

FINAL



Kingston Council

**Specification for Mental Health Housing Related Support
Services**

2018-2021

Contents

1. Introduction
2. Background
3. The Local Context
4. Consultation and Service User Feedback
5. Aims and Objectives of the Service
6. Service Requirements
7. Eligibility Criteria for the Service
8. Referrals to the Service
9. Summary of the Existing Supported Accommodation Properties linked to this Service
10. Key Outcomes of the Service
11. Partnership Working
12. Core Values and Key Principles
13. Support Planning and Throughput
14. Safeguarding
15. Equality and Diversity
16. Management and staffing
17. Liaison, Management Information and Complaints
18. Quality Assessment Framework (QAF)
19. Monitoring the Delivery of Outcomes and Quality Assurance
20. Contract Management
21. Performance Indicators
22. Increase in Service Provider's Costs
23. Payments
24. Commencement of Contract

Appendix 1 - Detailed Local Context

Appendix 2 - Mental Health Housing Related Support Payment Profile

Appendix 3 – Existing Mental Health Related Support Services

Appendix 4 - Quality Assessment Framework Standards

Appendix 5 - Monitoring Report

The Royal Borough of Kingston Council (the Council) invites applications to tender for a contract to provide housing related support services for adults with mental health conditions in the Royal Borough of Kingston to start on the 1st April 2018 until the 31st March 2021. The contract may be extended up to a maximum of two years.

The purpose of this specification is to set out the priorities and outcomes the Council wishes to achieve by commissioning these support services for adults with mental health conditions. The Council aims to ensure a cohesive and seamless approach.

1. Introduction

Good quality housing and a settled home life are important in maintaining good mental health whilst poor housing or the lack of a permanent home can contribute to the development of mental health problems or can make existing mental health problems more difficult to manage.

Addressing housing need and support is a priority to improve the mental health and wellbeing of individuals and communities and potentially reduce demand for health and social care services.

The challenges associated with housing in London are greater than in many other parts of England. Addressing issues such as homelessness, fuel poverty, access to housing and improving Council housing will meet people's needs and improve mental health and wellbeing.

2. Background

The Care Act 2014 (Care Act) places a duty on local authorities to provide or arrange services that prevent, reduce or delay needs. Under the Care Act local authorities must promote wellbeing, and the concept of 'independent living' is a core part of the wellbeing principle and includes matters such as an individual's control of their day to day life and suitability of living accommodation. The Care Act emphasises a personal, positive and outcome focused model of individual support. This approach aims to help individuals with support needs develop the skills necessary to maintain independence and engage with social networks and community resources.

The Care Act states that Adult Social Care should include a commitment to ensuring that services work together to promote health and wellbeing, giving services an important role in prevention, particularly mainstream services such as health, education, housing and leisure. When health and social care needs are of a nature that intervention is required, early intervention is advocated, together with a response that is 'personalised' and that places service users and carers in control and able to direct their own care and support.

Mental health is an essential component of an individuals' health and has an impact

on every aspect of life, including how people feel, think and communicate. It impacts on physical health, lifestyle choices, and behaviour. Mental ill-health is the largest single source of ill health in the UK. No other condition matches mental illness in terms of prevalence, persistence and breadth of impact. It is estimated that 21,000 (12% of the population) of Kingston borough residents aged 16 and over have a common mental health disorder including anxiety, depression, panic disorder and obsessive compulsive disorder.

Kingston community mental health services for working age adults work with individuals with severe and enduring mental health conditions while those with common mental health problems receive input from Primary Care and Kingston Wellbeing Service. Currently Kingston community mental health services have an open caseload of 863 service users (data as of 1st October 2016).

3. The Local Context

The Council has a number of strategies which inform the local priorities for health and social care services. These strategies have been developed taking into account the Council's resident population and there are some common threads that link these strategies (please see Appendix 1 for full demographic information relevant to this service specification).

The Service delivered through this contract shall contribute to the published strategic priorities of the Council and its partners through promoting and enabling social inclusion, social value, improved mental health, personal achievements and a sense of wellbeing.

This specification for Mental Health Housing Related Support Services also draws on local guidance and good practice including:

- [Thrive Kingston – Mental Health and Wellbeing Strategy for Kingston – April 2017](#)
- [Mental Health Commissioning Intentions](#)
- [The Five Year Forward View \(NHSE 2015\)](#)
- [Crisis Care Concordat Mental Health](#)

The Council is aware that there is a persistent and growing demand for housing related support services for adults with severe and enduring mental health conditions. The need for support of varying intensity (high, medium and low) and the requirement for it to be easily flexed up and down to meet fluctuating needs has also been confirmed.

The Council requires a provider to build on the current range of mental health housing related support services in Kingston, and on local and national good practice. The Council would also welcome any form of partnership, consortia working or networks that take advantage of local knowledge and innovation to deliver the services and achieve the outcomes outlined within this specification.

4. Consultation and Service User Feedback

Consultation and engagement with adults with mental health conditions (including existing service users) and other stakeholders has been invaluable and has helped in identifying some of the important factors relevant to housing related support services. This has included insights from the co-production workshops linked to the emerging Mental Health Strategy for Kingston. These key factors are as follows:

- Service users wish to have permanent accommodation and are concerned when they have stayed beyond the planned length of their tenancy in short term placements.
- Many service users have a desire to live with others/friends rather than alone.
- Service users are very aware of the challenging housing situation in the London area and beyond.
- The challenging housing situation can prevent those in supported accommodation from moving-on when they are ready which can be very disempowering and also can contribute to the risk of individuals becoming institutionalised when they are forced to remain in supported accommodation due to a lack of available housing options. An improvement in the housing situation would have a positive impact on the mental health of those waiting for housing or in temporary housing.
- The Council and housing associations need to ensure that they carry out repairs in a timely manner to reduce the risk of stress negatively impacting upon the recovery of adults with mental health conditions.

