SERVICE SPECIFICATION FOR SUPPORTED LIVING SERVICES FOR ADULTS WITH LEARNING DISABILITIES

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SECTION ONE: INTRODUCTION	
1.	Introduction
1.1	The London Borough of Islington and Islington CCG is establishing a Dynamic Purchasing System (DPS) for the provision of supported living services for adults with learning disabilities aged 18 and over.
1.2	This service specification sets out the overarching outcomes expected of providers delivering these services. Providers are further required to deliver services in accordance with the requirements contained within: • lot-specific service specifications • individual placement agreements • individual care plans This document also sets out the process for agreeing making support arrangements via this DPS.
1.3	This document should be read in conjunction with the Invitation to Tender documentation and the Terms & Conditions.
2.	Clarifications
2.1	**Independence** We recognise that 'independence' means different things to different people. When we refer to 'independence' we expect providers to understand the subtlety of this and reflect this in the way they work with their service users. We expect providers to support people's individual aspirations for independent living.
2.2	**Choice, Control and Capacity** Everyone has the right to exercise choice and control over their care and support. However, we recognise that capacity is a key factor when aspiring to achieve increased choice and control. As required, assessments will be carried out, in line with legislation, in order to determine capacity to make particular decisions and best interests processes will be followed where appropriate. We also recognise the important role for independent advocacy. These services will be arranged where needed.
2.3	**'Circle of support'** In this document, reference to an individual's 'circle of support' may include their family carers, other relatives, friends, advocate and/or appointee.
3.	Vision
3.1	Our vision is for people with learning disabilities to lead safe, happy and meaningful lives. We want people to live as independently as they wish to, in the context of their needs and potential, in high quality accommodation in their local communities. For those people who need specialist accommodation with support, we will ensure they are supported by a skilled provider, in the most imaginative and least restrictive way, as locally as possible.

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4.	Purpose and local context
4.1	We want to establish a robust list of providers that are skilled to deliver high quality personalised supported living services for adults with learning disabilities. Implementing a new way of procuring these services is an opportunity to increase the range of services available for people to choose from and to drive innovation, value for money and an increased focus on outcomes.
4.2	Islington's forecasted accommodation requirements are outlined in the Learning Disability Accommodation Plan 2017-2020 which is attached as an appendix to this document.
4.3	Islington currently purchases supported living services for adults with learning disabilities through a number of block contracted and spot-purchased arrangements. In consultation with service users and family carers, over time existing arrangements will be replaced with support arrangements agreed via the DPS.
4.4	Islington is committed to increasing the use of personal budgets to achieve the outcomes identified in an individual's support plan. This will facilitate supporting individuals in more flexible ways in order to achieve the outcomes they want to achieve. It will also enable greater choice and control. Islington will support the providers to work more flexibly to deliver outcomes within an agreed budget. Providers will be encouraged to offer innovative ways of supporting people to achieve the outcomes individuals want, whilst ensuring that services are safe, affordable and effective.
5.	Policy Context
5.1	The service will provide care and support that is in line with, but not limited to, the values, standards and objectives set out in the following key documents: • Care Act 2014 • Equalities Act 2010 • Valuing People Now (DH 2009) • Mental Capacity Act 2005 • Building the Right Support 2015 • Building the Right Home 2016 • REACH Supported Living Standards 2014 • Pan London Safeguarding Adults Procedures • Islington's Joint Commissioning Strategy 2017-20 • Other recognised, evidence-based requirements for high quality services • All relevant legal, regulatory and local authority requirements
6.	Values
6.1	Support providers are expected to uphold core values around personalisation, independence, choice, control, social inclusion, prevention and early intervention.
6.2	Service users and family carers will be actively engaged as equal and valued partners in service development and delivery and will be treated with dignity and respect.

