# A logo of a county Description automatically generated

# 

# SOFT MARKET TEST EXERCISE

# LD RESPITE CARE SERVICE & ACCOMMODATION

**PART 1 – OVERVIEW**

Cambridgeshire County Council is seeking to work in partnership with providers who can offer services to adults with a learning disability and/or autism with long-term care and support needs, specifically those with spot capacity for **Respite Care with Accommodation** **placements**.

**Respite Support**

This would be support in the short term and/or on a regular basis in an enabling environment for adults with a learning disability and/or autism to give carers a break from their caring responsibilities. This would provide additional capacity to the current provision in Cambridgeshire which is made up of 15 in house and four externally contracted block beds alongside the planned insourcing of two in house single service beds.

**Soft Market Test (SMT) Questionnaire**

Interested providers are invited to respond to the questions in **Part 2** of this SMT regarding the proposed service requirements. Responses to these questions will inform our understanding of market interest and scope for taking on additional respite placements. Spot capacity can increase the range of services offered and increase choice for individuals with different care needs as well as managing pressures across the system at key times of the year.

To inform the picture of what the local market can offer in terms of accommodation and care solutions we are looking to:

* Gain a clear understanding of the market’s interest, capacity and experience to deliver Respite Care services.
* Understand how we can encourage growth in this area.
* Deliver innovative and cost-effective delivery solutions to meet our Respite Specification as set out in Annex 1. This could be in a registered residential setting or in partnership via separate accommodation and support arrangements. Residential providers would be expected to meet both accommodation and care requirements. Others would need to meet the requirements of either accommodation and/or care and support as appropriate. We would be keen to work with a range of providers including SMEs, charities and new entrants to the market.

**Part 3** gives a more detailed picture of respite in Cambridgeshire and what we are looking to deliver, including the Respite Specification set out in Annex 1.

This notice does not constitute a call for competition to procure any services for the Council and the Council is not bound to accept any proposals offered. The Council is not liable for any costs, fees or expenses incurred by any party participating in the soft market test exercise. Any procurement of any services by the Council in due course will be carried out strictly in accordance with the provisions of the Public Contracts Regulations 2015.

Any responses provided may not be treated as commercially confidential and may be used by the Council in in the production of documentation such as service specifications or procurement activity. Respondents should note that information and feedback obtained as part of this soft market testing may be communicated and shared with other respondents in accordance with obligations under the Public Contracts Regulations 2015 and transparency obligations; no organisation will be individually identified in that communication, which will be anonymised.

Please be aware that the Council is subject to the disclosure requirements of the Freedom of Information Act (FOI) and other legislation regarding disclosure and transparency, and that potentially any information it holds may be liable to disclosure under that FOI or other legislation. For this reason, the Council would strongly advise that any information you consider to be confidential is labelled as such with an explanation as to why it is confidential (and what harm may result from disclosure). In the event that a request is subsequently made for disclosure under the FOI or other legislation, those requests will be dealt with in accordance with the legislation and at the Council’s discretion.

Interested parties will not be prejudiced by any response or failure to respond to this soft market test exercise. A response to this notice does not guarantee any invitation to participate in any future public procurement process that may be undertaken.

**Response date**

Please read the document and if you feel your organisation would like to contribute to this soft market test exercise complete the brief questionnaire in **Part 2** providing a short overview of your organisation and how you can support and return, via email to: [LDandAutismCommissioning@cambridgeshire.gov.uk](mailto:LDandAutismCommissioning@cambridgeshire.gov.uk) by 12pm on Monday 9th October.

If you have any questions regarding this process please submit these via email to: [LDandAutismCommissioning@cambridgeshire.gov.uk](mailto:LDandAutismCommissioning@cambridgeshire.gov.uk) by 12:00 pm 5 October 2023.

**PART 2 – SEEKING YOUR VIEWS ON RESPITE SERVICES**

The Council would like your organisation to consider the questions below and submit a response by **12:00 pm on 9 October 2022.** Your answers should ideally be concise and relevant, and the boxes can be extended to accommodate your responses. We would prefer not to receive brochures or marketing material as an answer to any question. Please avoid including personal or identifying data of people who use services or their families; any specific examples should be anonymised.