5. Aims and Objectives of the Service

The Service Provider is required to:

- Maximise the ability of service users with mental health difficulties to live independently within the community.
- Contribute to integration of health and care services by working effectively with other agencies.
- Support service users to manage their health and communicate successfully with other agencies when accessing appropriate services.
- Support service users to maintain independence in their homes; prevent homelessness; encourage mental health recovery.
- Support service users to reduce risk of breakdown of tenancy.
- Enable service users with mental health conditions to achieve wellbeing, independence and live healthy lives, following a time-limited programme of support.
- Ensure that service users leaving the services are able to move on in a planned way to secure future settled accommodation.
- Enable service users accessing support to have improved mental, emotional and physical health and the opportunity to maintain these improvements.
- Prevent or reduce hospital re-admission by supporting self-management of care and recognition of triggers for relapse.
- Support people to develop self-care and self-management skills.
- Support the development of social capital by encouraging peer support

initiatives.

- Support people to access appropriate health services and to take responsibility for managing their health and treatment needs.
- Support people to become more integrated into community life.
- Ensure that by the time service users are no longer supported, they will have increased financial stability and independence and more stable accommodation, increased access to education and employment opportunities and goals for the future.

6. Service Requirements

The Service Provider is required to provide housing related visiting/floating support to up to 120 service users with mental health conditions at any one time. This support will be offered to service users in council accommodation, other social housing, temporary accommodation, in their own or family homes, or in one of the supported accommodation properties outlined in Section 9 below. The Service Provider will be expected to enter into a separate agreement/protocol with the owners of these properties related to their use. The Service Provider will need to ensure that suitable qualified and experienced staff are in place to cover all aspects of Housing Management.

Where individuals are required to move between properties to gain more independence and receive a reduction in their level of support as their recovery progresses, such a change of accommodation can of course negatively impact on mental health recovery. Therefore, the Council wishes to commission a pathway model where support flexes around the person and that has the following three elements:

1. The provision of targeted, recovery-focused 'medium' and 'low' support by the Service Provider.

The support will need to be centred on the individual rather than being linked to a specific property so that it can be flexed up or down or withdrawn and reinstated as required.

A key to the successful delivery of these services will also be to offer flexible staff support to respond to the fluctuating needs of the service user group. This includes the ability to increase and reduce staffing levels to meet an increase or decrease in support needs across the service user group. For example, one service user may experience an acute episode of mental health ill-health which requires 3 to 4 hours of daily 1:1 support for three weeks to support the effective management of their mental health crisis. As the service user recovers, the intensity of support is reduced. Overall

intensive support such as this should only last for a number of weeks and the Service Provider will be required to evidence intensive support reduction over an agreed period of time as described in their support plan.

An expansion in the service user base (from the current level of 91, to 120 service users at any one time) will be accomplished through achievement of outcomes for individuals and planned move-on to more independent living. As individuals become more independent their support hours will reduce and these hours will be available to expand the service user base.

The Service Provider will be expected to clearly articulate their delivery model and the staff skill mix/hours of support they intend to provide through the Method Statements so a prescribed number of hours are not provided here.

2. Proactive promotion of move-on for service users (to more independent accommodation for those living in one of the 57 currently occupied supported accommodation units and by increasing the independent living skills of those receiving floating support only)

The Service Provider shall note that the length of time individual service users receive the services will be for a period of six months to two years, to be determined on a case by case basis with the key aim being to support appropriate move-on to as independent a form of living as possible.

The Service Provider will be expected to support service users with their plans to move-on to independent accommodation to ensure 'recovery gains' are not lost and will work innovatively to do so. This may include support with bidding for 'general needs' self-contained accommodation or sheltered accommodation, or facilitating their move-on into the private rental sector into a shared house/tenancy arrangement or a self-contained property. One example is for the Service Provider to act as a 'broker' by working in partnership with landlords and thereby facilitating the creation of individual and where appropriate shared house/tenancy arrangements.

Move-on is a key requirement for this service, and as such the Council has created an Enhanced Quality Award fund related to the Service Provider's performance in this area. The Service Provider is required to meet PI 1 - 'Percentage of service users who moved on from supported accommodation in a planned way' (see Section 21) in order to secure the Enhanced Quality Award, which is set at £50,000.00 per annum.

Payments from this fund only become payable on written confirmation from the Council confirming success following quarterly contract monitoring meetings.

Payments will be made quarterly, and the Enhanced Quality Award payment will be paid in Q4 of each year on agreement of achievement, based on evidence of

progression towards achievement of Performance Indicator (PI) 1 as follows:

Table 1: Enhanced Quality Award:

Performance	Full Year Payment Value
Achieving Full Performance Target (25%)	£50,000
Achieving Green Performance Target (20 to 24%)	Minimum £40,000 (each %point = £2,000 extra)
Achieving Amber Performance Target (15 to 19%)	Minimum £30,000 (each %point = £2,000 extra)
Achieving Red Performance Target (10 to 14%)	Minimum £20,000 (each %point = £2,000 extra)
Failure to Achieve any target	Reduction in contract value by £2,000 per % point below 10%

Please see Appendix 2 for a worked example of the Payment Profile including the Enhanced Quality Award.

This will enable individuals at the supported accommodation properties to move on to long term independent living and will create further move-on capacity through the services.

N.B. The term ‘Appropriately move-on in a planned way’ refers to service users being supported to move-on to independent accommodation which ensures that ‘recovery gains’ are not lost, and for the Service Provider to work innovatively to do so. This may include accessing ‘general needs’ self-contained accommodation, sheltered accommodation, moving into the private rental sector or into a shared house/tenancy arrangement (not necessarily in the Royal Borough of Kingston). This does not mean leaving the accommodation as a result of being admitted to residential or acute care.

The Service Provider will need to clearly outline where they propose that ‘appropriate move-on’ between component parts of their pathway model can take place to promote recovery and move-on to more independent living.