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6.3	Providers will run well-managed, reliable and cost effective services that deliver value for money for the individuals choosing them and the local authority.
6.4	Providers will work collaboratively with the local authority to ensure services continue to meet the needs of the borough's changing population.
7.	Eligibility
7.1	Services users eligible for accommodation and support via the DPS will: • have a diagnosed global learning disability • be open to Islington Learning Disability Partnership (ILDP) • be aged 18 years or over, or in formal transition to adult services
7.2	Service users may have a range of additional needs including: • mental health • substance misuse • behaviour that challenges • autism • physical disabilities • sensory impairments • complex health conditions • a risk of offending and/or contact with the Criminal Justice System • communication difficulties • risk-taking behaviours that put the person or others at risk of harm • victims of abuse or a history of experiencing abuse or traumatic life events
8.	Lots
8.1	Support arrangements will be advertised to providers on the framework in the following lots: 1. Learning disability supported living 2. Supported living for people with profound and multiple learning disabilities 3. Supported living for people with learning disabilities and behaviour that challenges *For lots 2 and 3, see lot-specific service specifications for additional detail.*
8.2	Tender adverts will clearly state which of the following scenarios apply: • Support services to be delivered in pre-existing tenancies/accommodation • Support services to be delivered in new accommodation identified by the Council • Support services to be delivered in accommodation offered by the provider
8.3	Support arrangements may be advertised for individuals or for groups of individuals, depending on the circumstances and most effective model of support to deliver the

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	best possible outcomes. Where appropriate, providers will be invited to pool a proportion of individual budgets to create a core level of service.
8.4	**Core (shared) Support** This element will focus on keeping safe and well in the home. This may include: - Night support - Personal care - Medication prompting / administration - Tenancy management - Ensuring a safe and viable service Support providers should ensure that any core support does not compromise individual choice and control. Bids proposing high core support offers will need to demonstrate how services will remain personalised and flexible. The core support element of an individual's personal budget will be paid directly to the successful provider as a virtual budget. The core support provider will be the 'lead provider' for that individual's support arrangements.
8.5	**Individual Support** This element will focus on accessing the community, meaningful activity (including accessing work and learning) and developing the skills of daily living. Our preferred model is for the individual support element of an individual's personal budget to be paid onto a pre-paid card as an Individual Service Fund (ISF). The lead provider will hold the ISF and they will co-produce a support plan with the individual and their circle of support, as appropriate, to determine how this money will be spent to achieve the agreed outcomes. This support plan will be agreed with a care manager prior to the service commencing. Support providers are actively encouraged to be as creative as possible when support planning this individual element to make the most effective use of the resources available in the delivery of positive outcomes. Please see section nine for more detail on the management of the ISF. If an individual is not willing to consent to an ISF arrangement, they will have two options: 1) Take this amount of money as a direct payment and manage the budget themselves in accordance with Islington Council's policies and procedures relating to direct payments. Any providers/personal assistants employed by the individual will need to adhere to section sixteen of this specification regarding partnership working expectations. This will need to be set out in an agreement signed by the individual, the lead provider and the employed provider and/or personal assistant.

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	2) Authorise the care manager to arrange appropriate payments as a virtual budget. If this option is chosen, the individual and their circle of support, will remain involved in the co-production of the support plan.
8.6	**Change in Need – Core Support** Over time, the lead provider or members of the care management / contracts teams may consider that the collective needs of the individuals living at the scheme have either decreased or increased. Islington Commissioning team will facilitate a discussion about any changes to the core offer, in consultation with tenants and their circle of support.
8.7	**Change in Need – Individual Support** Over time, the lead provider or a member of the care management team may consider that the individual support needs of someone living at a scheme have either decreased or increased. In this instance, following a reassessment of need, the individual's ISF may be reduced or increased accordingly. A revised support plan will be required.
9.	Finances - Individual Service Funds (ISFs) and Assessed Contributions
9.1	An ISF is a form of direct payment (DP) that enables individuals to have greater choice and control over how their support is delivered and facilitates increased flexibility. ISF arrangements for people's individual support elements will be made in accordance with Islington Council's ISF guidance and DP rules and regulations.
9.2	The overarching principles of an ISF are: • the individual decides how to spend the money to meet their assessed needs • the ISF (lead) provider is accountable to the individual • The individual can choose to purchase any agreed support hours from the ISF (lead) provider, from other organisations, or employ a personal assistant. It is **essential** that individuals have free choice to make this decision and the ISF (lead) provider acts on this accordingly. • the ISF (lead) provider commits to spend the money only on the individual's service and the management and support necessary to provide that service • the ISF (lead) provider will transparently evidence how the money is spent, including a breakdown of how much is spent on the management and support
9.3	The following documentation is required to be in place prior to the service commencing:

