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Planning

NHS England & NHS Improvement South East - Prior information notice for the provision of Life Planning Services

NHS England and NHS Improvement South East

F21: Social and other specific services – public contracts

Prior information notice without call for competition

Notice identifier: 2021/S 000-001005

Procurement identifier (OCID): ocds-h6vhtk-028b43

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Section I: Contracting authority

I.1) Name and addresses

NHS England and NHS Improvement South East

York House, 18-20 Massetts Road

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Contact

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Email

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Country

United Kingdom

NUTS code

UKJ - SOUTH EAST (ENGLAND)

Internet address(es)

Main address

<http://www.england.nhs.uk/>

Buyer's address

<https://in-tendhost.co.uk/scwcsu/aspx/Home>

I.3) Communication

The procurement documents are available for unrestricted and full direct access, free of charge, at

<https://in-tendhost.co.uk/scwcsu/aspx/Home>

Additional information can be obtained from the above-mentioned address

I.4) Type of the contracting authority

Body governed by public law

I.5) Main activity

Health

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

NHS England & NHS Improvement South East - Prior information notice for the provision of Life Planning Services

II.1.2) Main CPV code

- 85000000 - Health and social work services

II.1.3) Type of contract

Services

II.1.4) Short description

This notice is placed as a Prior Information Notice with regards to Life Planning Services on behalf of NHS England and Improvement (NHSEI) South East to determine potential provider capability and capacity to deliver this service. Publication or response to this notice does not commit commissioners or respondents to award any contracts or to any future procurement.

The Life Planning service has been commissioned as a direct response to the National Response to Winterbourne View:

<https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf>

Building the Right Support, published in October 2015, is a national plan to develop community services and close inpatient facilities for people with learning disabilities and/or autism. It gives commissioners a clear framework to develop more community services for people with learning disabilities and/ or autism who display behaviours that challenge, including those with a mental health condition, and close some inpatient facilities.

On 28th November 2018 and 17th December 2018, respectively, the Supreme Court handed down its judgments in relation to the following two linked cases:

? Secretary of State for Justice (Respondent) v MM (Appellant) [2018] UKSC 60

? Welsh Ministers v PJ [2018] UKSC 66

There has continued to be concern raised nationally about the impact of these judgments

on the ability or otherwise to discharge some patients from hospital into the community, in particular those with learning disabilities, autism, or both. However, the judgment also has the potential to have an impact on the care of patients with mental illness and personality disorder and is a challenge where people who present high-risk behaviours are detained in hospital, have come into the system via the criminal courts and are subject to restrictions under section 41 of the Mental Health Act 1983.

The NHS long term plan continues to reflect government policy in maintaining a commitment to people with learning disabilities, autism or both, who have a mental illness or whose behaviour challenges services, with a particular focus on reducing the need for long term detention in hospital and meeting their needs wherever possible in the community.

Life Planning is a person-centred approach. Starting with the person and their family, the Life Planner will work with, and listen to those who know them best by helping people to understand the person's story, strengths, interests, skills and hopes for the future. From this both a Life Plan and a Support Plan is developed. The Life Plan will be deliverable, fit for purpose and detail who the person is, what they like doing, what they are good at, their network of support, how they want to live and who they want to live with (if anyone). The support plan outlines how a person should be supported to have a safe, meaningful and fulfilling life.

II.1.6) Information about lots

This contract is divided into lots: No

II.2) Description

II.2.2) Additional CPV code(s)

- 85000000 - Health and social work services

II.2.3) Place of performance

NUTS codes

- UKI - LONDON
- UKJ - SOUTH EAST (ENGLAND)
- UKK - SOUTH WEST (ENGLAND)

II.2.4) Description of the procurement

Evidence from programmes across the country have shown that a process known as Life Planning (also known as Service Design) is effective at:

- Engaging a person with a learning disability/autistic spectrum condition in planning for their own futures
- Bringing together key stakeholders, especially commissioners, providers and the families
- Developing robust plans with the person in hospital that can be translated into effective support
- Supporting people to achieve their hopes and dreams whilst remaining safe and well
- Addressing risk and complexity in innovative ways so that people who have previously challenged services can live well out of hospital.

Life Planning in the context of this notice conforms to the principles described in Keys to Citizenship by Dr Simon Duffy (Paradigm, 2003) An updated guide outlines the key principles and can be found at:

<http://www.centreforwelfarereform.org/uploads/attachment/527/citizenship-a-guide-for-providers-of-support.pdf>

NHSE South region previously commissioned the delivery of 100 Life Plans during the period September 2017 to June 2019. It is anticipated that a future recommissioning of Life Planning services will take place after 1st April 2021, to deliver Life Plans for people in placements that are currently commissioned by NHSEI South East region (secure hospital and children's specialist inpatient services).

The primary outcomes of the service include:

- Agreed number of Life Plans delivered within an agreed timescale after commencement of the contract
- Clear evidence of robust involvement of the person in hospital in developing the plan, along with their family
- Create links between commissioners, providers, families and the person with whom the plan is being developed
- Clear evidence that Life Plans are leading to sustained, safe discharges
- A net reduction in the number of people in secure hospital settings

At this time, commissioners would like to determine the potential level of provider interest and are seeking Expressions of Interest (EOI) from providers who have the capability and

capacity to undertake such a contract (and would wish to take part in a potential procurement exercise).

To express an interest in potentially delivering these services in future, please register on the In-Tend portal at this address <https://in-tendhost.co.uk/scwcsu/aspx/ProjectManage/1271> and submit a completed Market Engagement Questionnaire by 12pm on Friday 26th February 2021.