3. The provision of a fully aligned service which has positive working relationships with:

- a) The RBK Public Health initiatives including fuel poverty support, encouraging a balanced diet, advice to stop smoking, sensible alcohol intake, self-care and self-management, as well as targeted healthy lifestyle initiatives for adults with mental health conditions.
- b) The Active and Supportive Communities commissioning of voluntary and community sector services including carer support, specialist advocacy and social resilience initiatives such as those focused on building community networks of support for adults with mental health conditions e.g. drop-in sessions, sport and leisure, arts and music.
- c) Universal provision e.g. Adult Education, sport and leisure, employment support, volunteering.
- d) The RBK Housing nominations process for social care service users.
- e) Kingston's mental health services and General Practitioners.

The Service Provider will also carry out risk assessments in accordance with its policies and procedures and the Quality Assessment Framework (QAF) standards as described in Section 18. Risk assessments will be regularly reviewed, particularly upon further incident. The support services must be available 52 weeks of the year as a minimum from Monday to Friday, with an out of hours service operating outside of office hours. Staff will work flexibly to ensure that each service user's needs are met including evenings and weekends as needed.

7. Eligibility Criteria for the Service

- Future referrals and the people who use this service will: Have a primary diagnosis of Mental Health; and may have a secondary diagnosis of a Learning Disability, physical disability, sensory impairment, drug/alcohol/substance misuse or other health or social care related issues.
- Be over the age of 18 (referrals can be made at 17½ to facilitate a seamless transfer of care).
- Meet criteria for being identified as a resident of the Royal Borough of Kingston or are a person for whom the Council has a statutory responsibility.

8. Referrals to the Service

All referrals to the service to gain access to the supported accommodation properties and visiting support will be made via the Kingston Mental Health Panel.

Prior to being put forward, the needs of the individual will be identified and considered

against the living environment and the known needs of existing tenants by the case coordinator.

All referrals just for floating support will be made by the Kingston Mental Health Services, General Practitioners or social care practitioners.

The Service Provider will undertake a detailed assessment to identify the needs of the individual, the level and type of support required; to ensure a sustainable support plan can be agreed. This will be subject to a minimum of quarterly reviews.

In addition, the Service Provider will identify a transition plan to create a smooth and successful process for all new tenants of the supported accommodation properties when a new person moves in.

The Service Provider will alert the Kingston Mental Health Panel as soon as vacancies are identified or are likely, so that planning for an incoming referral can commence and to prevent unnecessary voids in the supported accommodation units.

9. Summary of the existing Supported Accommodation Properties linked to this Service:

Table 2: The following supported accommodation properties are linked to this :

	Property Location	Units	Landlord	Housing Management by Service Provider
1	Surbiton	1 house with 6 bedrooms	Royal Borough of Kingston	Yes
2	New Malden	1 house with 4 bedrooms	Central and Cecil Housing Trust	No
3	Kingston	2 bed flat (occupancy 1)	PA Housing ¹	No

¹ NB. PA Housing listed in table 2 were previously known as Paragon Community Housing until 13th April 2017.

4	Kingston	12 rooms with kitchenette and shared facilities	PA Housing	Yes
5	Kingston	4 self-contained flats	PA Housing	Yes
6	Kingston	4 self-contained flats	PA Housing	Yes
7	Kingston	5 self-contained flats	PA Housing	Yes
8	Surbiton	3 self-contained flats	PA Housing	Yes
9	Surbiton	2 self-contained flats	PA Housing	Yes
10	Kingston	4 bedrooms on one floor of Hostel	Kaleidoscope Project	No
11	Surbiton	4 Self-contained flats	One Housing Group	Yes
12	Kingston	4 Self-contained flats	One Housing Group	Yes
13	Kingston	4 Self-contained flats	One Housing Group	Yes

There are currently 57 supported accommodation units in use in total.

The Service Provider will be required to provide Housing Management on behalf of the landlord for the majority of these units (as described in the table above).

Service users will be eligible to stay via an assured shorthold tenancy for a period of between six months to two years (determined on a case by case basis).

Please see Appendix 2 for further details of the current service provision.

10. Key Outcomes of the Service

The Service Provider is required to provide a range of services that will support the service users in achieving the following outcomes:

Meet individual needs and establish life skills by:

- Enabling service users to access the resources and services that they need;
- Following an assessment process working with service users to develop a support plan which meets their short and long term goals and aspirations. The outcome and goals are for the service user, the Service Provider will have to demonstrate how they will support them to achieve their goals;
- Working with service users to enable them to put in place SMART actions to achieve and review these goals and aspirations;
- Managing a key working system providing the service users with a named key worker who will engage and support the service user.
- Creating an environment that meets individual needs in the least restrictive way - supporting service users to stay in control of their lives whilst experiencing a mental health problem in line with the Recovery model of care. At the same time the Service Provider will support the Council's key objective of moving people successfully into the least restrictive accommodation environment according to their long-term needs.
- Supporting service users to move through the recovery pathway and work with the service users to find and move into new accommodation with less support, aligned with their support plan.

Promote and achieve well being in relation to mental and physical health:

Improve access to physical and mental health services and encourage healthy lifestyles by:

- Ensuring service users register with a G.P;
- Enabling service users to improve responsibility for physical and mental health and substance misuse;
- Ensuring all staff have an awareness of the signs and symptoms of mental health conditions and understand how to make referrals to local mental health services;
- Ensuring all staff have an awareness of the signs and symptoms of substance misuse and how to make a referral to the Kingston Wellbeing service.

Engage in meaningful daytime activities:

- Ensure service users are supported towards education, training or employment where appropriate;

- Enable service users to have improved use of their time, including hobbies/leisure activities;
- Enable the service users to have improved work skills (in work-related training-volunteer work etc);
- Enable the service users to have improved employability;
- Enable the service user to have social networks.

Maintain healthy relationships:

- Establish social activities to reduce social isolation and enable service users to develop and maintain social networks, promote social inclusion and integration;
- Establish life skills;
- Develop and maintain access to other community services and activities for example, voluntary groups and GP's;
- Support service users to have paid employment and improve economic well-being.