Please complete the information below:

|  |  |
| --- | --- |
| **Provider Name:** |  |
| **Provider Address:** |  |
| **Contact Name:** |  |
| **Email:** |  |
| **Phone:** |  |

|  |
| --- |
| **1. Organisation** What type of organisation are you (tick as appropriate ✓ and provide details):   * Voluntary organisation * Social enterprise * Community organisation * Charity * Private sector * Other |
| Details |
| **2. Establishing your interest in providing LD/A Respite Services**  2a) Would you be interested in supporting respite to adults with a learning disability and/or autism living in Cambridgeshire? Yes/ No  2b) Please indicate how you could support with respite either now or in future with timescales when you could take on packages. Please specify which of the below models you would be able to provide. You might wish to provide **both** care and accommodation **or** one or the other. See Part 3 and Annex 1 for an overview of our requirements.   * A shared bed (communal) or single bed (self-contained) service * Accommodation with care * Care only * Accommodation only   2c) If you are able to support:   * Please give details including when and where this service would be available * What would your mobilisation timescales be and would you need to input extra resource? * Do you already provide a similar service? If so how would this complement what you already do? * Do you intend to work in partnership with another provider (eg landlord or care agency)? |
| Response |
| **3. Spot contracting**  How might the Council contract with providers to deliver spot respite placements? With reference to your model, please explain how:   * You would facilitate placements without a block contract eg bank staff/ property * You would retain beds whilst they were not being contracted by the Council * You would utilise staffing when they were not supporting a placement * Anything else you feel is relevant for us to know |
| Response |
| **4. Accommodation**   * If you were to provide your own accommodation how would this work? Would you own or lease? What would the lead in time be? Where would the location be? * If the Council were to provide the accommodation under lease with a separate care provider, how might this work? |
| Response |
| **5. Bidding model** – sole or in partnership with other (if so state) |
| Response |
| **6. Nursing support**  We sometimes require support for individuals with nursing needs   * Would you be able to support with nursing care? * What are the main considerations, barriers and solutions to this from your perspective? |
| Response |
| **7. Ideas and best practice**   * Do you have any ideas or thoughts you would like to share with us? * Do you have any best practice / examples? |
| Response |
| **8. Price**  What pricing mechanism would apply for spot placements for:   * Shared beds in a communal setting * Single service beds in a self-contained setting (assume minimum 1:1 staffing ratio) |
| Response |
| **9. Working in partnership**  We would like to encourage providers to bid for work with Cambridgeshire County Council and to support with spot provision to add value to our current arrangements. We would welcome suggestions to improve this area of collaborative working.   * How can we encourage bids from providers? * What makes a contracting or placement an attractive opportunity? * What could we do stimulate interest and build a strong local market? * Anything else we should consider |
| Response |

**Thank you for taking the time to contribute to this Soft Market Test exercise**

**PART 3 – RESPITE SERVICES IN CAMBRIDGESHIRE**

**Current situation**

Adults with a learning disability living with care and support needs requiring respite care are currently supported through provision commissioned by Cambridgeshire County Council. Where an individual has health needs this may be commissioned through the pooled budget for care.

We are looking to expand the range of providers offering planned or unplanned short-term respite stays to adults with a learning disability and/or autism. Usually an annual allocation of days is agreed as part of the person’s care and support package and discussed in advance with the individual, the social worker and provider. Sometimes unplanned care is required, either for a new individual or to extend allocated provision, for example where the usual carer is unable to support due to illness.

Cambridgeshire County Council current provision for respite for LD/A is:

* 15 beds across three inhouse sites in shared settings in March, Huntingdon and Cambridge
* Four outsourced beds in a shared setting
* Two in house single service beds, in the process of being commissioned

**Our Intentions for a strong respite market**

We would like to expand the choice of respite services to include spot arrangements where appropriate. This might be for regular or emergency placements to include hospital avoidance or accelerated discharge from acute hospital.

