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# PURPOSE

1.1The 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 October 2024

until the 30th September 2027. The contract may be extended up to a maximum of

two years.

1.2 This specification sets 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.

1.3 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.

1.4 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.

1.5 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.

# BACKGROUND TO THE AUTHORITY

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2.2 Like other Local Authorities across the country, the Council is faced with ever

decreasing resources in the context of increased numbers of people, particularly young

people with learning and physical health disabilities needing support in adulthood.

Against this background, we also have a far greater opportunity to work with our

partners in Health, other service providers and the wider community to work in

partnership to use the limited resources (including financial) that we have in a far more

efficient way. During the COViD-19 pandemic we have learnt a great deal together

about how we can work collaboratively, our ability to adapt at times of instability, and

how technology can help us deliver preventative services as well as services to meet

our statutory responsibilities.

## 2.3 The Council’s focus for adult social care to deliver the adult social care transformation

## going forward is in four key areas:

## 

| **Accelerating our use of technology**  Scaling up our use of assistive technology and telehealth across all ages to support people to live independently as possible. We recognise the culture change and journey required to implement these ambitions and will work closely with our providers to support them as they also scale up their use of technology. |
| --- |
| **Promoting Independence**  Redesign existing pathways so that across the NHS, the Local Authority and primary care providers working in partnership with the range of voluntary sector and independent sector organisations form multi-disciplinary deals that wrap around Service Users so that they will benefit have timely access to reablement to enable them to live as independently as possible |
| **Having the right place to live**  In Kingston for many people who require care and support of all ages there is currently insufficient choice across all types of housing for them to live as independently as possible. To address this the Council is developing a plan and working with developers to ensure that we do have housing and accommodation within the borough to meet needs. We will help adults and children with a range of social care needs to have access to the right accommodation in the right place that maximises their independence. |
| **Transitions and All Age disability**  We want carers including Parent Carers to feel more supported and able to care effectively. In a small borough we believe we can do more to improve Service Users ability to travel to access services and improve information and advice. Where care, support, and information and advice is provided it is value for money and contributes to the Council’s sustainability and promotes a workforce and a care market that is resilient, has the right skills and competencies and work in this area is seen as a valuable and attractive career option |

## .

2.4 As a Council, we want to work with providers who will come on this transformation

journey with us, developing and supporting a care workforce that is focused on a

shared common purpose, that is financially sustainable and that is seen as an equal

and valuable partner in helping Kingston be a thriving place to live, work and play

irrespective of whether you have support needs or not.

# Background to requirement/OVERVIEW of requirement

## 

3.1 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.

3.2 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.

3.3 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 19,000 (of working age adults) in Kingston have a common mental health disorder including anxiety, depression, panic disorder and obsessive compulsive disorder.

3.4 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.

3.5 The Service Provider is required to provide housing related visiting support to up to 70 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 below.

3.6 The Service Provider will also be responsible for delivering housing related support to Service Users to manage their own home. This comprises 10 properties located within the borough of Kingston (49 individual units of accommodation). The Service Provider is expected to enter into a management agreement with the Landlord/s of the properties.

* Support for Service Users to set up their home, undertake risk assessments in relation to the person moving in, maintaining tenancy/licence agreement and support with fulfilling their tenancy conditions, including handing back the property with vacant possession
* Claiming welfare benefits and advice on budgeting, paying bills, preventing or resolving debts
* Guidance on how to use equipment within the home and access to (and support with) acquiring assistive technology to maintain and promote independence
* Support with safety and security of the home as well as maintaining positive relationships with Service Users they share with or neighbours
* Advice and proactive support e.g. ensuring housing registration, confirmation of ASC nomination and bidding for independent properties to ‘move on’ to more appropriate accommodation where necessary (the projected length of stay is from 3 months to two years maximum).

3.7 It is intended that the Provider delivers the service in a spirit of partnership with the Council. To this end the Provider will work closely with the Council’s representatives and services including commissioners, contract managers, and care management.

3.8 The Provider must also ensure that Service delivery takes into consideration the demographic profile of the Borough and must be able to take into consideration the cultural needs of people using the service.

# definitions and acronyms

| Expression or Acronym | Meaning |
| --- | --- |
| HRS | Housing Related Support |
| RBK | Royal Borough of Kingston |
| MH | Mental Health |
| NHSE | National Health Service England |
| LPS | Liberty Protection Safeguards |
| PBS | Positive Behaviour Support |
| PHE | Public Health England |
| ASCOF | Adult Social Care Outcomes Framework |
| PHOF | Public Health Outcomes Framework |
| TUPE | Transfer of Undertakings (Protection of Employment) Regulations 2006 |

# THE REQUIREMENT

5.1 The following principles must be reflected in the Contract in order to underpin the services delivered under this Contract:

● Based upon a recovery approach, including planning for how the person can support their own wellbeing

● Work with other providers to develop a diversity of service provision which meets the identified needs of people using the service

● Work to develop an offer that caters for the needs of the diverse communities of the Royal Borough of Kingston.

● Work to direct Service Users to activities that are open to all; and provide the relevant support to engage in them

● Work with the Council to continually improve the service, achieve efficiencies and explore wider funding/ grant opportunities ( i.e. Public Health England (PHE), Big Lottery Fund, NHSE etc)

● Work in cooperation with other types of service to ensure that people’s support is more coherent and better coordinated.

●Develop and provide Short term crisis interventions that are outcome focussed

● Adopt a strengths based approach, where the focus is on a person’s strengths: their skills, abilities and knowledge and those of their family, friends and communities. The Provider will ensure that the practices, procedures and management of the service comply with all legislation/Codes of Practice relevant to Mental Health Services now or in the future

● Maximise the person’s ability to live independently and ensure that they gain independent living skills that will enable them to maintain a tenancy upon moving on from the service.

5.2 **Scope:**

The Service will:

● Work with people, at times of crisis, for time limited periods to provide one to one personalised support to achieve their personal goals, to gain confidence, regain social skills, develop their own friendship groups and get involved in activities

● Help people find out what is going on in the local community and build positive links locally

● Support people to access activities to suit their needs including but not exclusively sport, creative courses and cooking

● Broker and arrange supported access to volunteering opportunities, education, training and pre employment opportunities

● Access to peer support for people to access activities and socialise

● Provide support to experts by experience to support others with mental health needs to attend activities

● Set up and provide initial support to self-help or well being groups that will aim to become self-supporting

● Support people to access independent accommodation and to live independently in the community

* Working collaboratively with health and social care agencies to identify and manage deterioration in mental health and associated risk.

5.3 **Support planning Services to be supplied by the Provider will include:**

● Initial ‘screening’ at point of referral to determine/confirm eligibility

● For those who are eligible, a full assessment to identify people using the service’ needs and requirements with clear outcomes.

● Development of an ‘inclusion plan’ (owned by the service user) which will identify a package/range of activities and support for the service user to access within the community

● Development of a Move On/Resettlement Plan for all Service Users accessing Supported Accommodation (within 8 weeks of move in) and for all current residents.

●Assessment and support will be from six months to two years. In exceptional circumstances the Service will be able for a longer period with prior agreement of the relevant Council Contract officer.

● The service, develop with the person receiving support their own wellness tools and crisis plans

5.4 **Support Provision Support will concentrate on engaging the service user to:**

● Access and use the local community

●Develop and expand their social networks

●Engage with mainstream services and activities where required

●Retain and develop new social and leisure activities

● Access information, advice, and signposting

● Maximise independent living skills

●Supporting people using the service to access volunteering opportunities

●Supporting people using the service to take part in user involvement projects and services Access appropriate courses, groups and activities, including volunteering, training & employment preparation

●Enabling people to make and maintain a network of support and to meet outside of organised services to socialise or pursue interests

* Practical support with activities that support independent living e.g. maintaining utilities & debt avoidance

## **6. Key deliverables**

## 6.1 The service will be provided in and from the home environment (where necessary) and /or from a designated venue where there are relevant well being activities and opportunities being provided that support Service Users with all aspects of their chosen lifestyle.

## 6.2 The Provider must provide accommodation and deliver support in accordance with the Service Users assessed needs. This will include one or more of the following:

* Help to remain safe and secure in their homes for up to two years and according to the needs and wishes of Service Users.
* Practical support with daily living skills to ensure Service Users ability to care for themselves and function independently (throughout and after the provision of this support( **i.e. no longer than** **two years for those receiving floating support** ) this includes:
  + maintaining personal hygiene
  + cooking and nutrition
  + Housekeeping, laundry
  + home safety
  + health management
  + leisure time, recreation, employment, training, education and volunteering
* Support Service Users to maintain and improve their financial well being, manage debt and ensure rent and service charges are paid on time, as and when required, and to maximise income and benefits entitlements.
* Support to enable Service Users to engage in their local communities and participate fully in mainstream activities e.g. college, leisure, employment.