Planned move on and tenancy sustainment:

- Establish with the service users a move on plan from the initial assessment and support planning ;
- Work with the service users to sustain the tenancy in the service preventing evictions and abandonment;
- Support service users to move on in a planned way, where appropriate;
- Manage the expectations of service users in respect of them obtaining Local Authority housing within Kingston upon Thames;
- Manage an orderly transition to appropriate floating support, self-directed support or other support services where service users have ongoing support needs.
- Support service users to establish/maintain claims for housing and other key benefits;
- Support service users not to have rent arrears or debt and where applicable to engage with a plan to reduce rent arrears/debts;

For all the above outcomes, the Service Provider will ensure that:

- All service provision / specific interventions should be supported by a recognised evidence base (e.g. NICE, JSNA) demonstrating that the activity is likely to be effective in terms of each outcome.

11. Partnership Working

The Service Provider is expected to work in close partnership with a number of relevant partners, which may include:

- Statutory organisations, including the Police, Council departments;

- Registered social landlords;
- Health services including GPs, mental health services, drug and alcohol services;
- Adult Safeguarding authorities;
- Carers, relatives and voluntary organisations;
- Other community services and activities for example voluntary groups, culture specific groups/services;
- Any other relevant organisation which supports the aims and objectives of this specification.

12. Core Values and Key Principles

The Service Provider must adhere to the following core values and key principles through their policies, procedures and practices:

- To treat service users as individuals and promote their wellbeing, dignity, independence, self-determination and entitlements associated with citizenship;
- To respond flexibly to a change in person's circumstances;
- To commit to the ethos of engaging and involving service users;
- To promote equality of access and ensure that the services respond to the needs of a diverse community;
- To focus on assisting service users to realise their potential and aspirations in the context of maintaining their independence and participation in the community;
- To reduce social isolation, promoting social inclusion and integration;
- To work with service users to achieve realistic and achievable goals and outcomes;
- To achieve a balanced approach to risk that gives service users control and the right to make mistakes without serious implications for their security and safety.
- To support service users with mental health needs in a manner consistent with the Recovery Model: an approach that emphasises and supports each individual's potential for recovery. Recovery is seen within the model as a personal journey that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning.
- To provide an outcome focused, individually tailored accommodation support

service people with both common mental health and severe mental health issues to secure or sustain accommodation.

- To develop the capacity of people to live independently following a time-limited programme of support.
- To raise awareness of tenancy and occupancy obligations such as rent and service charges and appropriate behaviours to retain housing situation.

In addition to the Key Principles listed above, the Service Provider shall incorporate into service delivery and be committed to the following principles at all times:

- Promoting independence;
- Maintaining confidentiality;
- Demonstrating diligence and competence;
- Promoting empowerment;
- Meeting the needs of Service Users;
- Acting in the Service User's best interest

13. Support Planning and Throughput

The Service Provider shall note that the length of time individual service users receive the Services will be for a period of six months to two years (determined on a case by case basis), with the key aim being to support appropriate move-on to as independent a form of living as possible.

The service user shall participate in assessment and review. A review may be held whenever requested by the service user or considered necessary by the Service Provider. Other people (for example friends, and professionals) may be involved in assessments and reviews with the consent of the service user and Service Provider.

The Service Provider shall ensure all service users have individual tailored Support Plans that address assessed needs and risks, identify outcomes to be achieved, and clearly set out review and planned move on dates.

Support Plans shall, when appropriate, work in conjunction with statutory agency care and support plans and should identify potentially beneficial resources from across the partnership (e.g. Job Centre+). All support plans need to be discussed and agreed by

the service user and Staff and translated into the service user's language if English is not their first language.

The Service Provider shall note that the services shall reduce the risk of creating dependency and achieve move on by:

- Ensuring that service users are aware and remain aware that the services are time-limited with the aim of promoting independence and wellbeing from the point of contact;
- Providing clear move on information and policies for service users and staff;
- Providing service users with time-limited intervention;
- Regular reviews, focusing on desired outcomes and timescales;
- Facilitating planned exits where a review indicates that there is no need for the services;
- Encouraging service users to participate in social and community activities and signposting to other relevant services when necessary;
- Providing move on training for all staff - to ensure that staff are proactive and positive about move on (and challenge unrealistic expectations);
- Creating move on plans and targets for each stage of the service with the service user;
- Developing excellent working relationships with landlords and private sector letting agencies.

The Service Provider shall ensure that service users are, whenever possible, supported to gain more independence, and that the resources are used effectively to enable new service users to gain access to the services.

The Service Provider shall note that all service user personal information shall be processed in accordance with the Data Protection Act 1998. The Service Provider will respect and observe service user's right to confidentiality and ensure that service users are informed of situations where that confidentiality may be limited.

The Service Provider shall explain in writing, and verbally, to service users that there may be a need to share information within the Service Provider's organisation, and with commissioners for audit purposes. The Service Provider shall gain written consent from each service user to the sharing of information for these purposes.

All other sharing of personal information will be for the purposes of protecting the service users, or where it is believed to be in their best interests share with other

agencies. Consent will be sought in these circumstances, except in cases where to inform the service user of a referral puts them and/or their children at further risk. All information sharing will be clearly documented, including consent or the reasoning that consent was not sought.

The Service Provider will ensure that data is collected in a format which is agreed to the Council, and will allow the Council access to review data for audit purposes if required.

Regulations regarding information governance, Data Protection and Freedom of Information requests as part of this service are laid out in the Terms and Conditions. It is the responsibility of the Service Provider to ensure that all staff handling service users' personal data are properly trained in Information Governance and Data Security, and that appropriate policies for handling sensitive personal data are in place.

The Service Provider is responsible for ensuring that they have in place a service user consent form which obtains permission for their data to be shared with appropriate professionals and with the Council for monitoring purposes.