As part of this SMT exercise we are asking whether providers would be interested in delivering spot respite. There is no known quantifiable level of need for this service and therefore we are not setting a benchmark of hours or placements, however we know that we have more young people coming into adult service who require more complex support at respite placement and that they may have long-term or health needs including nursing on occasion.

**Scope of respite services**

Provision of facilities and professional support and care for adults, aged 18 and over, living with a learning disability and/or autism and complex inter-relating health and/or social care needs.

**In scope** of this soft market test is adult respite for individuals with LD and/or Autism with low to moderate needs as well as those with complex needs such as PMLD who require planned or unplanned respite (including hospital avoidance or discharge) in either shared or single services. This will allow a break for the carer and for the individual to be supported in a safe environment and the opportunity to participate in activities, learn new skills and independence.

**Out of scope** of this soft market test is crisis support for individuals with LD and/or Autism including accelerated discharge acute and inpatient hospitals, mental health crisis requiring community psychiatric treatment without hospitalisation and LD Admission Avoidance. This service to be commissioned separately.

**Key elements of respite:**

* To provide non-permanent care away from the person’s main residence for a temporary period of time, providing respite to the person’s family/carer in a safe and enabling environment. Appropriate respite can enhance quality of life for adults with a learning disability living with long-term care and support need, in line with the overall allocation in their care plan. Respite should not be considered a permanent place of residency and measures must be taken to promote move on at the earliest appropriate opportunity for people on longer stays.
* To offer respite in a variety of settings to best meet people’s needs. Across both Cambridgeshire and Peterborough this would be shared and single service provision which could be on a shared site or separate sites.

**A flexible model of respite with shared and single service provision**

This would be aimed at meeting the varying needs of individuals in the most suitable environment for their assessed needs.

Shared environment with other individuals sharing communal facilities and activities

* Planned respite stays of varying frequency and length dependent on the allocation and needs of the individual. This could be based on a range of days and patterns, for example weekly for three nights, or monthly for one week or twice a year for a week
* Short term placements at short notice for unplanned emergency respite at short notice for social care reasons such as relationship breakdown or the main carer unable to provide support or for safeguarding reasons

Single service environment with own front door with 1:1 and more intensive levels of support

* For individuals who may not be compatible with shared environment due to behaviours that challenge, be injurious to self or others or who require higher levels of support
* Short term placements at short notice for unplanned emergency respite at short notice for social care reasons such as relationship breakdown or the main carer unable to provide support or safeguarding

**Drivers for LD/A Respite:**

* High needs individuals with behaviours that challenge who would benefit from 1:1 single service.
* Increasing numbers of children and young people with complex needs exceeding the rate of population growth.
* Lack of opportunities once individuals leave education, increasing need for respite.

**The Service will be supported by the following objectives:**

* To provide a cost effective and evidence-based provision that is safe and secure
* To ensure that the service remains person-centred at all times and that families/carers are fully engaged
* To ensure that the accommodation is appropriately located, developed and equipped to meet the needs of adults with a learning disability living with long-term care and support needs and their families/carers
* To ensure that accommodation and the care and support provided promotes and enables independence, choice and control
* To ensure that there are appropriate opportunities for social interaction among those accessing the service including opportunities on-site and within the community
* To ensure services conform to all relevant CQC guidelines including the establishment of a robust and qualified staff team

**ANNEX 1 – LEARNING DISABILITY/ AUTISM RESPITE CARE AND ACCOMMODATION KEY ELEMENTS**

**Introduction**

1. Respite Care for a person with a Learning Disability and/or Autism is defined as a short-term support to provide temporary relief for their usual unpaid carer. Services are provided to the person but provide the dual benefit of not only a break for the informal carer from their caring duties but also a positive experience for the person receiving respite through activities, social opportunities and skills development.
2. Service users must be aged 18+ and be eligible for support as defined in the Care Act 2014

* The services provided are for a range of Service Users from those who have low to moderate needs through to those assessed as having complex needs, the definition of which is: service users assessed as having a learning disability and associated multiple disabilities, which may include impairments of vision, hearing and movement as well as other health conditions such as epilepsy and autism. They will require specialist support and adaptive communication methods.
* For specialist support services the people requiring support may present with behaviours that challenge including, but not limited to, self-harm, potential for violence to others and damage to property.

