of support back up with well trained and supervised staff - the open market will say that can do this history has shown they can't!</p>	<p>Risk that market is incentivised to drive down costs and quality to reinforce a cycle of placement breakdown, which then reinforces the perception of further complexity and danger, leading to an increase in costs over time, with loss of choice and control for people, and a market that cannot innovate or meet the emerging needs in line with a</p>

	<p>time No time limit in duration for a DPS (frameworks limited to 4 years)</p>		<p>reframed understanding of neurodiversity</p>
<p>4 Like for like Framework Agreement with future alignment within wider strategic commissioned frameworks</p>	<p>Allows us to develop and work with select group of providers who can show their track record of delivery with this highly complex client group. Allows relationships to develop with statutory services and lays foundations for better collaboration and risk sharing in the support of people with complex histories Allows for development of the market to reduce costs associated with people as they have more autonomy, and develop practice in line with emerging evidence that supports the social movement and need for a reframing of needs in a neurodiverse society</p>	<p>Initially more time consuming to develop bespoke packages of care Limited to four years Closed to new providers during that time Additional complexity as providers on old framework transfer to new framework contract and support individuals</p>	<p>Legal risks associated with effective extension but these can be mitigated with shorter procurement timeframe and opening to entrants but with original thresholds to allow new provider to enter at this point</p>