## 6.3 The service must be of a consistently good standard at all times e.g. without any dips in quality of support over weekends for instance.

## 6.4 The Provider must support Service Users through big life changes; like transition from education to employment, getting older, bereavement etc

## 

## 6.5 The Provider must ensure that each Service User has a support plan and person-centred outcomes which demonstrate how support needs will be met (within the designated timeframe i.e 8 weeks of accessing the service )

## 6.6 **Service Availability**

## 6.7 Some Individuals may require up to 24/7, 365 days a year support with staff on site or during the day, night or both or have 24-hour access to an on-call support service. Support will be provided in the Service User’s own home, where required. ‘Home’ refers to the accommodation supplied by the Provider that is not a registered setting with the Care Quality Commission.

## 6.8 Where a Service User wishes to remain at home during the day, support will be provided in accordance with the Service User’s assessed needs. This will include some activities outside the home that supports the Service User’s individual needs including the development of daily living skills and social inclusion activities. The exact nature and level of support specific to each individual must be set out in the individual support/ move on plan.

## 6.9 Each Service User must be provided with a service delivery information pack at commencement of the service. The pack must be in an accessible format, recognising the needs of the Service User and must contain as a minimum:

* The Provider’s Statement of Purpose and values
* Key contact information for the service i.e. telephone number, email address, and an emergency contact number
* Key worker’s name and contact details - must be kept updated regularly
* Information on how to raise a concern or make a complaint. This must clearly state how a complaint can be made including how a Service User can escalate their complaint to the Council if they so wish.
* Third party information to help the Service User, their carers or advocate raise concerns or complaints should they wish to do so.
* A statement about the Service User’s rights and responsibilities, and the consequences of Service User’s unacceptable behaviour (Exclusion Policy)
* Copy of Service User’s support plan
* Copy of the tenancy/support agreement

## 6.10 Service Users, their Carers and advocates must be kept fully informed on issues relating to the Service User’s care at all times. The Framework Provider must ensure that the service delivery pack is dated, reviewed annually and updated as necessary.

## 

## **Eligibility and Referrals**

6.11 All referrals to the service to gain access to the supported accommodation properties and visiting support will be made via the Housing Panel, with recommendation from the Mental Health Placement Panel.

6.12 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.

6.13 All referrals just for floating support and/or well being activities will be made by the Kingston Mental Health Services, Referrals for health and well being activities can be made by other VCSE agencies, GP practices etc as long as they meet set criteria (to be determined between Commissioners and the appointed Provider).

6.14 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.

6.15 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.

6.16 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. Cases which exceed the planned two year length of stay and/or whose support needs have changed will need to be presented by the Provider and discussed at panel to ensure that they are in accommodation most appropriate to their individual support needs.

**See Appendix One Detail Service Description**

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## **7. Market Management Function**

## 7.1 The Council will be establishing a model of partnership working with the market that is effective and efficient and improves outcomes across all service types and client groups. In the medium term, one element of delivery will be for the council to establish a centralised brokerage and market management function for all Service Users and Carers who come into contact with Adult Social Care (ASC).

## 7.2 The Council will deploy suitable digital tools and solutions to support this function as and where appropriate, and in ways which provide benefit both to the Council and to FProviders.

## 

## 7.3 The market management function will:

act as the primary interface between the Provider and the Council for sourcing services based on the aspirations and needs of the Service User

have an understanding of market sustainability, capacity and opportunity

oversee the payments for services

support community and voluntary organisations. This could be, for example, through social prescribing and community connection

# 8. Reporting

## 8.1 Quarterly outcomes monitoring information will be submitted by the Provider using an agreed format, and where possible The Provider will be expected to demonstrate how the Service supports the Council to progress towards achieving the desired outcomes of this contract through regular recording and monitoring progress against desired outcomes. A contract management score card will be completed with the Provider.

8.2 The Provider is required to submit a quarterly performance report to the Council against the following performance indicators, including but not exclusively:

| Equality data covering all the Protected Characteristics under the Equality Act, 2010 Referral data & throughput by mental health need  Number of people using the service by outcomes achieved  Number of people engaged and trained to be peer support volunteers  Number of people accessing the Social Isolation, health and wellbeing activities  Number, type & frequency of Social Isolation, health and wellbeing activities delivered  Number of support hours delivered visiting support  Number of support hours delivered supported accommodation  Number of People who move on from Supported Accommodation (positive & negative)  Number of People admitted to hospital  Number of people in prison/on remand  Safeguarding incidents  Compliments, complaints and case studies |
| --- |

## 

## **9. Contract Management**

## 9.1 The Provider will be formally reviewed by the Council during the contract period and is expected to provide information about key performance indicators, quality standards and other such data supporting added value.

## 

## The reviews will include:

* **Performance monitoring:** The Provider will ensure that appropriate tools are in place to record and review outcomes and outputs.
* **Strategic outcomes:** The Provider will be expected to work with the Council to develop an approach to evidencing the following key aims of the Service during the Contract period:
  1. Enhance quality of life for people with health and wellbeing needs
  2. Reduce or delay the need for formal care and support
  3. Reduce unplanned use of emergency services
* **Use of technology:** The Council is undertaking a programme of digital transformation and will explore opportunities to use digital tools to support performance and contract management where appropriate through consultation with Framework Providers.

# 10. Continuous Improvement

## 10.1 The Provider will be expected to continually improve the way in which the required Services are to be delivered throughout the Contract duration.

# 10.2 The Provider will present new ways of working to the Authority during Contract review meetings.

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# 10.3 Changes to the way in which the Services are to be delivered must be brought to the Authority’s attention and agreed prior to any changes being implemented.

# 

# 11. **Sustainability, Equalities, Social Value and Other Impacts**

## 

## 11.1 This Service must have a positive social impact on the lives of the people using the Service as it will support Service Users in making choices about their future, and where possible, enable them to remain living at home with the minimum number of interventions necessary for independence.

## 11.2 This Service will be available across the whole Borough and will be provided by an organisation operating in a manner which ensures that travel is kept to a minimum thus minimising the carbon footprint of the Service. The Provider will consider the impact of transport in the provision of this Service and will demonstrate this consideration in the monitoring data supplied to the Council.

## 11.3 The Service must respond positively to the needs of diverse individuals; specifically needs relating to the characteristics protected by the Equalities Act 2010. These are age, ethnicity, religion or belief, disability, gender, gender reassignment, sexual orientation, marriage and civil partnerships. This applies to information about the Service being made available in such a way that promotes equality of access. This also applies to the quality of service delivery across all Service User groups or individuals.

## 11.4 Social value has been defined as ‘the additional benefit to the community from a commissioning and procurement process over and above the direct purchasing of goods, services and outcomes. The Provider of this Service are required to pay due and positive consideration to the employment needs within the local community when recruiting and selecting staff. The Provider must give positive consideration to how their recruitment processes support the local economy, its demographic composition and its social and environmental wellbeing. The Provider should involve Service Users and Carers in staff recruitment, quality assurance and service review processes.

## 11.5 The Council requires the Provider to be able to evidence that they are meeting the requirements of London Living Wage (LLW) which the Council is committed to.

## 

## 11.6 The Provider must engage positively with the aims of the Council to develop staff training and a professional workforce within the locality. The Provider is encouraged to use values-based recruitment practices to ensure that the right employees are recruited to work with Service Users. Values include treating people with dignity, compassion, respect, empathy, integrity, courage, responsibility, imagination, and adaptability. This Service must develop and deliver services in a personalised way rather than the conventional delivery of support.  This will in turn enhance the skills of staff delivering the Service and improve the customer experience of the person using the Service.

# 12. Payment

12.1 The Council shall pay the Service Provider the annual base Contract Sum by quarterly instalments in advance by BACS. 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.

12.2 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.