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Document	Parties	Content
Individual Service Fund Agreement	ISF (lead) provider and the individual or authorised person	A legal agreement which describes how the ISF (lead) provider will support the individual. It will include: management costs, responsibilities of all parties, monitoring arrangements and how the agreement could be ended. To be attached to the DP support plan.
Direct Payment Support Plan	ISF (lead) provider will develop the support plan with the individual and seek agreement from the care management team once complete	A detailed breakdown of how and where the money will be spent to meet the agreed outcomes for that person.
Direct Payment Agreement	Islington Council and the ISF (lead) provider, as the nominated organisation to manage the funds	A legal agreement outlining that the ISF (lead) provider accepts the responsibilities of the direct payment on behalf of the individual, and is bound by the DP agreement rules and regulations.

9.4 **ISF Management Fees**
The ISF (lead) provider can charge up to £20 per month per person to manage their ISF. An allowance for this will be calculated within their personal budget.

9.5 **ISF Monitoring Arrangements**
On a monthly basis Islington Council's finance team will verify all payments made using the pre-paid card against the agreed support plan. Any discrepancies will be queried directly with the ISF (lead) provider.
The care management team will lead a 6-12-week review of the support when it is initially set up. The plan and associated outcomes will then be subject to annual review.
Monitoring and review of these arrangements will also be carried out as part of wider contract monitoring and quality assurance – see section twenty.

9.5 **Assessed contributions**
All individuals will have a financial assessment to calculate their contribution towards the cost of their care. Where applicable, this will be collected by Islington Council and off-set against an individual's virtual budget, as opposed to their ISF.

SECTION TWO: PROCESS

10. Process for making support arrangements

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10.1	Please see 10.4 and 10.5 for a process overview
10.2	As outlined in 2.2, the details of this process will be determined by the capacity of the individual and the extent of family carer involvement. Independent advocacy services will be arranged where needed.
10.3	* LBI's standard criteria for evaluation: **0** There is no response to the question **1** An attempt has been made to respond, but does not meet requirements/solution does not cover any essential points **2** The response/solution partially meets requirements (covers some essential points) **3** The response/solution meets requirements (covers all essential points, may have included clear examples) **4** The response/solution exceeds requirements (covers more than the essential points, giving clear examples) **5** The response/solution will add significant value (covers more than the essential points, giving clear thorough examples to illustrate how value will be added) These evaluation criteria are correct as at October 2017 and may be subject to change. Any changes will be clearly stated in the tender pack.

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10.4 Overview of the process for making support arrangements where a group of individuals are proposed to live together:

Individual Needs Assessment (for each person)
Assess accommodation requirements
Assess needs and outcomes to be achieved
Calculate indicative budget (IB)

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ILDP Agreement
Agree proposed outcomes and the personal budgets (PB)
Create Support Plan

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Proposed Support Arrangements Collectively Advertised to Providers
Proposed support arrangements collectively advertised to providers in the appropriate lot, outlining the individual outcomes to be met within each personal budget

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Provider Responses
Providers will be given a timeframe for response, which may vary depending on urgency
The response will need to explain:
- the core offer the provider proposes to deliver at what cost
- a proposal of how people's individual outcomes will be met using the remaining ISF funds once the core support amount has been deducted

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Evaluation
In addition to this written response, providers may be asked to give a presentation and/or answer pre-published interview questions.
All response elements will be evaluated using LBI's 0-5 scale* by some / all of:
Service Users and their Circles of Support
ILDP Brokerage
Commissioning
ILDP Clinicians

The bid with the highest moderated score will be awarded the lead provider role to deliver the core offer and to manage the ISF funds.

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Support Arrangements Agreed
Contract awarded to chosen provider and ILDP notified of decision made.

