

# **SCHEDULE 2a**

## **SERVICE SPECIFICATION**

FOR THE PURCHASE OF

Lot 4 - Universal Wellbeing Support in the Community  
in Dartford, Gravesham and Swanley

Lot 5 – Universal Wellbeing Support in the Community  
in Ashford, Canterbury Coastal and Swale

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# INTRODUCTION

1. This Service Specification, in conjunction with the Contract Terms and Conditions and other documents which form this Contract, defines the Commissioners' minimum requirements for Service Providers who deliver Universal Wellbeing Services in the Community commissioned through this contract. It details the standards and outcomes that must be achieved and describes how these will be evidenced and monitored.
2. This Service Specification sets out the requirements for the provision of Universal Wellbeing Services in the Community which are designed to deliver preventative community based wellbeing services primarily for older individuals (age 55 and older) in Kent which help prevent or delay deterioration in individuals' health and wellbeing and help to manage demand for statutory health and social care services.
3. Delivered in the community, these services will be accessible for all adult residents in Kent with a particular focus on vulnerable groups (at most risk of requiring further support from statutory agencies) of older individuals (55 and over).
4. Individuals under the age of 55 are eligible for support if they have complex needs / frailty, however, this will be by exception and will be at the discretion of the Provider(s) on a case by case basis, dependent on the level of demand and the capacity of the service.
5. Individuals with complex needs are considered to have a range of issues and a combination of layered needs e.g. mental health, communication, physical, sensory, behavioural, medical, cognitive and relationships
6. Frailty is a condition of increased vulnerability to major changes in health as a result of seemingly small problems, such as an infection or new medication. It is most common in older age, affecting around 10% of people aged over 65, and develops because as we get older our bodies change and can lose their inbuilt reserves, for example we lose muscle strength. People with frailty are at increased risk of falls, disability, loneliness, hospitalisation and care home admission.
7. [PRISMA7](#) questions should be used alongside the [Clinical Frailty Scale](#) to determine a Individual's level of frailty.
8. These services will be outcome focused – the primary aims being to promoting wellbeing, support independence and reduce loneliness and social isolation for residents regardless of whether or not they are receiving other services from Adult Social Care.
9. This Specification supports the aim of developing a new outcome-focused care and support model throughout the Contract term to meet the Council's strategic objective that 'Older and vulnerable residents are safe and supported with choices to live independently'.

10. It is important to ensure that the services delivered through this specification are accessible to all older individuals living in Kent, reflecting their diversity and range of needs and aspirations.
11. This specification has been produced through engagement with older individuals and Carers, Provider organisations, CCG Commissioners and local care leads, District and Borough Councils, key stakeholders in the community and Kent County Council Commissioners. Kent County Council wishes to thank all those who have contributed to this Service Specification.

## KENT STRATEGIC CONTEXT

12. Kent is home to 1.55 million people, the most populated county in England.
13. Kent County Council's vision is to help individuals to improve or maintain their wellbeing and to live as independently as possible. ['Your life, your wellbeing'](#) details the Council's vision for the future of adult social care. As the demand for adult social care is increasing and finances are under pressure, expectations of adult social care are changing.
14. Adult social care in Kent needs to continue to respond to these challenges. 'Your Life, your wellbeing' sets our approach to adult social care into three themes that cover the whole range of services provided for people with social care and support needs and their Carers:
  - Level 1)** promoting wellbeing – Finding out what matters to an individual in their life in order to enable them to live the life they want to live. Supporting and encouraging individuals to look after their health and wellbeing to avoid or delay them needing additional support including adult social care.
  - Level 2)** promoting independence – providing short-term support so that individuals are then able to carry on with their lives as independently as possible. This will include promoting choice, control, dignity and respect whilst understanding whether an individual's needs require urgent interventions
  - Level 3)** supporting independence – for individuals who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.
15. The following service specification is a key element in achieving the themes above.
16. Preventative community based wellbeing services which help prevent or delay deterioration in peoples' health and wellbeing, and thereby enable them to live safely in their own homes for longer, are seen to be a key strand in the strategy to reduce demand on health and social care resources. The universal support services commissioned will therefore be available to those who require support, regardless of whether or not they are receiving any services from Adult Social Care.