# 13. Base Location

TBC

# USEFUL LINKS

* [Kingston data](https://data.kingston.gov.uk/)
* [London Multi-Agency Safeguarding Policy](https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/)
* Kingston Autism Strategy
* [Adult Social Care Outcomes Framework](https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions)
* ['Think Autism': an update to the government adult autism strategy](https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions)
* [Keep Kingston Safe: The Kingston Local Outbreak Control Plan](https://www.kingston.gov.uk/info/200311/public_health_information/1833/keep_kingston_safe_kingston_s_local_outbreak_control_plan)

**Appendix One: Staff, Customer service levels and performance**

| **Service Outcomes** The overarching outcome is to enable people to learn to manage their own support, health and wellbeing and to be fully integrated members of the local community.All Services should be underpinned by a ‘strengths based’ ethos seeking to accentuate and develop what people ‘can do’, rather than focusing on deficits or that people ‘can’t do’.It is the Provider's responsibility to work with Service Users to ensure that the following outcomes are achieved. **Exercise choice and control**  * Service Users must, through a personalised approach, be supported to make choices that they consider best for themselves. This may include, at times, making choices that others consider to be unwise. The Provider and their staff must have good knowledge of the Mental Capacity Act to support people in this process. * Service Users must be at the centre of all the decisions about their life. This includes their home environment, giving them choice and control over their space, who they share this with and the person supporting them at home. * Family members must be included in all conversations about their loved one except where it is inappropriate to do so e.g. the expressed wishes of the Service User or to protect the Service User from abuse and/or exploitation.   **Improve health and wellbeing**  * Service Users must be supported to maintain and improve their mental, physical, emotional, social and financial wellbeing. This includes protecting them from abuse and/or exploitation. * Service Users must be supported and encouraged to talk openly about how they feel, express their needs and wants and ask for help if they need it. * Service Users must be supported to travel, explore and try new things with guidance and support to fulfil their dreams and aspirations. * Service Users must be assisted by staff to link in with other health professionals to support them in the best possible way.   **Improve quality of life**  * Service Users must be supported to improve their quality of life. This could be through receiving support to access leisure activities, social networks, relationships (including sexual relationships) and learning and employment opportunities. Support staff must take the time to engage in activities with the Service User. * Service Users must have access to reliable information and advice which is available in appropriately accessible ways and know how to access other sources of support within the community. This includes the Service User’s family member having access to information about what support is available for their loved one and knowing who to contact if they need more. * Service Users must have a support/ move on plan that is reviewed regularly with support from professionals, families or carers to ensure each Service User is achieving their personal goals.  **Make a positive contribution**  * Service Users must be supported to make a positive contribution to society, through participating in their local community and being active and equal citizens. * The Provider must ensure that Service Users have opportunities for leisure and family activities.  **Live safely**  * Service Users must be supported to live safely, free from discrimination or harassment. * Service Users must be supported to live without maltreatment, neglect or exploitation and the Provider will work to take action against these things when appropriate. * The Provider must ensure that staff are adequately resourced and supported to provide Positive Behaviour Support (PBS) for each Service User, as appropriate to their needs. * The Provider must ensure there are appropriate protocols in place to prevent the spread of infectious diseases.  **Achieve economic wellbeing**  * The Provider must ensure that everyone is supported to receive the appropriate support, advice and relevant information to enable access to economic opportunities and/or financial benefits as appropriate. These opportunities may include Education, Employment and Training.  **Maintain personal dignity**  * Service Users must be treated with respect, listened to, valued, understood and accepted. They should expect personal dignity, privacy and appropriate levels of confidentiality through receiving secure, stable and good quality support.  **Workforce**  * Wherever possible, the Provider must ensure that the staffing is consistent and assigned staff are familiar with the needs and preferences of the Service User , including for the delivery of social inclusion , health and well being activities * The Provider must communicate any changes to support staff to the Service User and notify them of any problems e.g. sickness absence, lateness, etc in a timely and sensitive manner. * The Provider must ensure that Service Users are supported by staff who speak their language and respect their sexuality, faith and cultural needs. * The Provider must ensure there is a good level of understanding, where appropriate, of dementia, mental Health and other impairments across the workforce. * The Provider must ensure that each person is supported by professional, friendly, kind, knowledgeable, flexible, reliable, trustworthy and compassionate staff.  **Core Principles and Value** In addition to the requirements of the Care Act 2014 and the Mental Capacity Act 2005 including Liberty Protection Safeguards ("LPS"), Framework Providers are expected to demonstrate compliance with the Autism Act of 2009 and the accompanying Strategy and Guidance (links at the end of this document) where applicable.The delivery of the Services must be guided by the priorities set out in the Adult Social Care Outcomes Framework (ASCOF), which focuses on:  * Enhancing the quality of life for the individuals receiving care and support; * Ensuring people have a positive experience of receiving care and support; * Safeguarding adults from abuse or neglect; and * Delaying and reducing the need for care and support.  The Provider must consider all relevant aspects of the ASCOF in the development of its service delivery.The delivery of the Service must also be guided by and contribute to the delivery of Public Health Outcomes Framework (PHOF) indicators as set out on the government website [www.gov.uk.uk](http://www.gov.uk.uk). The Services must support the ambitions in relation to adults set out in the [Kingston Health and Care Plan](https://www.kingstonccg.nhs.uk/about-us/our-health-and-care-plan.htm), the detailed goals of which are set out under three headings: Live Well, Age Well and the cross-cutting theme of ‘Prevention’.To assist residents to Live Well and Age Well and support the Prevention ambition, the Service must support Service Users to access relevant Public Health services commissioned through the Council. For example, by establishing links to and signposting to services such as Public Health’s Healthy at Home Services which includes the Stop Smoking service, healthy weight services, exercise referral service, social prescribing offers including Connected Kingston and signposting to the fuel poverty alleviation programme, diabetes courses, social prescribing offers including support to access appropriate physical activity opportunities and the substance misuse service. The Provider will monitor outcomes to demonstrate the benefit of Services for Service Users and that contribute to the continued improvement of Services. In all contact with Service Users, Carers and the public at large the Provider shall comply with these following values:  * **Privacy:** the right of Service Users to be left alone or undisturbed and free from intrusion or public attention to their affairs. * **Dignity & Diversity:** recognition of the intrinsic value of people regardless of circumstances by respecting their uniqueness and personal needs and treating them with respect. * **Independence:** opportunities to act and think without reference to any other person including a willingness to incur a degree of calculated risk. * **Choice:** opportunities to select independently from a range of options. * **Rights:** Framework Providers must advocate for social justice, uphold human rights and maintain all entitlements associated with citizenship. * **Fulfilment:** realisation of personal aspirations and abilities in all aspects of daily life. * **Co-production:** Framework Providers will ensure Service Users and their families are actively involved in the decision making about service planning and the quality of services.  The Provider shall ensure that the Services are provided in accordance with the following principles:Everyone has equal rights, entitlements and access to the Services;Everyone has access to information, advocacy and assessment, reflecting Service User needs.Where applicable, Service Users receiving care and support and their Carers are fully involved in developing bespoke care plans that provide additional detail on top of the Support Plan (“Care Plan”). Services reflect differing lifestyles and beliefs (religious or otherwise), minimise dependency and develop the Service User’s potential. Standards of the Services continue to be raised.All statutory and non-statutory organisations work together in the development and delivery of the Services.The views of Service Users, Carers and representative organisations are incorporated into the planning process.The diversity of people is valued and respected and lessons of experience are taken on board and innovation and creativity are encouraged. **Social Inclusion and Activities** The Provider shall identify ways to alleviate social isolation by promoting a culture of social inclusion and wellbeing at all times by means of one-to-one interactions, small informal/impromptu gatherings, organised events and outings and use of existing community assets. The Provider shall identify and, where appropriate, refer cases of social isolation to appropriate statutory and non-statutory services including voluntary organisations.The Provider must ensure that the visit of staff members to perform allocated tasks is not the sole alleviation from social isolation and shall actively offer support to Service User in keeping in contact with family and friends and participating in social activities in line with their interests and wishes.The Provider will support and enable residents of working age to participate in Service User Placement and Support (IPS) compliant employment support or engage in other employability or volunteering opportunities, where appropriate The Provider shall, with the person’s consent, become familiar with their background, interests, hobbies, goals and how they like to spend their time without making assumptions. The Provider shall provide appropriate support for the Service User to participate in their hobbies or other interests and in living their preferred lifestyle. The Service User's needs in this respect shall also be reviewed regularly with the Service User to ensure that their support needs and preferences are being met satisfactorily. In addition to individual solutions to social isolation, the Provider shall develop, facilitate and promote a suitable and varied range of social activities aimed at stimulating and maintaining a vibrant and interesting community.The Provider must adopt an effective and creative approach to promoting participation, involvement and mutual support.The Provider must ensure that its activities’ programme creates opportunities for Service Users to meet with others by bringing in activities which may include those from outside the person’s home. The Provider must ensure that sufficient Staff resources are dedicated to planning and facilitating activities and shall encourage inclusion by promoting and supporting attendance. Sufficiently flexible Staff resources shall be available as required to enable Service Users with varying needs to participate fully in social activities; for example, to remind Service Users of an activity, to escort Service Users to an activity, or to assist with any needs during an activity. **Promoting Health and Wellbeing**  In addition, the Provider must support the Service User to:Register with a local GP and dental practice within 7-days of moving inAttend routine and emergency medical appointmentsObtain full access to mainstream health services and appropriate advice to support a healthy and safe lifestyleAccess to specialist health services as appropriate.Take the medicines they need when they need them, in a safe way.Where applicable, be compliant with NICE medicines management and Public Health England infection control guidelines.To have an annual health check (Please note this is a National Outcome for Learning Disability Service Users).To complete a health or hospital passport that details the reasonable adjustments that are needed to ensure access to Service, as required.Have a Health Action Plan, as required. Providers must also demonstrate that they:Have an understanding of medication and its side effects.Have the skills and expertise where required, to support Service Users with a dual diagnosis or complex support needsRecognise that a person may have a condition that fluctuates.Have a plan to promote physical/mental health and wellbeing in line with Public Health Outcomes for reducing the under 75 mortality rate for adults with serious mental illness.Be aware of signs that a person may be struggling to maintain their mental/physical wellbeing and have a plan to promote physical/mental wellbeing.Have good quality crisis plans for when contingency plans are not working.Have good knowledge of local specialist teams who can provide additional support beyond the Provider’s speciality (there is an expectation that where potential HRS Providers have described can manage the majority of Service User needs without routinely relying on local services).Contribute to multi-disciplinary meetings and reviews, as required. Providers will participate in the Clinical Commissioning Group’s medicines management, health plan and / or infection control audits as requested. **Supporting Service Users to be Safe** The Provider is required to:Adopt a positive approach to risk taking to ensure the management of risk is person centred and proportionate to the Service User’s circumstances.Undertake an assessment of the potential risk to Service Users, staff and the Public associated with delivering the package of support, before commencing Services.Produce a comprehensive plan to manage risk. This should be co-produced with the Service User, families, and key professionals, and form part of a support plan. The risk plan must be implemented and reviewed annually or more frequently if necessary.When supporting Service Users whose behaviour may challenge, restrictive interventions must only be used as a last resort – when other less restrictive options have been made clear in care plans - and when it is legal and ethical to do so.The Provider must ensure that staff have knowledge and understanding of, or have access to knowledge and understanding of the areas outlined in the six service categories to support meeting the Service User’s desired outcomes. This includes knowledge of, or access to working knowledge where required, of, for example, but not limited to, the Mental Capacity Act 2005, amended 2019, Liberty Protection Safeguards ("LPS"), and the Autism Act 2009. In addition, staff/volunteers should have relevant support and training to supplement practical awareness around issues impacting users, for example but not limited to, awareness of medication, working with aggressive behaviour and signs of self-harm. The provider must inform the Council of any unresolvable problems e.g. where a Service User’s behaviour is threatening the placement at the earliest opportunity, to enable a meeting of relevant professionals to be organised. The Provider must ensure that appropriate warnings are issued to the Service user as part of the process. If termination of placement / eviction becomes necessary as a last resort, the Provider must ensure that the Accommodation Provider (Landlord) give the minimum of 28 days’ notice to the Council to enable the Council to consider its duties under Section 117 of the Mental Health Act and identify alternative provision for the Service User.Ensure that Service Users are enabled to access independent advocacy services as and when required.Ensure that Staff are able to recognise, identify and respond appropriately to signs of possible abuse or exploitation in their day to day operation.Ensure that robust procedures are in place for responding to suspicion or evidence of abuse or neglect to ensure the safety and protection of tenants and staff. The procedures must be informed by and be responsive to the London Multi-agency Adult Safeguarding policy and procedures.Update the Whistle blowing Policy annually and make the policy available to the Council, Staff, Service Users and their families, in accessible formats as required.Ensure Staff are trained in their responsibilities to safeguard vulnerable adults.Ensure safe recruitment practices are in place including compliance with Disclosure and Barring Service (DBS) requirements including an enhanced DBS check.Ensure staff have undergone a mandatory induction period and have completed all relevant training, including induction and refresher training.Where appropriate, ensure staff have undertaken appropriate specialist training, for example autism training, positive behavioural support, disability awareness, mental health and dementia awareness, equality and diversity training and medication management.Ensure staff undertake Continuing Professional Development (CPD).Keep appropriate records relating to the care and support provided to Service Users.Have a documented right to work in the UK, in compliance with current legislation.Ensure that Service Users are enabled to access to independent advocacy services as and when required.**Service Development and Technology** Our ambition is to increase the use of assistive technology to improve the quality of life for RBK residents. Assistive technology is an evolving space where connected devices and sensory & functional technology can enable residents to maintain their independence and be better connected with friends, family and communities. Our ambition at RBK is that we will develop an Assistive Technology offer which can be accessed across care pathways, including as part of their packages of care.Our aim is to work in partnership with providers to introduce and roll out assistive technology within care settings.  We intend to do this in collaboration with providers so that technology is deployed through innovative approaches which both improves Service User outcomes and supports their independence, whilst enabling providers to deliver care at a lower cost. By applying to join this framework you are agreeing to working in partnership with the Council to make this vision a reality.The Provider will work with the Council to reshape the Service to meet changes in demand, technology and demographic trendsThe Provider shall demonstrate improvements in the delivery of the service through the use of Assistive Technology, working with the Council’s Assistive Technology Team – this may include use of traditional Assistive Technology as well as emerging technologies such as wearable devices etc. **Amendments to Legislation and/ or Guidance**  The Provider must deliver the Services in accordance with any amendments to legislation and/or guidance which may be introduced from time to time applicable to the services set out in this specification.  **Accommodation**The Provider will be responsible for delivering support related to independent living skills to manage their own home.  * Support for Service Users to set up their home, undertake risk assessments in relation to the person moving in, maintaining tenancy/licence agreement and support with fulfilling their tenancy conditions, including handing back the property with vacant possession * Claiming welfare benefits and advice on budgeting, paying bills, preventing or resolving debts * Guidance on how to use equipment within the home and access to (and support with) acquiring assistive technology to maintain and promote independence * Support with safety and security of the home as well as maintaining positive relationships with Service Users they share with or neighbours * Advice and support to ‘move on’ to more appropriate accommodation where necessary  The Provider must issue the Service user with a tenancy or licence agreement that outlines their rights, entitlements and responsibilities. The tenancy or licence agreement shall clearly outline:The total weekly rentAny total weekly service charge (including a breakdown per item)Any additional chargesDetails of additional support being provided as part of the agreementIndividuals will be supported to understand their tenancy or licence agreement. An easy to read version of the tenancy / licence will be made available if or when needed.The Provider must:Ensure that Service Users are supported to live in safe, clean and comfortable surroundings. The roles and responsibilities of all providers involved in the Service User’s support must be made clear e.g. where there is a third-party provider or subcontractor involved. This should be documented, and copies made available to the Council on request.Ensure there are adequate and responsive systems in place for reporting and taking action on maintenance or repair issues and ensure that the accommodation is maintained and in a fit state of repair.Ensure that the property has valid electrical, gas and insurance certificates in place, fire alarms are tested and logged as tested monthly and any other statutory requirements in relation to the management of the accommodation. The accommodation must meet the standards set out in Appendix 5.**Policies and Procedures** The Provider will have the following policies and procedures in place (but not limited to) and will make these available to the Council upon request:  * Business Continuity * Communication/ Licence to Occupy Agreement * Complaints * Confidentiality * Critical Incidents * Dealing with seizures * Diversity and Inclusion / Equalities Policy * Drugs, Alcohol and Substance Misuse * Environmental * Files & Record Keeping * Freedom of Information Act & Information Sharing * Health and Safety * Infection Control Policy * Lone Working * Lone Working Policy * Managing complex and challenging behaviour * Medication policy * Out of Hours/Emergency * Safeguarding * Staff Induction and Training if not included in * Staffing, Management and Recruitment * Volunteers and Agency Staff * Whistle Blowing  **Complaints, Comments or Compliments** The Provider must deploy a clear and easily understood complaints procedure that is available in accessible formats to all Service Users. Amongst other things this must be available via the Framework Provider’s website. The Council reserves the right to approve or reject the Framework Provider’s complaints procedure prior to commencement of the contract. The Council may request amendments to the complaints policy where it is deemed to be inadequate.The Provider must have a system in place to record compliments, complaints and comments and suggestions.  