10.5 Overview of the process for making support arrangements for an individual

Individual Needs Assessment
Assess accommodation requirements
Assess needs and outcomes to be achieved
Calculate indicative budget (IB)

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ILDP Agreement
Agree proposed outcomes and the personal budget (PB)
Create Support Plan

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Proposed Support Arrangements Advertised to Providers
Proposed support arrangements advertised to providers in the appropriate lot, outlining the individual outcomes to be met within their personal budget and what accommodation is required (if not already specified)

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Provider Responses
Providers will be given a timeframe for response, which may vary depending on urgency
The response required will be commensurate with the complexity of need and risk of the individual.
The response will need to explain:
- the core offer the provider proposes to deliver at what cost or the core offer available at an existing scheme which has an appropriate void
- a proposal of how the individual's outcomes will be met using the remaining ISF funds once the core support amount has been deducted

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Evaluation
Depending on the complexity of need and risk, in addition to this written response, providers may be asked to give a presentation and/or answer pre-published interview questions.
All response elements will be evaluated using LBI's 0-5 scale* by some / all of:
The Service User and their Circle of Support
ILDP Brokerage
Commissioning
ILDP Clinicians

All bids scoring 3 or above will be considered acceptable.
Where possible, the individual and their circle of support will be presented with all bids that are considered acceptable.
There will then be an opportunity for the service user and their circle of support, where appropriate, to meet with these providers, who can carry out an initial assessment.
The service user and their circle of support will make the ultimate decision between the bids.
If the above does not apply, bids will be evaluated using LBI's 0-5 scale* and the bid with the highest moderated score will be awarded the contract.

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Support Arrangements Agreed
Contract awarded to chosen provider and ILDP notified of decision made.

SECTION THREE: SERVICE DELIVERY	
11.	Overarching Outcomes
11.1	The expected outcomes for service users living in supported accommodation in Islington are: • to be supported to maintain their tenancy • to be able to live safely within their community, in the least restrictive setting • to work towards maximising independence and reducing support needs • to be equipped with the skills, knowledge and resilience to maintain optimum physical, mental and emotional health • to be engaged in meaningful activity • to have an income and manage their finances appropriately • to have increased choice and control • to be supported in a person-centred way and to be treated with dignity and respect
11.2	All tenants will have a formal tenancy agreement with their landlord. As far as is possible, this tenancy will aim to meet the standards of 'The Real Tenancy Test'[1]: 1. A tenancy agreement is in place 2. The tenant has control over where they live 3. The tenant has control over who they live with 4. The tenant has control over who supports them and how they are supported 5. The tenant has control over what happens in their home
11.3	Providers will ensure the service users they work with are supported to maintain their tenancy. This includes ensuring service users: • have an easy-read tenancy agreement which they have signed or has been agreed via best interests if they lack capacity • have easy-read information explaining the roles and responsibilities with regards to housing management and maintenance • are able to report maintenance issues which are responded to promptly and effectively* • are actively engaged in maintenance and housing management decisions and activities* • receive an integrated service where the support provider is working in partnership with the support provider, Islington Learning Disability Partnership and other agencies and stakeholders, as appropriate • are supported to maintain positive relationships with neighbours *recognising that individuals may need support to do this / this may be done on an individual's behalf
11.4	Support services will ensure the service users they work with:

[1] The Real Tenancy Test, NDTi 2010

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	• have maximum choice and control in all elements of their life and support (positive risk management approach) • are supported to maintain and develop skills to manage their home as independently as possible • are supported to work towards a reduction in support needs, where appropriate, and to move on to more independent living best suited to their needs • have access to appropriate meaningful day activities, including exploring education, employment and training where appropriate • are encouraged to be active participants in their local community and to engage in social and leisure activities • have access to independent advocacy • are supported to develop and maintain positive relationships with their network of friends, family and partners • are supported in a way that is sensitive and responsive to their cultural, ethnic and religious needs • are supported positively with regards any behaviour that may be challenging to services • have support to manage their finances, including their personal budget / ISF where applicable • are communicated with in a way that is accessible to them, taking a Total Communication Approach where appropriate. This may include visual aids, use of Makaton (or equivalent), etc.
11.5	Providers are expected to adhere to the five good communication standards for all individuals they work with: 1: There is a detailed description of how best to communicate with individuals. 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services. 3: Staff value and use competently the best approaches to communication with each individual they support. 4: Services create opportunities, relationships and environments that make individuals want to communicate. 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing. https://www.rcslt.org/news/docs/good_comm_standards
12.	Person-centred and Co-produced
12.1	Services will champion 'nothing about me without me'. Service users and their circle of support will be actively engaged as equal and valued partners in decisions about how their support is delivered. Where a service user is deemed to lack capacity to be involved in these decisions, a capacity assessment must be carried out to evidence this and best interests' decisions made where required, in accordance with the Mental Capacity Act 2005.