14. Safeguarding

The Service Provider must have systems and procedures in place to safeguard adults from abuse, as defined by the London Multi-Agency Adult safeguarding Policy and Procedures. All staff must be highly competent in adult safeguarding, and as a minimum will have attended face-to-face Safeguarding Adults training in the last three years.

The Service Provider must also ensure the following:

- That there is a clear and well publicised whistle blowing policy and procedures and code of conduct for staff.
- That procedures for service users to raise concerns about safety and security are publicly available and accessible.
- That it can clearly describe how it balances confidentiality with the management of risk in an adult safeguarding context.
- That it has capacity to attend any professional meetings relevant to its service users e.g. Multi-agency Public Protection Arrangements, (MAPPA), Multi-agency Risk Assessment Conference (MARAC).

15. Equality and Diversity

The Council is responsible for ensuring legal compliance with public sector equality duties; not only for the services that it provides directly, but also for the services that it commissions from others. The Council must therefore ensure that services genuinely meet the needs of people from diverse and vulnerable groups with effectiveness being measured by service quality and outcomes.

The Service Provider is required to provide support that reflects and is tailored to the adult with a mental health condition's circumstances. This must include but not be limited to their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The Service Provider must ensure that the service is accessible to all service users, including those who may need additional communication support, for example where information is required to be delivered in a different format, for example, to people with a sensory impairment, a learning disability or where English is not the person's first language. In all such instances, the Service Provider will liaise with the referring agency to ensure that these needs are addressed and will ensure compliance with the [Accessible Information Standard](#).

The Service Provider will explore the use of new technology and social media to find creative solutions to ensure wide-reaching and interactive communication with service users. The Service Provider will also keep up-to-date information on the range of specialist advocacy provision that can be accessed by people across the Borough and develop and maintain good knowledge of the [Kingston Information and Advice Alliance](#) and the [CarePlace](#) online service directory.

When interpreters are needed for discussion, these should be professional interpreters who maintain confidentiality. Family members or friends should not act as interpreters for discussions. In all such instances detailed above, the Service Provider will liaise with the referring agency to ensure that needs are addressed.

Evidence for the above statements will be reported in equality monitoring records, complaints analysis and by undertaking equalities audits. Further equalities compliance can be measured through policies, procedures and processes for this commissioned area. Significant changes in the delivery or scope of this service will be assessed through an Equality Impact Assessment. This assessment will be carried out in partnership by the Council and the Service Provider.

16. Management and staffing

The Service Provider will resource services with the appropriate skills, qualifications, training and expertise to deliver both the services defined within this specification and management of those services.

The Service Provider will:

- Appoint a contract manager empowered to act on behalf of the Service Provider for all purposes connected with the administration and management of the contract, and will provide the name, address and telephone number;
- Undertake Disclosure and Barring Service (DBS) checks for all staff and volunteers employed by the service and comply with its duties to refer information to the Independent Safeguarding Authority (“ISA”) under the Safeguarding Vulnerable Groups Act 2006;
- Ensure that the staff team reflects the cultural mix of service users whenever possible;
- Ensure that there are robust contingency and business continuity plans to cover unexpected staff shortages;
- Ensure that staff and volunteers receive ongoing, relevant training to support them to deliver high quality services as defined within this specification.

The Service Provider will have up to date and fully implemented policies and procedures in place for the following as a minimum, and will ensure that staff are fully inducted, have read, understood and will abide by the policies and procedures:

- Adult Safeguarding
- Customer Engagement and Involvement
- Recruitment and Selection (for staff and volunteers)
- Health and Safety
- Conflict of Interest
- Confidentiality
- Data Protection and Data Security
- Complaints
- Equality and Diversity policy
- Staff Disciplinary and Grievance
- Business Continuity
- Whistle blowing (note: the Service Provider must adopt and promote the ‘Whistle blowing’ policy of the Council)

17. Liaison, Management Information and Complaints

The Council will devise liaison and monitoring arrangements appropriate to the nature, type and value of the services. The Service Provider shall comply with these arrangements, which would cover aspects detailed in the following sections.

In addition to the specific monitoring information referred to in Section 19, the Service Provider shall provide whatever form of management information the Authorised Officer may be reasonably require in order to ensure that the contract is being adhered to. The information shall be provided on a quarterly basis or at any other frequency

required by the Authorised Officer.

The Service Provider shall maintain at its own expense whatever records are necessary to enable the services to be performed. The Service Provider shall permit the Authorised Officer free access to these records, which the Authorised Officer shall treat as confidential unless the records indicate any omission or default by the Service Provider in respect of any aspect of the performance of the service.

The Service Provider shall meet with the Authorised Officer throughout the contract period for a service review to assess the Service Provider's progress in achieving the outputs and outcomes detailed in this specification. The review meetings shall enable the Council to assess the Service Provider's compliance with the contract, and shall provide an opportunity for discussion of any issues relating to the performance of the services. The frequency of these meetings will be subject to review and may be amended as appropriate as the services develops.

The Authorised Officer shall be the main point of contact on matters relating to this contract. The Service Provider shall establish and provide a procedure for dealing with complaints and shall ensure all staff is aware of the procedures implemented. The Service Provider shall submit details of proposed procedures for dealing with complaints to the authorised Officer at the commencement of the Contract and shall comply immediately with any reasonable instruction given by the Authorised officer regarding dealing with complaints.

The Service Provider shall respond to all complaints in a prompt, courteous and efficient manner. Such complaints shall be recorded in detail on a form approved by the Authorised Officer. Records shall include the name and address of the complainant, date and nature of the complaint and details of the remedial action taken by the Service Provider.

The Service Provider shall ensure that service users are aware that they may forward to the Authorised Officer details of any complaint that is not resolved to their satisfaction by the Service Provider.

The Authorised Officer shall be entitled to investigate any complaint, irrespective of how received, and will determine what further action to be taken. The Service Provider shall comply with any instruction in respect of any remedial action required.