17. The Council's 'Your life, your wellbeing' strategy is due to come to an end in 2021. Commissioners will work with Providers to ensure that services commissioned under this contract align with the strategy that supersedes 'Your life, your wellbeing' when it is published. In response to the COVID-19 pandemic the Council is currently working to priorities outlined the [Strategic Reset](#) paper presented to the Cabinet in July 2020. The strategic reset sets out the key elements for how, by working in partnership with the VCSE sector in Kent, the county will move successfully towards recovery from COVID-19.
18. The VCSE sector has been increasingly recognised nationally for its contribution to shaping local communities, and its importance is also recognised in Kent. The council's [Civil Society Strategy](#) (currently in draft format following a public consultation period) is due to replace the Voluntary, Community Sector (VCS) policy adopted in 2015 and represents the Council's commitment to developing a strategic relationship with the VCSE sector. The Civil Society Strategy recognises the huge contribution made by volunteers to communities, made by both formal and informal volunteers.
19. The NHS, social care and public health in Kent and Medway are working together to plan how we will transform health and social care services to meet the changing needs of local people. The Kent and Medway Sustainability and Transformation Partnership (STP) are focussed on how best to encourage and support better health and wellbeing, and provide improved and sustainable health and care services, for the population of Kent and Medway.
20. The vision for the STP local care model is a:
- “...collective commitment of the health and care system in Kent and Medway to fundamentally transform how and where we will support people to keep well and live well. We will help people to understand that hospitals aren't always the best place to receive care. Clinical evidence shows us that many people, particularly frail older people, are often better cared for closer to home. The model will build a vibrant social, voluntary and community sector to support people to look after their health and wellbeing, connect with others, manage their long-term conditions and stay independent.”
- (The Kent & Medway Sustainability and Transformation Partnership - 'Local Care' Investment Case)*
21. Improving the way the Council works with the NHS through integrated commissioning and provision to promote the wellbeing of adults with care and support needs, including Carers, is vital to delivering the ambition of effective and efficient co-commissioning and delivery. This service must co-operate with any activity to further enhance this and adhere to any developments and enhancements as this develops. Providers will be required to work collaboratively with the Integrated Care System and Local Care Partnerships.

22. It is expected that Providers will work in collaboration with their local Community Navigators and Primary Care Network Link Workers and use the electronic directory of services that is being developed in collaboration with the STP when it becomes available for use. Providers may also be required to attend MDT meetings where this is considered necessary.
23. The services commissioned through this Contract are a key delivery and support mechanism for Kent residents being referred from Community Navigation and Social Prescribing Providers.
24. Based on 2019 mid-year population estimates, the number of older people (aged 55 or older) in Kent who would be eligible for support from Community Based Universal Wellbeing Services in each district can be found in this [statistical bulletin](#), where the population estimate is presented by both age group and gender.
25. The [Index of Multiple Deprivation \(IMD 2019\): Headline findings for Kent](#) presents the findings of the measure of relative deprivation across the county.
26. An overview of older people profiles can be found in *Appendix 1: Person Profiles*. An overview of the demography for each of the Contract areas can be found in *Appendix 3: Demographic Information*.

## THE SERVICE

The service will focus on primarily supporting older people (aged 55 and over) to maintain and improve their wellbeing and develop resilience and confidence to help them live as independently as possible. This will include developing and delivering a range of activities to support individuals.

27. The delivery model should aspire to promote wellbeing and support individuals to continue participating in activities that they enjoy and to maintain or establish new networks and support systems, rather than a default option of meeting individuals needs through a formal service. However, a person centred approach must also recognise that how this is achieved will vary depending on the needs of the individual. Individuals with more complex and/or multiple needs may require a more structured offer to help and support them. The service will be able to support older individuals with frailty.
28. The service will need to promote wellbeing as a concept to individuals in order to build resilience and help keep individuals mentally, emotionally and physically well.
29. The service should deliver interventions that have an evidence based approach demonstrating good practice. This should not stop innovation and creativity to meet the specified outcomes. It would be expected that robust evidence is collected so that evaluation forms part of this process therefore enabling the service to evolve over the lifetime of the contract as necessary to provide services that are evidenced as achieving the personal outcomes of the service.
30. Mechanisms used to identify the support individuals need and the appropriate response in each case will vary depending on the needs of the individual and be based on best practice standards. This could include sign posting or support individuals to take part in activities which promote wellbeing such as those identified through the 'Six Ways of Wellbeing' or via 'One You' national resources. This may include being active (e.g. health walks), learning (e.g. reading), or taking an active role in their community (e.g. volunteering).
31. Providers should have an awareness of the specialist services available in their area which support individuals (particularly those with dementia, physical disabilities, and sensory impairments), their Carers and their families so that they can refer them on to services which are able to provide them with specialist information, advice and support to help them understand the condition and its impacts. This will include raising awareness of, and recommending the use of, the [This is Me](#) tool when supporting anyone living with, or caring for someone who is living with, dementia.
32. Providers should also work with specialist services to ensure that best practice is incorporated within their own organisation in relation to specialist knowledge and support (for example via staff training).

33. The service will support wellbeing across the range of older individuals identified in Paragraph 14 of this Specification, from individuals benefiting from the promotion of wellbeing (Level 1) to individuals requiring more structured support to maintain their independence (Level 3), and recognise that currently the market focuses on level 3. The aspiration for the Universal Wellbeing Service is by the end of the initial contract period (from year 3 onwards) there has been a shift towards providing more preventative services (that fit under the definitions set out in paragraph 14 – Level 1 and 2) than reactive services (paragraph 14, Level 3), providing that an evidence based evaluation process supports this.