The system must detail the outcome of each complaint; i.e. whether upheld or not upheld, and any action taken by the Framework Provider including time scales. The Provider must have processes to identify and analyse the frequency and patterns of complaints and, resulting from such analysis, take steps to improve the Service and eliminate or minimise potential areas of complaint In the event of a concern raised to the Council about the quality of service, the Provider must cooperate with the Council. The Council is the process of developing a new Quality and Risk Framework. The provider will be required to comply with and operate within that framework.As a minimum, the Provider must keep the following record of complaints to enable the Council to ascertain:  * The nature of the complaint; * The name of the complainant; * The date and time the complaint was received; * The action taken to remedy the complaint; * The date and time the complaint was remedied; and * The names of the employees involved in the complaint.  The Provider must conduct periodic satisfaction surveys at intervals to be agreed with the Council prior to commencement of the contract or in response to specific trends or concerns.**Safeguarding**  The Council considers that the safeguarding of all children and young people, and of all vulnerable adults is of critical importance. The Provider shall ensure all young people and adults using the services have an experience which is safe and secure at all times. The Provider shall meet the Council’s safeguarding requirements, which include, but are not limited to, requirements in regard to DfE statutory guidance Keeping Children Safe in Education 2018, Working Together to Safeguard Children 2018, the London Child Protection Procedures, Children Act 1989, Children Act 2004, and the Care Act 2014, and must assist the Authority in addressing any safeguarding issues that it may become aware of by making referrals where appropriate. The Council’s guidance for the safeguarding of children can be found on the [Kingston and Richmond Safeguarding Children Partnership website](https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/). The Provider and their staff are required to be familiar with the relevant guidance, including the Threshold of Needs Guide. The Authority’s guidance for the safeguarding of vulnerable adults can be found on the People First website: <http://www.peoplefirstinfo.org.uk/staying-safe/abuse-and-neglect-safeguarding-adults/what-to-do-if-you-think-someone-is-at-risk-of-abuse.aspx>, the Provider and their staff are required to be familiar with the relevant guidance. There is an expectation that the Provider will secure and deliver quality assured safeguarding and child protection training appropriate to the role and responsibilities of their staff. This training should ensure that staff are aware of the signs and indicators of abuse and neglect, including child sexual exploitation and child criminal exploitation and radicalisation. Recruiting managers should have access to Safer Recruitment training. Multi agency Safeguarding and child protection training is available through the Local Safeguarding Children Board. Safeguarding adults training is available via the Safeguarding Adults Executive Board along with advice on commissioning training from quality assured FrameworkProviders. In addition to the training of staff in safeguarding matters, the Authority will also require the Provider to implement and comply with any instructions and guidance on safeguarding matters that it, or the Local Safeguarding Children Board, may issue or amend from time to time. In addition, the Framework Provider must have its own clear, concise Safeguarding Policy prior to the commencement of Services and this policy should:  * Be reviewed annually in accordance with best practice. * Have reference to information sharing protocol and be clear about the process for disclosing safeguarding alerts. * Be in accordance with the Care Act 2014 duties and responsibilities, the Safeguarding Vulnerable Groups Act 2006, the Protection of Freedoms Act 2012, the Children and Families Act 2014, and Working Together to Safeguard Children 2018. * Make reference to the Authority’s local policies and procedures, including o safeguarding adults protocols, practice notes, threshold of needs guide and escalation policy. * Include a professional code of conduct for staff. * Include the contact details for the Local Authorities Designated Officer and have clear processes in place for making referrals in relation to allegations or concerns about employees/volunteers. * Cover both staff and volunteers employed by the Contractor. * Reflect a clear line of accountability for safeguarding whereby the director/chief executive has ultimate safeguarding responsibility and a trained and supported safeguarding lead is designated. * Set out how safeguarding awareness will be disseminated, understood and practised by staff.  The Provider will be required to work with the Council to develop and improve its Safeguarding Policy where it is deemed not to be adequate and ensure active engagement with best practice. The Framework Provider must also be committed to promoting safe organisations through Safer Recruitment in recruitment and vetting of staff, and in managing allegations against staff. Guidance on Safer Recruitment can be found on the [Kingston and Richmond Safeguarding Children Partnership website.](https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/)**Infection Prevention and Control (COVID-19)**The Council has published Keep Kingston Safe: [Kingston Local Outbreak Control Plan](https://www.kingston.gov.uk/info/200311/public_health_information/1819/kingston_local_outbreak_control_plan) which outlines the role of the council, partner organisations, businesses and residents in preventing and responding to local outbreaks of COVID-19. It is vital that Framework Providers and other stakeholders understand their role in helping to Keep Kingston Safe. Framework Providers are required to regularly acquaint themselves with the plan and play their part in protecting our communities from the virus.The Provider is required to comply with other future guidance issued by the Council in relation to other infection prevention and control measures/plans related or unrelated to Covid-19.**Data Protection and Confidentiality** 22.1 The Council considers that the proper protection of sensitive personal and confidential data in accordance with the terms and conditions of the Contract is of the utmost importance in the execution of the services. The Provider must ensure that all staff involved in the execution of these services, including office-based staff, are made aware of their responsibilities for Data Protection and have received appropriate training in the handling and security of personal and sensitive personal information. The Provider shall ensure that it has in place appropriate technical and organisational measures to ensure the security and safe disposal of all personal and confidential data (including a document control procedure to guard against unauthorised access, accidental loss, destruction or damage to, the personal data.) In accordance with all of the requirements of the Data Protection Act and the provisions of the European Union General Data Protection Regulation or any other equivalent data legislation which may come into effect in the United Kingdom. The Council reserves the right to inspect the arrangements for handling, security and disposal of personal and confidential data at its discretion.The Council will also request that the successful Provider completes an Information Security questionnaire as part of the Council’s risk management procedures surrounding data. This submitted document must demonstrate that the organisation has the required security controls in place that are appropriately protecting the data. The Provider will ensure that the Information Security Questionnaire is completed and returned to the Authority prior to the commencement of the contract. Please note that the contract award will be subject to successful completion of this Information Security Questionnaire.**Workforce Planning and Development** The Provider shall have robust workforce plans in place to ensure a strong, resilient workforce for the future. That includes, but is not limited to:  * Recruitment and retention - a diverse, strong, sustainable workforce that attracts people with the right values and qualities. * Training and development - ensuring they have the right staff with the right skills and expertise and support staff to develop and progress through Continued Professional Development. * Wellbeing - supporting and promoting the physical and mental health of the staff who look after Service Users with adult social care needs. * Valuing Staff - systems to recognise and reward staff for the vital role they have.   **Care Workforce Wellbeing** Wellbeing should be central to workforce planning and development, and, with Covid-19 bringing additional challenges to the sector,Providers must have robust plans in place to support the mental and physical health of their care staff. Framework Providers should have systems and support in place to promote happiness and wellness in the workplace and safeguard the wellbeing of the workforce.The Provider should also demonstrate how these plans respond to the individual needs of the BAME workforce with research showing they are not only at a higher risk from developing Covid-19 and the impacts of it but they are also more likely to develop a serious mental health disorder in their lifetime.**Training/ Qualifications** The Provider will have an up-to-date training matrix clearly setting out for all staff members:  * What training courses have been completed (including name of training provider and accreditation). * Qualifications that have been achieved. * Date that training was completed, and qualifications awarded. * Refresh date for training.  The matrix will include mental health training and any other training that is a required .The Provider will ensure that all mandatory and specialist training is complete.The Provider is required to comply with the following good practice guidance from Skills for Care in respect of training and qualifications:For Support Staff:  * + For entry level roles the Provider must focus on ensuring they have support staff with the right values rather than a specific care qualification.   + Staff who are new to care should be supported to complete the Care Certificate and on appointment, following an appropriate induction should be registered on a level 2 Diploma qualification to complete on the job training.   For Managers:   * + All new and aspiring managers (of all care settings – whether CQC-registered or not) who do not already hold a relevant qualification should register to undertake the Level 5 Diploma in Leadership & Management for Adult Care.   + Other relevant qualifications that managers could already hold include:     - Registered Managers Award (RMA)     - NVQ Level 4 in Leadership and Management for Care Services     - NVQ Level 4 in Health and Social Care     - Level 5 Diploma in Leadership for Health and Social Care     - Relevant nursing, physiotherapy, social     - Work or occupational therapy qualification     - Degree or Masters degree related to Social Care.   **Workforce Planning – COVID-19** The Provider is required to respond to the additional workforce requirements resulting from the COVID-19 pandemic, specifically guidance in relation to infection prevention and control and taking measures to reduce the rate of COVID-19 transmission in and between care settings. **Culturally Appropriate Services** The Provider must demonstrate cultural competence and the ability to respond appropriately to the cultural, religious and language needs of Service Users and adjust service delivery to suit the Service UserCultural competence is the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses. being aware of one's own world view. developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views and being able to translate that competence to the delivery of services. |
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**Key Performance Indicators**