**Care Requirements**

1. Services must be delivered in line with the Minimum Standards for Learning Disability Services and to apply their principles and practices; The Code of Practice for LD and Autism; and the competencies under the Learning Disability Framework for Skills for Health.
2. In providing the Services the Service Provider is required to be registered with the Care Quality Commission (CQC) and to maintain that registration throughout the Contract Period. All Service Providers must meet the ‘Fundamental Standards’ as set out in Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) (the “Fundamental Standards”) and Part 4 of the Care Quality Commission (Registration) Regulations 2009 (as amended). Each Service Provider must be registered with the Care Quality Commission (CQC) and will be inspected as required by the CQC.

**Accommodation**

1. Accommodation for respite services must be able to meet the accessibility, sensory, equipment and security needs of people with Learning Disability and /or Autism and to promote their wellbeing and independence. Fixtures and fittings need to be robust whilst offering a home from home environment with the opportunity to access different living spaces and outside space for activities and socialising.
2. There may be situations where people’s behaviours are triggered, and this will vary from one person to another. Every effort should be made to identify these triggers and the living environment should be designed to minimise these. Behaviours can include aggression, destruction of property, self-injury and other obsessive-compulsive behaviours that could place them and others at risk. Some people may require clear personal space and boundaries and lack of these can trigger behaviours that challenge and create anxiety.
3. Designs need to take into account the range of needs of service users whilst retaining a welcoming atmosphere. This may mean designing and planning for the easy replacement or repair of worn out or damaged items rather than using ones that have a ‘heavy duty’ appearance or the use of more robust furnishings which provide durability with comfort and usage.
4. **The Location** of schemes should be considered:

* Easy access to community including public transport and local amenities
* Away from roads and busy junctions
* Low stimulus area (away from schools/children, not overlooked), quieter streets
* Consideration of proximity of neighbouring properties
* Access to green outside space
* Secure boundaries of outside space without dangers such as sharp plants or water hazards
* Suitable parking nearby (including covered car port to support wheelchair users if possible)
* Level access to property with appropriate material for easy movement of wheelchairs or restricted mobility

1. **Staff**

Appropriate facilities need to be made available for the workforce supporting the people living within the schemes as they will be providing 24/7 care and support on site, both waking and sleeping. Such space should include a sleeping area, bathroom facilities and desk with dedicated space to enable staff to take a break away from their work tasks. This can reduce the risk of over exposure and fatigue when supporting people with behaviours that challenge.

1. **User Groups**

Requirements will depend on the individual’s needs but service users may fall into the following groups for whom the living environment may impact on their experience of care and support:

* People with Autism may experience sensory sensitivity. Consideration should be given to room sizes as some people will not always want to sit on a sofa next to others, therefore adequate space for individual armchairs and other furniture should be planned for.
* People with communication needs or behaviours that challenge can put demand on fixtures and fittings and will require robust materials. For example, all doors should be solid (not panelled) with robust hinges, preferably not painted to avoid paint chip marks and walls should be painted rather than papered. There is a need to factor sufficient storage space for people within the design of buildings that prevents people having to leave specialist equipment in corridors that both causes obstruction and can create an institutional atmosphere.
* People with Profound and Multiple Learning Disabilities (PMLD) often require the use of specialist mobility equipment, including the use of specialist reclining chairs. People with PMLD may have specialist equipment to support them and this needs to be safely stored away when not being

1. **General design principles**

The accommodation must be capable of meeting the needs of service users and the aims and objectives of the Provider. Its design and equipment will promote and enable the independence of the people who are using it.