This notice is an information gathering exercise rather than a call for competition in its own right, and therefore publication or response does not commit commissioners or respondents to a future procurement, nor provide any process exemptions or preferential treatment to any parties expressing an interest. Commissioners will not be liable for costs incurred by any interested party in participating in this exercise.

The Services are healthcare services within the meaning and scope of Annex XIV of Directive 2014/24/EU ("the Directive") and Schedule 3 to the Public Contract Regulations 2015 ("the Regulations"), which are not subject to the full regime of the Regulations, but is instead governed by the "Light Touch Regime", (Articles 74 to 76 of the Directive, and Regulations 74 to 76 of the Regulations.

This information notice is being managed by NHS South, Central and West Commissioning Support Unit (SCWCSU) on behalf of the Commissioners.

II.3) Estimated date of publication of contract notice

1 June 2021

Section VI. Complementary information

VI.3) Additional information

Life Planning summary and overview:

Over 1.2 million people in England have a learning disability and face significant health inequalities compared with the rest of the population. Autism is a lifelong condition and a part of daily life for around 600,000 people in England. It is estimated that 20-30% of people with a learning disability also have autism. Despite suffering greater ill-health, people with a learning disability, autism or both often experience poorer access to healthcare. In 2017, the Learning Disabilities Mortality Review Programme (LeDeR) found that 31% of deaths in people with a learning disability were due to respiratory conditions and 18% were due to diseases of the circulatory system.

Children, young people and adults with a learning disability, autism or both, with the most complex needs have the same rights to live fulfilling lives. Since 2015, the number of people in inpatient care has reduced by almost a fifth and around 63,598 people who had been in hospital for over five years were supported to move to the community. This has led to greater identification of individuals receiving inpatient care with a learning disability and/or autism diagnosis.

A Life Planning service would deliver Life Plans for people in placements commissioned by NHSEI South East Region (secure hospital and children's specialist inpatient services).

The key task would be to develop detailed plans that meet the standards detailed below and conform to the values and principles outlined in Keys to Citizenship model.

The service would use citizenship-based person-centred approaches and help commissioners and providers to create support arrangements in the community that meet the hopes, needs, aspirations and requirements for a person to live safely and well.

The people would be identified by commissioners following a C(E)TR or if they have been identified as a priority by case managers - either due to a change in needs or because of safeguarding concerns.

The provider would be required to establish clearly documented and effective processes for arranging and delivering life planning events triggered through the C(E)TR process.

Consent for the Life Plan would need to be gained from the person in hospital (or if they do not have capacity via a suitable route). This would be required before a Life Plan could start and be the responsibility of the commissioners.

The service would provide plans for both adults and children. All those undertaking Life Plans would require a valid Enhanced DBS that covers work with vulnerable adults and children.

There are no grounds for denying someone a Life Plan but given the nature of secure hospital care, flexibility would be required in planning and delivering the process. Secure hospitals have significantly limiting environments and the flexibility to undertake Life Planning sessions may be compromised. An ability to negotiate these issues would be a key quality for any provider.

The process of Life Planning would require the participation of commissioners, providers and families. To be effective people need to attend and stay for the day. The provider of the Life Planning service would be responsible for notifying commissioners if this is not happening and commissioners would ensure the requirement to participate is understood and complied with.

The co-ordination and planning required for a Life Plan day would require participation from the hospital, commissioners, local services, housing providers, families and the person with whom the plan is being developed. There may also be involvement from the Police, Ministry of Justice and other statutory organisations as well as advocates and people with experience of the person in their past.

The service would be expected to:

- Deliver the agreed number of Life Plans within the life of the contract to a standard suitable for sign off by commissioners and other stakeholders
- Help local commissioners to understand the plan for a person and translating it into a support arrangement that will deliver the plan
- Report quarterly on progress to commissioners
- Provide a monthly issue log that identifies challenges to delivery and highlights risks and opportunities

Governance arrangements for the service would be agreed with the provider following award of the contract but there would be an expectation of the following:

- A named Governance Lead for the provider
- A quarterly report for the commissioners identifying
 - Progress with plans against trajectory: number of Life Plans completed during the quarter by month
 - Time between referral to contact with providers where patient is accommodated
 - Time between referral to 1st Life Planning session
 - Number of calendar days from Life planning event to the delivery of the Life Plan
 - On-going costs associated with the programme
 - Internal monitoring of quality of the plans
 - Feedback from participants
 - Complaints/praise
 - Supervision of Life Planners

- A policy covering Safeguarding and the provision of regular reports on Safeguarding;
- An external, independent review of the quality of life plans will be taken from a random sample to be agreed with the commissioner;
- A full set of policies and procedures that cover:
 - Life Planning, including engagement of stakeholders
 - Safeguarding
 - Mental Capacity Act
 - Human Resources
 - Equality and Diversity policy
- Information governance that complies with commissioner's standard. An incident management and review process

There are requirements for acceptable service quality to help ensure delivery of the service outcomes. These are based on the principles described in Keys to Citizenship - <http://www.centreforwelfarereform.org/library/> keys-to-citizenship2.html

The monitoring of quality in the process would seek to ensure that:

- All plans are created with the person and, if available, their family;
- All plans will have addressed the 7 Keys to Citizenship
- Plans will indicate how the plan can be translated into a support arrangement
- All plans will have included commissioners, professionals involved in current care and treatment and people who have a history of working with the person
- A draft plan will be available to the commissioners to review quality within a period of 14 days after the life planning day
- Plans will be created and shared within 28 days from the life planning day
- The person with whom the plan has been created will be shown the plan prior to it being shared with commissioners