To measure the achievement of the outcomes outlined in the specification, the Provider will work to the following targets (where need is identified):

| **INDIVIDUAL OUTCOMES KPIs** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Outcome Domain** | | |  | | |
| Improved self- management of health and wellbeing  **Examples of evidence**  **numbers of people accessing activities/ numbers of people receiving floating support at home, Service user surveys** | | | Increased social inclusion  Target: 100% | | |
| Improved emotional wellbeing  Target: 90% | | |
| Managing physical health  Target: 90% | | |
| Managing mental health  Target: 90% | | |
| Managing behaviour/lifestyle  Target: 90% | | |
| Increased independent living skills | | | Secured and maintaining independent accommodation  Target: 80% | | |
| Managing money  Target: 80% | | |
| Accessing education, employment and/or training  Target: 80% | | |
| Developing healthy lifestyle skills  Target: 80% | | |
| Managing risk of harm from self/others  Target: 100% | | |
| Provide support (i.e. bidding , life skills etc) and Move a minimum of 6 people into independent accommodation per year | | |
|  |  |  |  |  |  |

**Appendix Two**

**Transition and Support - Current People using the service**

| All current people using the service will have an up to date assessment at the point of transfer to the new service.  All parties will work to support the transfer during the implementation period.  The current and new Provider will work together to ensure that this takes place in a carefully managed way which ensures minimum distress or disruption to the service user.  The current provider will retain responsibility for the support delivered to current people using the service until 30th September 2024.  The new Provider will take over responsibility for the support of current people using the service on 1st October 2024.  Support must continue to be provided for all people using the service in receipt of services at the time of handover (1st October 2024) and at the same level (identified within the service user’s support plan) until the needs of the service user have been reviewed by the Provider and a change in the support package agreed (if required).  At contract commencement, the Provider is required to provide services to the existing cohort of people using the service.  Specific details of individual people using the service will be made available to the Provider during the implementation period.  Service Capacity at Day One of Contract  At the contract start date all current people using the service will be transferred to the services provided by the Provider.  The projected numbers of people using the service at the point of transfer will be 97 Supported accommodation resident with a 3% variance to allow for new entrants to service and people using the service exiting during the month preceding contract start date.  Projected numbers at Contract start date can be broken down further by area: The Supported Accommodation Service element will have a caseload consisting of 46 People using the service transitioning from the current service and the Visiting Support element will have a caseload of 51 People using the service transitioning from the current service.  There are a total of 75 people currently accessing the health and well being activities provided by the service including some people who are accessing supported accommodation and floating support elements of the service.  Further to this information will be provided regarding the type, frequency and attendance of the health and well being activities that are currently being provided, as added value, of the current service. |
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**Supported Accommodation**

| **Address** | **Level of Support** | **Number of beds** | **Current staffing hours** | **Current support hours** |
| --- | --- | --- | --- | --- |
| Flat 1 - 12, 18 Richmond Park Road, KT2 6AH | Medium | 12 | 24 Hours | 0800-2300 |
| Flat 1 - 4/ 40 Balaclava Rd, Surbiton KT6 5PN | Low | 4 | 8 Hours | 0900-1700 |
| Flat 1 - 4/ 66 Guildford Ave, Surbiton KT5 8DQ | Low | 4 | 8 Hours | 0900-1700 |
| 145 - 151 Richmond Park Road, KT2 6AG | Low | 4 | 8 Hours | 0900-1700 |
| Flat 1 - 4/ 56 Gibbon Road, Kingston, KT 2 6AB | Low | 4 | No staff on site |  |
| Flat 1 - 4, 70 & 72 Norbiton Ave, Norbiton, KT1 3QP | Low | 4 | No staff on site |  |
| Flat 1 – 3, 53 Hook Road, Surbiton, KT6 5AF | Low | 3 | No staff on site |  |
| Flat 1 – 5, Letchworth House, Beaufort Rd, KT1 2TH | Low | 5 | 8 Hours | 0900-1700 |
| Flat 1 – 2, Bonner Hill Rd, Kingston, KT1 3HE | Low | 2 | No staff on site |  |
| Carisbrooke - 12 St Matthews Avenue | Low | 5 |  |  |

**Appendix Three**

**TUPE Statement**

| **Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE)** The Provider, by the conclusion of the employee consultation period, shall ensure continued pension provision for any transferred employees who may transfer under the provisions of TUPE 2006, and who are currently members of a pension scheme/s and so entitled to the benefit of ‘Fair Deal for Staff Pensions (2013)” or the protections offered by the Best Value Authorities Staff Transfers (Pensions) Direction 2007.  As part of the initial bid for the Service the Provider should provide two fully costed staffing structures: one using staff on the Provider’s own rates (a base cost) and one including any employees, who the Bidder believes may transfer under the provisions of TUPE 2006, on their existing terms and conditions (including preserved pension rights). As indicated above it is expected that the Provider will include the TUPE cost within their bid submission.  Over time TUPE staff may leave and be replaced with staff on the Provider’s terms and conditions.  The Council will not reduce the monthly payment to reflect this reduction in cost but requires that the saving be reinvested in the service. A quarterly reconciliation will be required. The Contract requires the Provider to submit a revised structure each quarter clearly showing any leavers/additions. They will also need to provide a statement showing a variance between actual and budgeted costs on a cumulative basis (i.e. from the start of the contract). Any reduction in costs (the variance) will then be reinvested in the service as part of the Business Plan to be approved by the Council.  Additional Funding Sources The Provider will support the Council in identifying and deploying additional funding sources, which may be used to further develop the service. |
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**Appendix Four**

**Presentation of Needs requiring support**

| **Mental Health** |
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| Adults with significant and enduring Mental Health needs including diagnoses of schizophrenia, bipolar disorder, personality disorder and enduring anxiety and depressive disorders who require support to reach an optimum level of independence and whose needs may fluctuate depending on their level of recovery. Service Users may have forensic histories, substance misuse and/ or chaotic lifestyles and have identified risk histories that will need monitoring and regular liaison with other professionals. |
| **Physical Disabilities** |
| Visiting Support may be required for Adults with Physical Disabilities with complex needs.   * People born with a physical disability, for example people with spina bifida, muscular dystrophy, spastic quadriplegia or sensory impairment. * People who suddenly acquire a trauma-based disability, for example spinal injury or acquired brain injury. * People who acquire a disability from a long-term condition, for example multiple sclerosis or rheumatoid arthritis   And additional complex needs arising from multiple conditions including mental health issues. |
| **Autism** |
| Adults with autistic spectrum conditions - who have needs arising from either a diagnosed Autistic Spectrum Condition, autistic tendencies or who have a behaviour management need which requires a skilled response. It may also include people with Asperger's Syndrome and High Functioning Autism. |
| **People whose behaviour may challenge** |
| Adults with a diagnosis of a learning disability and/or additional needs arising from multiple disabilities/complex physical health needs/physical disabilities.  Adults with enduring mental health needs and/or chaotic lifestyles, who have significant additional needs arising from either an enduring mental health condition, personality disorder, autistic spectrum disorder substance misuse and/or chaotic lifestyle choices. Some Service Users may have forensic history and engage in behaviour which puts themselves and/or others at risk. |
| **Mental Health and Drug and Alcohol Misuse** |
| Adult with a dual diagnosis of Mental Health condition(s) and drug and alcohol misuse |
| **Learning Disabilities** |
| Adults diagnosed with a learning disability, who have additional needs arising from multiple disabilities which may include complex health needs, and/or physical disabilities or mental health problems. |