## **Community Focus**

34. Community Navigators have been commissioned under a separate contract to have oversight of the full range of social, health, economic and environmental support available locally and establish excellent knowledge of, and links with, local opportunities and sources of information/support. This includes supporting individuals to access a range of community activities which allow them to connect with, and contribute to, their local community. Community Navigators are also Trusted Assessors, supporting individuals to access equipment and technology that helps them remain independent for longer
35. Providers should work with their local Community Navigator(s) as appropriate to support individuals to access their local communities and to identify gaps and trends in services in order to help shape the services provided under this Contract over the contract period.
36. Place-based approaches aims to take a strategic approach to delivering services by brining organisations together around the population they serve. To support this, providers are expected to work with existing community based assets as described in Section 6 (Delivery Network Collaboration) of the Service Specification Schedules.
37. The Council has partnered with [Breaking Barriers Innovations](#) to develop a strategy for making complex health and social care systems work for the benefit of residents in an area with the ultimate aim of creating more resilient communities. The project is currently being piloted in Northfleet and Sheppey. Providers are expected to engage with the project when it is rolled out in each contract area and implement learning from the project as it publishes findings from its activities.

## **Aims and Objectives of the Service**

38. The Provider will work with individuals to identify their needs in order to deliver the following objectives, which support the Personal Outcomes identified in this specification:

- Individuals are empowered and supported to achieve their personal goals and address any immediate concerns; and
  - Individuals' health, wellbeing and independence is improved, or maintained, as a result of the support received
39. The success of the service in meeting the aims and objectives will be assessed using the measurement tool that the Provider chooses.

## OUTCOMES

40. This specification responds to development in social policy regarding a shift in focus from service inputs to the outcomes they achieve and as such this specification primarily focuses on the outcomes of the services required. This model may appear different from previous specifications as it does not tightly prescribe what providers should do in order to achieve the outcomes required.
41. Kent County Council is confident that provider organisations have the ability and skills to organise their resources in the best way possible to achieve the outcomes specified.
42. Providers are encouraged to operate flexibly, be innovative and 'try new ways of delivering services, outcomes and interventions', then learn and improve what they do. As such Kent County Council welcomes innovative approaches that add value and maintain and improve individuals' wellbeing whilst also meeting individuals' needs.
43. Outcome focused services are fundamentally person-centred in approach, recognising that each person is unique and will have different requirements and levels of needs. Outcomes can be defined as "the intended impact or consequence of a service on the lives of individuals and communities". An outcomes focused service aim is to achieve the aspirations, goals and priorities as defined by the individual accessing the service through interventions and activities.
44. Kent County Council is specifying the outcomes which the providers are to achieve, these outcomes have been co-produced and are what people have told us is important to them.
45. This specification details the service outcomes in terms of minimum levels of delivery and requirements. The Contract is not designed to operate at as a full cost recovery model and it is expected that Providers will seek alternative and additional ways of working to ensure all outcomes are fully delivered within Dartford, Gravesham, Swanley and Swale.

## Personal Outcomes

46. Providers are expected to support all individuals that they work with (under all parts of the specification) to achieve their Personal Outcomes by using an approach which best meets each Individual's needs. A range of different responses and approaches will be required, particularly in relation to the level of need and identified goals/outcomes of older people.

47. The Personal Outcomes set out below have been identified by the individuals of Kent as being important to them:

### Information and advice

1. I am supported to find the correct and relevant information and advice for me

### My Community

2. I am able to access social activities that I enjoy

### My Care and Support

3. I feel listened to

### My Health

4. I feel less lonely
5. I am supported to live safely and independently
6. I am able to carry out everyday activities that I choose

48. These Personal Outcomes have been developed through a process of engagement including public consultation and co-production. The summary report of the public consultation can be found attached to the Kent Business Portal.

## System Outcomes

49. Commissioners will work with CCG Colleagues and the Provider to measure the system outcomes identified below and demonstrate how the service specified has contributed to the following:

- Reduction in the number of people entering social care and health services unnecessarily;
- Reduction in the level of unmet need at the point of referral to social care or health; and
- An increase in community capacity so that communities are more able to support vulnerable residents to feel less lonely and isolated

## Social Value

50. Kent County Council services have a social purpose and therefore the Council will require that services become smarter at determining social value working within the commissioning process. This will be through improving the economic, social and environmental wellbeing of Kent.

51. The Public Services (**Social Value**) **Act 2012** requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area.

52. The Provider must demonstrate how they will contribute to and measure the following social value contributions in their delivery of the contract:

Theme	Description
Good Employer	Support for staff and volunteer development and welfare within the service providers' own organisations and within their supply chain.
Community Engagement & Development	Development of resilient local community and community support organisations, especially those in areas and communities with the greatest need.
Green and Sustainable	Protecting the environment within the providers' own organisation and within their supply chain.

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