18. Quality Assessment Framework (QAF)

The Service Provider shall ensure the QAF standards described in Appendix 4 are maintained and annually reviewed and where applicable exceeded. The Service Provider shall ensure service users and staff are engaged in this process.

The Service Provider will ensure that the QAF is used as a service improvement tool and is a 'living' document in the provision of the Services by ensuring the day to day functions of the Services are QAF complainant, the Service Provider in delivering the Services is aiming to demonstrate best practice and the Service Provider's Personnel are fully conversant in the QAF standards.

The Service Provider will be expected to complete the QAF on an annual basis unless a different timescale has been agreed with the Authorised Officer.

The Service Provider must work constructively with the Council's Adult Social Care commissioning team to develop and improve the Services by using QAF Standards, as a minimum, the Service Provider must maintain Level B scores in core standards and have an action plan in place to Level A over a three year period.

19. Monitoring the Delivery of Outcomes and Quality Assurance

Monitoring is an integral part of the commissioning cycle and the Service Provider will be expected to actively participate in, and contribute to, the development of the monitoring approach.

The monitoring approach being adopted across the Council's Adult Social Care commissioning is one which aims to provide both commissioners and Service Providers with essential information. The aim is to provide a balance in terms of collecting data that aids the day-to-day Service Provider as well as assuring commissioners that quality outcomes are being delivered.

The approach falls under three headings to ensure a comprehensive picture is gained:

1. A monitoring report, with quarterly returns (see Appendix 5). Plus the eight KPIs listed in Section 21.
2. Annual Service User Questionnaire
3. A sample of case studies (to demonstrate the 'stories' behind more complex cases that also demonstrate achievement of outcomes).

The monitoring report and KPIs are designed to maintain a focus on achieving the required outcomes for people with mental health conditions, and will measure:

- Effectiveness and Impact
- Reach
- Quality
- Efficiency
- Equality and Diversity

Commissioners, in discussion with the Service Provider, will confirm a quarterly performance monitoring schedule to measure the impact and outcomes of the support provided, including baselines, targets and reporting frequency, and the remedies to be applied in the event of service failures.

The Service Provider will be expected to:

- develop internal quality assurance systems to monitor effectiveness and performance
- respond appropriately and effectively to any quality or performance issues
- demonstrate appropriate escalation mechanisms
- demonstrate a commitment to candour and transparency

The Authorised Officer shall have the right at any time with or without notice to inspect the premises, equipment and documentation related to the contract and to inspect any associated area of activity forming part of the contract. Following such inspection the Authorised Officer may introduce specific requirements for the Service Provider proportional to the circumstances.

The Authorised Officer, in discussion with the Service Provider, will produce a monthly performance monitoring schedule to measure the impact and outcomes of the support provided, including baselines, targets and reporting frequency, and the remedies to be applied in the event of service failures. In the event of any issues relating to the Service being raised, the Service Provider shall provide any additional management information the Authorised Officer may reasonably require in order to ensure that the contract is being adhered to. The information shall be provided on a daily, weekly or monthly basis or at any other frequency required by the Authorised Officer.

For the purpose of monitoring the Service Provider's performance, the Authorised Officer shall have power to carry out surveys or questionnaires of service users without prior notification to the Service Provider.

The Service Provider shall maintain at its own expense whatever records are necessary to enable the services to be performed. The Service Provider shall permit the Authorised Officer free access to these records, which the Authorised Officer shall treat as confidential unless the records indicate any omission or default by the Service Provider in respect of any aspect of the performance of the services.

The Service Provider will ensure that data is collected in a format which is agreed with the Council, and will ensure that data relevant to this contract is transferred to the Council at the end of this contract period to enable the Council to meet its legal obligations and where relevant to enable the Council to prepare the necessary documentation in respect of any subsequent recommissioning of the services.

20. Contract Management

Contract management meetings shall take place on a quarterly basis. The purpose is to provide an opportunity for discussion of any issues relating to the performance of the service, provide the Council with information about barriers to delivery originating from outside the service, and to assess the Service Provider's progress in achieving

the outputs and outcomes detailed in this specification or as otherwise notified to the Service Provider.

The Service Provider shall comply with these arrangements, which would cover aspects detailed in the following sections. The Service Provider shall notify the Authorised Officer in writing at the commencement of the Contract, of the names, addresses and telephone number (both office and mobile where applicable) and electronic address of the Contract Manager assigned to the contract and any other persons involved in the contract. This may include:

- Key responsibilities in the relationship and who is responsible for administering the contract and keeping it up to date.
- Who is responsible for monitoring and managing compliance with contractual requirements and Council policies.
- Who is responsible for monitoring and managing risk.
- Who is responsible for monitoring and managing performance.

The Service Provider should also provide an escalation plan including named individuals and timescale for each escalation.

The Service Provider shall immediately notify the Authorised Officer of any changes to the above.

The Service Provider shall report any changes within the services immediately to the Authorised Officer.

21. Performance Indicators

Table 3: Performance Indicators

PI Indicator	Performance Indicators	% Required Level	GREEN % Level	AMBER % Level	RED % Level
PI 1	Throughput: Percentage of service users who moved on from Supported Accommodation with Visiting Support caseload	25%	20%	15%	10%

	who moved on in a planned way				
PI 2	Percentage of service users who moved on from Supported Accommodation with Visiting Support in a planned way	95%	90%	85%	80%
PI 3	Throughput: Percentage of Floating Support caseload who moved on in a planned way	25%	20%	15%	10%
PI 4	Percentage of service users who moved on from Floating Support in a planned way	95%	90%	85%	80%
PI 5	Percentage of availability (of accommodation based services)	95%	90%	85%	80%
PI 6	Percentage of utilisation (of accommodation based services)	95%	90%	85%	80%
PI 7	Percentage of substantive staffing levels	95%	90%	85%	80% or below
PI 8	Percentage of overall staffing	98%	96%	94%	92%

	levels				
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These performance indicators will be applicable for measurement across all components parts of the service.