1. **All Services**

* Sufficient space internally, including bathrooms, as individuals may be supported on a 2:1 basis. Each room should be decorated in a neutral tone, offering robust furniture and where appropriate it should be fixed to prevent movement.
* Clean maintainable environment throughout
* Weighted/secured/fitted furniture where required
* Laminated / toughened safety glass throughout
* Appropriate non-slip hard wearing vinyl flooring to be provided throughout, carpeting within living space/dayroom. Plain floors no patterns. Consider same flooring throughout. Does living area need to be carpeted? If so it needs to be quick drying.
* Durable fabrics
* Clear visual access throughout the building space to enable residents to see who is occupying it and staff to observe in an unobtrusive way
* Access to spaces throughout the scheme should be step free and thresholds and floor-coverings should allow for the use of wheelchairs and other mobility equipment and be free of trip hazards.
* The accommodation must be accessible to service users both ambulant and wheelchair dependent and allow for temporary equipment access throughout the building.
* Door openings should provide a minimum of 900mm relating to the door opening to allow enough room through with large, adapted specialist chairs.
* The design of corridors and circulation space must facilitate movement into and around a building for people who have physical disabilities or visual impairment. Some people will place their hands on the walls from room to room. Walls without sharp corners but curved further help facilitate this.
* Dual-access doors – two entrances/exits, allowing for staff breakaway. Doors are anti-barricade, outward opening, or pocket doors. The unit must offer staff and residents multiple access points to allow emergency withdrawal.
* The office/sleep-in/communal resource space should be located in the most appropriate space within the development, taking into account the needs of residents, staff and visitors
* Single story preferred but if not a passenger lift is required for service users who use facilities above the ground floor and who are medically unfit to use stairs.
* Low surface temperature radiators or electric underfloor heating throughout/controllable storage/panel heaters, temperature control valves, or Gas central heating with low surface temperature radiators. Piping/radiators to be boxed in.
* Boilers need to be boxed in and contained within a lockable area.
* In situations where people presenting with complex behaviours are at risk of causing injury to themselves or damage to property, narrow, tall windows with sloping sills have been identified as a good design that allows sufficient natural light through whilst minimising risk.
* Assistive technology including alarms so individuals can alert staff when they need support and door alarms alert movement at night when support is 1:2. Staff alarms alert when they need back-up support.
* A refuse area to include disposal of clinical waste.
* Windows will require control restrictors (for health and safety purposes), and locks. Development should meet ‘secure by design principles’ especially to the front facing windows. One way screen on windows to allow for privacy e.g. if the person likes to look out of the window but may prefer not to wear clothes when upset/anxious.
* Window and door handles throughout the development need to be capable of being ligature free.
* Doors should not be capable of slamming shut, soft close door closures to be fitted, protective door hinges.
* Inclusion within individual flats of staff withdrawal/’recess space’. If possible, for staff withdrawal spaces to feature electrical circuit breakers, affecting only the individual flat.
* Guests of the service users shall be welcomed provided this does not impinge on the rights of other service users.
* Walls and floors to be wipeable/easy clean

1. **Shared Services**

* Accommodation must offer communal areas, breakout areas and a sensory environment to enable individuals the opportunity to socialise with their peers as well as offering opportunities for indirect support enabling the resident to have time to themselves.
* Separate high stimulus areas such as communal activity spaces from low stimulus areas to minimise transmission of noise. Solid doors to increase soundproofing e.g. noise from washing machine, hoover.
* Accessible kitchens to ensure residents are offered the opportunity to participate in food preparation where appropriate.
* Communal dining areas with furniture that will accommodate individuals who are ambulatory and those who are wheelchair dependent.
* There should be at least one communal bathroom that enables people to access a bath. This bath should be of such a design that will enable people to access regardless of their physical disabilities, it should also include the space to ensure that hoist (tracking or mobile) can be used safely and effectively.

1. **Single Services (stand-alone)**

* Units should be designed with single service support in mind with self-contained bedroom, accessible bathroom, kitchen/ diner/ lounge area with own front door.
* Consideration should be given to ensuring safe environment including robust fixtures and fittings, recessed bathroom environment including anti-ligature fittings.