**Appendix Five: Minimum Property Standards**

| IntroductionThe Property is likely to be the main residence for the Client and their family placed in it for a considerable period of time and probably for the full duration of the booking so the Property must meet the following standards.The property shall be free of any Category 1 hazards as defined under the Housing Health and Safety Rating System in the Housing Act 2004 and associated guidance. Where the Property is a flat, all flats in the building of which it is part shall also conform to the appropriate fire protection standards.Conversions of houses or other buildings into flats require both planning permission and building control approval. Loft and other conversions require building control approval. Proof of any required permissions and/or approvals including HMO licence shall be provided before a Property can be accepted for inclusion in the housing stock that may be offered to the Authority for use pursuant to the Framework agreement.Accommodation above restaurants, fast food outlets or commercial premises where hazardous substances are kept shall not be acceptable for inclusion in the housing stock that may be offered to the Authority for use pursuant to the Framework agreement. Neither shall flats above noisy, late night opening premises such as minicab offices, clubs or pubs be acceptable for inclusion.Where a standard of repair etc. is specified by Law or the Authority, the Property shall be expected, in normal use, to maintain this standard throughout the period of the occupancy by the Client.External Property Standards**Access**The Property shall have:Safe, well-lit and easy access with no obstructions,  * Paths and yards (if present) which are reasonably surfaced so as not to present a tripping hazard and which shall be adequately drained so as not to retain standing water, * Access stairways (if present) which are secure and not unreasonably steep, any stairway or step shall not vary from current building regulation requirements in such a way as to present an unreasonable level of hazard to users. Accommodation provided shall not be accessed via external uncovered metal stairs to households with children. * Access stairways (if present) which have an adequate and securely fixed handrail.  **Communal Areas (where applicable)** All communal areas shall be:  * Clean, tidy, well-lit and well maintained. * Free from identified Fire Safety Hazard including; storage of possessions by occupiers, visitors, contractors or other parties including but not limited to personal possessions, including clothing), bicycles, prams or other forms of conveyance. * Maintained by a responsible landlord or managing agent who shall be identified.  **Roof (where applicable)**All Homes shall have:  * A roof or roofs which are well insulated (a minimum of 200 mm of Rockwool insulation or equivalent where possible), watertight, free from all defects, loose or missing tiles/slates, etc.  **Guttering (where applicable)** All Homes shall have:  * Adequate drainage from roofs, * Downpipes secured to walls, gutters and downpipes which are free from blockages and in good repair.  **Garden (where applicable)**All gardens shall:  * Be free of hazards as identified in the Housing Act 2004 (Part One) and compliant with Housing Health and Safety Rating System (HHSRS) guidance and/or regulations both internally and within the curtilage of the let premises including gardens and other space accessed and accessible to occupier.  **Rubbish Disposal**Each Property shall have:  * Sufficient bins provided for a normal household's use, depending on the size of the Home, in a clearly defined and easily cleaned bin storage area or adequate refuse storage and disposal facilities. * Up to date information made available to the household about refuse (including recycling) collection days.  Internal Property Standards**Doors**Doors shall meet the following standards:  * All external front (main entrance) doors and frames shall be of exterior grade quality and should be reasonably secure from access by burglars. They shall have a 5-lever mortice deadlock with an additional "Yale type" latch, or where purpose made UPVC door has integral door locking mechanism and an internal chain. * All other external doors shall have a five-lever mortice deadlock with internal bolts. * All external front doors shall open freely, have a bell or adequate knocker fitted and be clearly numbered. * All internal doors shall open, close and fasten properly and have their keys removed, bathrooms and toilets should be provided with a courtesy latch that could be forced open by an adult if a child accidentally locks themselves in. * All doors with large glass panels shall be fitted with safety glass or safety film.  **Staircases (where applicable)**All staircases shall have:  * Gaps between their spindles and gaps between their balustrades which are no more than 100mm. * All gaps between treads and risers filled in. * A two-way light switch provided in all stairways/hallways with more than one floor so that the light can be switched off/on from either floor or floors, * Be free from obstruction and not unreasonably steep. * A suitable handrail.  All staircases should where possible conform to current building regulations. Any stairway or step should not vary from current building regulation requirements in such a way as to present an unreasonable level of hazard to users.**Walls and Ceilings**Walls and ceilings shall meet the following standards:Dampness  * All Homes shall be free from damp, mould, condensation, peeling paper, etc. * Condensation occurs sometimes in all homes. Condensation problems due to structural features shall not be so pervasive as to constitute a health hazard or be a statutory nuisance, * If a Home has been accepted for the Scheme, and subsequently found to suffer from significant condensation problems, then the Authorised Representative in his absolute discretion shall have the right to require the landlord to provide and fit suitable heat recovery/ventilation systems.  Plaster  * All plaster shall be sound and show no movement when examined.  Decoration  * All surfaces shall be painted/papered/or tiled, * All paint shall be cleaned and free from obvious marking, dirt, etc, * All wallpapers shall be in good condition and free from defects, * All woodwork shall be free from rot of any description and painted to a reasonable standard with gloss paint suitable stain or varnish.  **Windows/Glazing**The following requirements shall apply to windows and glazing:  * Louvre windows and centre hung "swing" windows shall be accepted in the absolute discretion of the Authorised Representative. All "swing" windows shall have a restraining bar, * Any windows above ground floor level which open shall be fitted with a restrictor mechanism. This mechanism shall limit the windows opening to no more than 150 mm, * Overlook windows in bathrooms and toilets shall be glazed with obscure glass or treated with plastic film to provide privacy, * New or replacement glazing installed after April 2002 shall consist of energy saving sealed double-glazing and comply with Building Regulations. To prove compliance, it shall have:   1. A certificate showing that the work has been carried out by an installer registered with the FENSA scheme, and   2. A certificate from the local authority confirming that the installation has been approved under the current Building Regulations. * All glazing which is under 800mm/2.8 feet from the floor (and greater than 25cm in any direction) shall be re-glazed with toughened glass or have safety film properly applied to prevent shattering if it is broken. * All main habitable rooms (living rooms and bedrooms) shall have a reasonable glazed window area allowing reasonable levels of natural light. Bedrooms and living rooms should not have borrowed light or ventilation, e.g. from a glazed panel above a door. * All windows shall be reasonably secure from entry by intruders.  **Ventilation**The following standards shall apply:  * All main habitable rooms (i.e. living rooms and bedrooms) shall have at least one twentieth of the floor area available as windows that open, * This requirement also applies to kitchens, bathrooms and WC cubicles if they rely on natural ventilation (openable parts of windows should easy to operate), * If a kitchen, bathroom or a WC is an internal room it shall have mechanical extract ventilation, * If mechanical ventilation is required in a kitchen it shall be capable of three air changes per hour, * If mechanical ventilation is required in a bathroom and/or WC it shall be capable of three air changes per hour, * A light switch shall activate any mechanical ventilation and the fan shall have a twenty-minute overrun when the light is switched off.  **Insultation** The following standards shall be met:  * All accessible loft spaces shall have a minimum of 200mm Rockwool insulation (or equivalent) properly laid, * All hot water tanks should be foam lagged or have a good quality insulating cylinder jacket, which has been properly fitted, * All water tanks and pipes which may be liable to damage by frost shall be adequately protected with lagging. * Must have an energy performance certificate (EPC) as required under current legislation  **Heating and Hot Water Systems**Heating and hot water shall be provided and shall meet the following standards:  * There shall be either a full gas central heating and hot water system, which is preferred, or electric Economy Seven-night storage heating. The property must have fixed, controllable, programmable, affordable heating, some types of panel heaters may be acceptable at the discretion of the Authorised Representative. * If water heating is by electricity it shall be of reasonable capacity and have an on and off-peak tariff. * The heating shall be sufficient to maintain an internal room temperature of 21 degrees Celsius in the living room and 18 degrees Celsius in the bedrooms when the outside temperature is minus 1 degree Celsius, * Boilers shall be less than 10 years old, older units to be agreed at the absolute discretion of the Authorised Representative. * All pipe work to the boiler should be boxed in appropriate to its location. * All gas heating systems shall have a 3-star British Gas Service Agreement or equivalent, * All heating systems shall have a timer and thermostat, * All hot water systems shall be able to operate independently from the heating system, * Details for the location of the on/off switch shall be noted and provided to Clients, * Landlords shall provide a gas safety certificate and a copy of the annual Gas Safe service agreement every year. A copy of the safety certificate shall be given to the Client; the report should not have any items requiring attention. * Homes with boilers fitted in bedrooms shall not normally be accepted. The Authorised Representative may consent in his absolute discretion to a boiler being located in a bedroom, such consent shall be sought in advance of the Home being offered to the Authority for letting, * Operating instructions for heating/hot water system shall be provided to Clients.  **Electrical Items**All Homes shall meet the following standards:  * All Homes shall have a current The National Inspection Authority for Electrical Installation Contracting (NICEIC), National Association of Professional Inspectors and Testers (NAPIT) or equivalent government approved electrical safety report. This report must have no items marked as requiring urgent attention or investigation, * All electrical wiring shall be covered, * All surface mounted wiring shall be enclosed in suitable plastic conduit, * All RCD consumer unit shall be housed in a cupboard, with a childproof latch on the door to prevent access and ensure that cables under the meter are covered, * Boiler and cooker. Fused spurs shall be provided, * Portable Appliance Testing (PAT) is required annually for all electrical appliance supplied (e.g. electric cookers).  An adequate number of sockets shall be required, and the following shall be appropriately spaced:  * Living room. 2 double sockets as a minimum * Double bedrooms. 2 double sockets as a minimum * Single bedrooms. 1 double socket as a minimum * Kitchen. 2 double sockets at worktop height as a minimum, 1 socket for a fridge and one socket for a washing machine, * Landing. 1 socket as a minimum  **Furniture**The following items shall be provided:  * Carpets or other suitable flooring, curtains, net curtains, light shades, cooker and fridge/freezer or a separate fridge and freezer. In the case of the latter items, size shall be dependent on the size of the Home concerned, i.e. a larger cubic volume is required for a four-bedroom house than a one bedroom flat. * At the discretion of the Authorised Representative the property maybe left unfurnished to allow for the occupant to place their own furniture. * Any other furniture left in the Home shall be left at the landlord's own risk, for which no further payment will be made, and no repairing responsibility accepted, * Any furniture shall comply with the Furniture and Furnishings (Fire Safety) Regulations 1988 (as amended).  **Fire Safety**The following standards shall apply  * All Homes shall have adequate fire separation between separate units of accommodation * All front doors to flats which lead off a communal hallway shall be half hour fire resistant doors, designed to meet BS476 and Part 22, * If the kitchen adjoins a fire escape route, a half hour fire door complying with BS476, Part 22 shall be provided. If for any reason the Authorised Representative agrees, in his absolute discretion, that this requirement is impracticable, then a mains powered electricity heat rise detector shall be installed in the kitchen and wired to a suitable alarm, * All glazed kitchen doors shall have clear Georgian wire cast glass, or other suitable safety glass, * A fire blanket shall be provided, * The preferred standard for smoke alarms shall be electrically operated interlinked smoke alarms installed to each floor complying with BS5839, Part 6 and conforming to Grade D, Type LD2, * As a minimum standard, and only at the absolute discretion of the Authorised Representative, plug-in smoke alarms (such as that recommended by the Fire Brigade with a built in 10-year battery) shall be installed on each floor, * Smoke alarms with removable batteries shall not be acceptable under any circumstances. * All properties that use solid fuel-fired heaters or appliances or fireplaces or attached garage to be equipped with a Carbon Mono-Oxide detector. * Under no circumstances should the only escape route is through a high-risk area e.g. kitchen area.  Room Standards**Kitchens**Kitchens shall meet the following minimum standards:Cooker  * All rings shall operate. * If free standing, the cooker shall be chained to the wall. * The oven shall be clean and provided with shelves.  Sink  * Splash backs shall be tiled to a minimum of 300mm (two tiles high). * Sinks and worktops shall be sealed around the edges with silicone sealant. * All waste pipes and traps shall be free of defects with no leaks or drips. * Any holes around waste pipes and traps shall be sealed so as to prevent the ingress of vermin. * Taps shall be in good condition (i.e. no dripping) and easy to operate by children or people with finger mobility problems. * Kitchen units - All units shall be less than 10 years old and free from defects. * There must be adequate work surface space for the size of the Home.  An adequate number of units shall be provided, below is the suggested guidance.  * There shall be a minimum of two fitted floor unit (excluding the sink unit). * There shall be a minimum of two drawers. * There shall be a minimum of two fitted wall units.  Fridge/freezer or fridge and freezer  * The fridge/freezer or fridge and freezer shall be clean and in good working order, * They shall have a capacity of at least 131 litres (fridge) and 61 litres (freezer).  Washing machine  * Washing machines are not required but there shall be:   1. Sufficient space for a washing machine to be installed under a work surface in the kitchen or equivalent position,   2. Appropriate fittings to allow such installation to take place, and   3. A non-return valve fitted to the waste pipe.  Floor covering  * Floor covering shall be of the vinyl type or tiled and shall be free from all defects.  The floor should be readily cleansable.  Stopcock  * Location of stopcock should be identified.  **Bathrooms**The following standards shall be provided:Floor covering  * Floor covering shall be vinyl type or tile and shall be free from defects.  The floor should be readily cleansable. * Floors shall be sealed around their edges with silicone sealant.  Bath  * The bath shall be fitted securely and there shall be no leaks, * Bathrooms shall be tiled to a height of 300mm around bath and well-sealed at the joints, * All bath panels shall be free of defects, * Generally, the standard to be reached in a bathroom is one where normal usage will not lead to any water ingress into the structure of the Home over the period of the lease.  Showers  * Showers are not essential but where provided the landlord shall ensure that their normal use will not damage the Home, through water ingress or otherwise, * Separate shower cubicles shall be tiled to a height of 1.8 metres, * All shower bases shall be adequately sealed, and a curtain/door provided. * Generally, the standard to be reached in a shower room is one where normal usage will not lead to any water ingress into the structure of the Home over the period of the lease.  Showers fitted above baths  * Tiling shall be of a sufficient height to protect the decoration of the wall (1.8 metres +), * A shower door or curtain shall be provided and shall be of a sufficient standard to prevent water damage to the floor, * A wall bracket shall be provided for shower attachments, * The provision of a bath rather than a shower shall be preferred. Homes with showers only shall be considered and shall be accepted at the discretion of the Authorised Representative.  Washbasin  * The splash back shall be tiled to a minimum of 300mm (two tiles high), * Washbasins shall be sealed around the edges with bathroom grade silicone sealant * Waste pipes and taps shall be free of defects with no leaks or drips, * Taps to be easy to operate, * Taps shall be in good condition (i.e. no dripping) and easy to operate by children or people with finger mobility problems.  A mirror and towel rail shall be provided.Light fittings shall be of a sealed type appropriate for bathrooms.Toilet  * The toilet shall be clean, secure, free of defects, with a secure seat and the cistern shall fill at a reasonable rate, * The floor covering in separate WC closets shall be free of all defects. Vinyl flooring or tiles shall be preferred with sealing at the edges with silicone. Carpet shall not be acceptable.  The floor should be readily cleansable. * A toilet roll holder shall be provided, * In large Homes of 4 bedrooms or more, a second toilet is preferable.  **Living Room and Bedrooms**The Size/layout of the accommodation must comply with [Section 326 of the Housing Act 1985](http://www.legislation.gov.uk/ukpga/1985/68/section/326).Carpets  * Carpets (or other suitable flooring) shall be provided. It shall have a good quality underlay, be clean, of reasonable quality and free from all defects such as excessive wear, loose seams, excessive staining, bare patches and so on, * Laminate or other wooden flooring shall not be acceptable in flats above ground floor level unless the floor is of a solid concrete construction because of potential noise disturbance.  Curtains  * Curtain rails shall be securely fitted above all windows. * Curtains shall be clean, free from defects and when drawn at night prevent external viewers seeing into the room concerned. Net curtains shall be fitted to all windows. * Blinds shall be accepted in the absolute discretion of the Authorised Representative.  **Health and Safety**  | **Safety Area** | **Safety Requirement** | **Action to meet standard** | | --- | --- | --- | | Gas | Annual gas safety  certificate for all  appliances, both in the  common parts and within  the unit | The provision of a valid gas safe certificate with  a minimum period of 6 months remaining | | Fire | Where there are shared  common parts (i.e. in a  block of flats or a house  converted into flats) a fire  risk assessment and action  plan for the common parts  Both the unit and common  parts of the property to be  checked against the HHSRS  standards 24.22-24.29 | Please complete the attached yes/no checklist.  Please see the links below for information and  guidance.  http://www.local.gov.uk/web/guest/publications  /-  /journal\_content/56/10171/3369777/PUBLICA  TION-TEMPLATE  http://www.flat-living.co.uk/information/fire-  safety/fire-safety-guidance-from-lacors/  For HHSRS standards, please refer to the  attached operating guidance especially pages  153-154 which covers 24.22-24.29  [Housing health and safety rating system (HHSRS) operating guidance: housing inspections and assessment of hazards](https://www.gov.uk/government/publications/hhsrs-operating-guidance-housing-act-2004-guidance-about-inspections-and-assessment-of-hazards-given-under-section-9)  [LACORS: guide to fire safety in certain types of accommodation](https://www.cieh.org/media/1244/guidance-on-fire-safety-provisions-for-certain-types-of-existing-housing.pdf) | | Electrics | All hard wiring and  electrical installations to be  certified as safe under a  'Domestic Electrical  Installation Periodic  Inspection Report' (DEIPIR) | The provision of a valid DEIPIR (commonly a  NICEIC) is provided with a minimum period of 6  months remaining | | Asbestos | Asbestos survey &  management plan for all  buildings where asbestos is present or can reasonably be expected to be present (in reality all workplaces built before 2000). | Advisory – please the link below to the HSE  website for information on and guidance  http://www.hse.gov.uk/asbestos/regulations.htm | | Legionella | Legionella risk assessment  and scheme of controls in  buildings where a risk of  Legionella is present. All  areas of building. | For properties where there is a  shared/communal water tank (normally blocks)  provision of a legionella risk assessment and  scheme of controls.  Please see the link below to the HSE website for  information and guidance.  <http://www.hse.gov.uk/legionnaires/index.htm> | | Lifts | Inspection & test of all lifts  in the building |  | |
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