These performance indicators will be subject to annual review.

As outlined in Section 6 an Enhanced Quality Award shall be paid to the Service Provider for achieving PI 1 above.

22. Increase in the Service Provider’s Costs

The monies to be paid to the Service Provider shall remain fixed throughout the contract period (including for the avoidance of doubt an extension to the original contract period as permitted under the Conditions of Contract) and shall not be increased in line with inflation or for any other reason.

In addition, the Council shall not entertain any claims by the Service Provider for any increases in costs, whether expected or unexpected, that occur during the contract period, including, but not limited to, any increases in costs incurred by the Service Provider in the provision of the services arising as a result of changes in legislation applicable to the Service Provider and/or the service.

The Service Provider shall be deemed in their annual contract sum to have accounted for all potential changes in costs that the Service Provider may incur during the contract period.

23. Payments

The Council shall pay the Service Provider the annual base Contract Sum by quarterly instalments in advance by BACS. The applicable Enhanced Quality Payment for the year will be paid with the fourth quarter payment following agreement with the Authorised Officer. The Council will only process payment to the Service Provider following submission of all documents required by the Authorised Officer to verify the sums to be paid including an invoice stating the Purchase Order number.

The Authorised Officer shall be entitled to make adjustments to the monies due to the Service Provider or to recover monies from the Service Provider in respect of any part of the service not performed or not performed to the reasonable satisfaction of the Authorised Officer in accordance to the Contract as per the methodology agreed during the mobilisation period.

24. Commencement of Contract

The Service Provider shall commence the provision of the day to day running of the service on 1 April 2018, for a period of three years with two options for one-year extensions (“3+1+1”).

APPENDIX 1

ABOUT KINGSTON

Detailed Local Context²

Population

Since 2001, Kingston's population has grown by over 13% from 149,000 to 168,700, and is predicted to grow by a further 7% to 181,000 by 2025, and by a further 3% to 186,200 by 2035. Furthermore, with the post-war baby boom of the 1940s to 1960s combined with the fact that life expectancy in Kingston is above the national average, the number of people aged over 75 in the borough is set to rise 44% by 2035.

As Kingston's population grows, we are evolving to become an ever more diverse borough. In 2014 the Black, Asian and Minority Ethnic (BAME) population comprised 28.8% of the borough. By 2024 it is estimated that this percentage will have risen to 35.1%. An increased level of diversity in the borough can bring its own challenges in ensuring that all segments of the population are represented and have a say in how their public services are delivered. As our population grows and diversifies, we will undoubtedly see pressure put on existing services. To ensure we meet the needs of local residents we will continue to work closely with communities and partner agencies, such as the NHS. In partnership we will work to ensure our 26 GP practices can provide high quality levels of care to the community, looking at where we need to expand and develop services to meet the needs of our population. Similarly, we will continue to work closely with Achieving for Children to provide enough school places so residents can choose where their children are to be educated within the borough.

Homes

The number of households in Kingston is predicted to rise 14% from 66,700 to 76,300 by 2035. As of May 2015 the average house price in Kingston was £426,440. This remains lower than the London average of £476,000. GLA housing projections for Kingston show that the rise in the number of households is anticipated to be greater than the rise in population; the average Kingston household size is predicted to reduce from the current 2.47 persons per household, to 2.39 persons per household by 2035, suggesting that the number of single and couple occupancy homes is set to rise.

Economy

Kingston has high levels of employment above both the London, and National average. As of August 2015 the number of persons claiming jobseekers allowance in Kingston stood at 1.1%,

² <https://modern.gov.kingston.gov.uk/documents/s66956/BxDestinationKingstoncommentary.pdf>

significantly below the national average of two percent. In fact, the 2011 Census found that 73% of Kingston's population were 'economically active people', compared to only 69.9% of the population as a whole. Kingston's economy is growing. Based on figures from June 2014 to June 2015 there are an average 115 business start-ups every month in the borough.

Transport

As of 2011 there were 70,421 cars registered within the Royal Borough of Kingston upon Thames. If car to people ratios remain as they are this number is set to increase by 16% to 82,000 by 2035. Looking to the future, it is predicted that use of trains as a form of transport may increase, particularly following the proposal of bringing Crossrail 2 to Kingston. In addition to this, Kingston has been successful in securing funding from the Mayor's Office to become one of three mini-Holland boroughs within London. 17% of the Kingston population already cycle at least once per month (above the national average of 15% of the population). With improvements made to cycling infrastructure under the project, it is hoped that our already cycle friendly borough will see an increase in the number of people using bicycle as one of their main forms of transportation.

Crime

Despite our rapid growth as a borough, Kingston has retained its reputation as one of the safest areas in London with the lowest number of offences recorded for a borough in 2014/15 (9,771 offences).

LOCAL NEED³

Homelessness

3.04 per 1000 households were accepted as homeless and in priority need in 2014. The rate has been increasing at a similar speed to the rest of London. In 2012 the rate was 2.59 per 1000 households. It is lower than the average homelessness rate across London of 5.03 but higher than the England average of 2.32.

Kingston has a rough sleeping rate of 0.21 rough sleepers per 1000 households. This is higher than the England rate of 0.14 but lower than the London rate of 0.27. The rough sleeper count in Kingston has increased by 180% since 2010.⁴

³ All data taken from Kingston Data Observatory or JSNA unless otherwise noted.

⁴ <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2015> (DCLG, 2015)

Fuel poverty

In 2013 9.4% of 8.92% of Kingston households were living in fuel poverty; this is similar to the percentage of households in fuel poverty in London and less than the England average. However, in 2011 the rate was 11.99% significantly higher than the London average of 9.88% and higher than the England rate of 10.91%.

Living conditions

In 2011, 12.9% of households were living in overcrowded housing, which was 4.1% higher than England but 8.8% less than London.

Debt

There were 12.7 new personal insolvencies in 2013 per 10,000 residents; this is lower than the London average of 13.9 and significantly lower than the England average of 22.