1. Garden

* The development should include individual gardens where required for single service and/or communal gardens for shared services or a mixture of both where both shared and single services are co-located.
* The garden area should ensure privacy for both residents and any neighbouring domestic dwellings.
* Designed to accommodate those with wheelchairs or mobility issues.
* External environments should be designed to ensure independent access and exit for residents. This includes driveways, car parks and garden areas.
* Secure boundaries of outside space with minimisation of hazards.

1. Parking

* Parking provision for tail lift vehicle close to main entrance; if units are dispersed then best endeavours should be made to provide parking provision for a tail lift vehicle, including discreet/easy access for ambulances considered.

1. Bedrooms

* Each service user would have a single ensuite room with a bed, wardrobe and cabinet. Each room should, wherever possible, provide enough space to accommodate any necessary equipment, including wheelchairs and hoists and large enough for 2:1 personal care**.**
* Ceiling fitted tracking hoists in some rooms
* Bedrooms should ensure low stimuli to the residents ensuring minimal behaviour triggers.
* No service user’s room should be changed, during any one period of stay, to another without the prior agreement of that person or their relative, friend or advocate.
* Service users shall be given reasonable opportunity to personalise their rooms for the duration of their stay, where practicable. The Provider shall make an inventory of personal items, a copy of which shall be provided to the service users.
* No one shall enter a service user’s room without his/her permission, where this can be obtained. Exceptions to this, which should be recorded appropriately, will be:
  + Emergency situations
  + Where there are health & safety issues, which give rise to significant concerns
  + Where it is agreed with the service user
  + For the purpose of statutory inspection

1. Kitchen

Kitchen design should support independence but manage risks including but not limited to:

* + Height adjustable work tops for wheelchair users
  + Soft closing cupboards
  + Lockable cupboards
  + Oven safety measures

1. Living Room / dining

* Living room - homely, durable, safety conscious, robust media units and seating and chairs
* Open-plan design with robustly adapted living/lounge area with a sofa, table and chairs, TV and DVD player (in a locked cabinet)

1. Bathrooms

* Wet rooms with strengthened glass where used
* Recessed plumbing, cisterns and toilet roll dispensers where required (eg single service)
* Wheelchair access under sinks
* Non-slip flooring
* Anti-ligature showers and lighting where required (single service)
* Thermostatically controlled taps, shower etc

1. Lighting

* Artificial lighting should be as close to natural lighting as possible. LED lighting will reduce flickering which may have a negative impact upon individuals on the Autistic spectrum.
* Light control – dimmable lights offered in rooms and break out areas.
* High levels of natural light can uplift people’s mood and assist in orientation of the scheme.
* Skylights and ‘sun pipes’ can be considered to channel natural light within the scheme.
* All light fittings should be flush to the wall or recessed into the ceiling, for example spotlights, (pendant lighting can be pulled off easily).

1. Sound

Robust acoustics throughout to ensure noise transference is minimal.

1. Wheelchair accessibility

Internal space standard to meet regulations to meet regulations and building standards.

1. **Best practice**

* National Minimum Standards for Care Homes for Adults (18-65) and supplementary standards for ages 16-17
* The services provided should be in line with the Challenging Behaviour Charter ‘Building the Right Support’, and the NICE guidance “Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
* Arrangements must support the guidance: Building the Right Home (LGA, ADASS, NHSE, 2016).
* Living in the Community: Housing design for adults with autism. [https://www.housinglin.org.uk/\_assets/Resources/Housing/OtherOrganisation/Living\_in\_the \_Community.pdf](https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Living_in_the%20_Community.pdf)
* Building the Right Home: Transforming Care for people with a learning disability, autism, or both. [https://www.housinglin.org.uk/\_assets/Resources/Housing/OtherOrganisation/Living in the Community.pdf](https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Living%20in_the%20Community.pdf)

Housing design for adults with autism.