Carers

Within Kingston 5.9% of the population provide at least one hour of unpaid care a week. This is less than England (6.5% of the population) but similar to the London percentage. Over 1,600 people provided 20 – 49 hours of unpaid care per week and over 2,300 people in Kingston provided 50 or more. There were 990 young carers (under 24) and 2,518 older people providing care at the time of the 2011 census.⁵

Digital exclusion

6.2% of people in Kingston have never used the internet. Digital exclusion is worse for older people: 63.5% of over 75s in London have never used the internet.⁶

Indices of multiple deprivation

The most deprived areas of Kingston using the Index of Multiple Deprivation are in Norbiton, Surbiton and New Malden. There is a high level of inequality in Kingston with the most deprived area being in the 15% most deprived, and the least deprived area being better off than 96% of areas in the country.

⁵ http://data.kingston.gov.uk/JSNA_Core_Dataset/CDS_Population/

⁶ <http://data.london.gov.uk/dataset/internet-use-borough-and-population-sub-groups/resource/24a278f7-6168-4be3-89ab-7f2faa564a42#>

Communication

In Kingston the top three main languages other than English are Tamil, Korean and Polish. In 2012 2% of Kingston residents could not speak English well or at all.⁷

Age

Kingston has a lower percentage of people aged over 45 than the rest of England but a higher percentage of people over 40 than the rest of London (2014). 67.7% of the population of Kingston is of working age which is similar to the rest of London but 3.9% higher than the rest of London (2013). 13.2% of Kingston residents are 65 and over which is 6 percent higher than the rest of London but 4.4% lower than the rest of England (2014).

Disability

2.78% of Kingston residents claimed Disability Living Allowance in 2014-15 compared to 4.03% in London and 5.02% in England. In 2011, 2.5% of residents were living with sight loss compared to 2.2% in London and 3 % in England.

Gender reassignment

Data not collected by ONS or Kingston.

Marriage/civil partnership

In 2014 51.5% of over 16s in England and Wales were married. In 2011 35.7% of households in Kingston are married couples with or without dependent children. This is significantly higher than the rest of London where only 28% of households are married couples but is similar to the rest of England (33%). In 2011 0.3% of Kingston residents over 16 were in a civil partnership.

Pregnancy and maternity

The fertility rate in Kingston is 54.4 which is lower than London (64) and England (62.4).

⁷ https://www.kingston.gov.uk/download/downloads/id/1108/appendix_q_-_locality_report_for_kingston_town.pdf

Race

In 2011, 25.5% of Kingston residents came from a BAME background. This is much lower than London as a whole where 40.2% of residents were from a BAME background. This is still higher than England where the figure was only 14.5%.

Religion and belief

In 2011, 52.9% of Kingston residents were Christians, which was higher than London (48.4%) but lower than England (59.4%). The second largest group had no religion (25.7%) which was higher than London (20.7%) but similar to England (24.7%). The third largest religion was Islam (5.9%) which was similar to England (5%) but 6.5% lower than London.

Sex

50.9% of Kingston residents are female. In 2013, mean earnings for females in Kingston was 90.4% which is significantly better than the rest of Outer London, London and England. However females working in Kingston only earn 73% of what males working in Kingston do.

Sexual orientation

In 2012 1.8% of respondents to the Integrated Household Survey reported that they were lesbian, gay or bisexual⁸. This figure was higher in London, at 2.5%. However, 4.7% of respondents refused to answer the question on their sexual orientation; the size of the LGB population could therefore be much higher but there are no reliable estimates.

⁸ <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2012/info-sexual-identity.html>

APPENDIX 3

Existing Mental Health Housing Related Support Services

The following housing related support services are currently available to adults with mental health conditions in Kingston:

1. A Visiting/Floating Support Service is currently in place enabling 14 service users to maintain their independence in their homes.

Property Information	Address	Units	Landlord	Additional info
Property 1	Surbiton	Shared house for 6 tenants	RBK	Support: Mon-Fri
Property 2	New Malden	Shared house for 5 tenants	Central and Cecil	Support: Mon-Fri
Property 3	Kingston	2 bedroom flat (1 occupant)	PA Housing	Support: Mon-Fri

2. A Floating Support Service is available supporting 27 service users with mental health needs, who may also have additional substance misuse needs and who require short term (less than 2 years) housing related support.
3. An intensive outreach focused independent living support service is available to 8 people with medium level mental health and/or substance misuse support needs. Four of these support packages can also be aided (and receive housing management assistance from the Kaleidoscope Project) through time-focused supported tenancies at the property in Kingston.

Property Information	Address	Number of occupants	Landlord	Support
Property 1	Kingston	Shared accommodation for 4 tenants	Kaleidoscope Project	

4. Medium support and low support services providing 42 units of accommodation (11 shared and 1 self-contained flat unit in one property and 30 self-contained units are available). The self-contained flat is also particularly suitable for service users with mobility needs or requiring wheelchair accessible accommodation.

Property Information	Address	Number of occupants	Landlord	Support
Property 1	Kingston	12 tenants (11 shared and 1 self-contained flat)	PA Housing	24/7 staffing with sleeping night staff in situ at property 1. See footnote for further PA Housing Property Information ⁹
Property 2	Kingston	4 self-contained flats	PA Housing	
Property 3	Kingston	4 self-contained flats	PA Housing	
Property 4	Kingston	5 self-contained flats	PA Housing	
Property 5	Surbiton	3 self-contained flats	PA Housing	
Property 6	Surbiton	2 self-contained flats	PA Housing	
Property 7	Surbiton	4 self-contained flats	One Housing Group	
Property 8	Kingston	4 self-contained flats	One Housing Group	

⁹ Refer to PA Housing Property Details for further information

Property 9	Kingston	4 self-contained flats	One Housing Group	
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These services are all delivered through face-to-face contacts (visits to the service users' home or meetings in other locations), telephone support or appointments at the Service Provider's Kingston offices/venues.