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12.2	Support providers are required to ensure all service users have individual assessments and plans that are comprehensive, live documents. These documents will include (as appropriate/required): • person-centred plan which is outcomes-focussed and has been co-produced with the service user and their circle of support, as appropriate • risk assessments • support / care plan • Positive Behaviour Support plan (PBS) • communication passport • health passport • health action plan, maintained in partnership with primary care These documents will be reviewed at regular intervals by support staff who know the individual well, in partnership with the service user, their care manager and their circle of support, as appropriate. Assessing progress against outcomes will be essential to these review processes.
12.3	Support providers will have a formal mechanism for capturing service user experience and satisfaction on at least an annual basis.
12.4	Support providers will have Easy Read compliments and complaints procedures which are clearly communicated to tenants at the start of their placement. Service users will be offered independent advocacy to raise complaints if required.
13.	Family Carers
13.1	Definition: A Family Carer is someone of any age whose life is restricted because they are looking after another person who cannot manage without help because of illness, age related frailty, mental health need, substance misuse or disability. Family Carers are not paid and do not always live with the person they care for. They may be caring for a friend, neighbour or relative.
13.2	If in line with the wishes of the service user, support providers will regularly engage with family carers via meetings, reviews, surveys, and regular verbal and written communications in order to: • learn from family carers as experienced experts • review progress against outcomes • share information and learning • capture carer feedback / experience / satisfaction • identify and discuss any risks, issues or complaints
13.3	Support providers will share their compliments and complaints procedures with family carers at the start of a placement.
14.	Health

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14.1	Support providers are required to sign up to the VODG Health Charter and STOMP Pledge: • The VODG Health Charter is designed to support social care providers to improve the health and well-being of people with learning disabilities. Signing up to the charter involves carrying out a self-assessment and putting together an action plan for the organisation. *https://www.vodg.org.uk/publications/health-charter-for-social-care-providers/* • The VODG STOMP Pledge is a campaign to stop the over-use of psychotropic medication to manage people's behaviour. Signing up to the pledge involves carrying out a self-assessment and putting together an action plan for the organisation. *https://www.vodg.org.uk/campaigns/stompcampaign/* Active participation in the Health Charter and STOMP schemes will be monitored through contract monitoring reviews.
14.2	Support providers will support service users to: • understand what it means to be healthy and well and support people to make informed choices about their health and wellbeing • register with a local GP within 7 days of commencing service • access universal health services to promote physical, mental and emotional wellbeing and support access to specialist health services as appropriate; including specialist support available through the Islington Learning Disciplinary Partnership • take any prescribed medication as directed by medical professionals • attend their annual health check – any issues achieving this must be flagged during contract monitoring • arrange, attend and follow-up all medical appointments for any arising health needs and long term conditions • visit a dentist annually • have an eye test at least every 2 years, linking with the borough's Low Vision Service where appropriate • access independent health advocacy when appropriate

14.3	Support providers will encourage service users to:
	
	• take part in relevant screening programmes http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx#types
	• take part in relevant immunisation programmes, e.g. flu vaccinations
	• make healthy lifestyle choices, e.g. smoking cessation and accessing sexual health services
	• make healthy eating choices and take part in NHS recommended levels of exercise, building on individual preferences and interests
	• follow the NHS 5 steps to mental wellbeing:
	  ○ Connect
	  ○ Be active
	  ○ Keep learning
	  ○ Give to others
	  ○ Be mindful

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	http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx
14.4	Support providers are expected to promote healthier eating in line with the council's commitment to the Local Government Declaration on Sugar reduction and Healthier Food: https://www.sustainweb.org/londonfoodlink/declaration/
14.5	Providers will be compliant with NICE medicines management and PHE infection control guidelines. If providing regulated services, providers will comply with CQC standards regarding the management of medicines.
14.6	**Management of Dysphagia** When a service is supporting an individual with dysphagia: • all staff are required to have completed the two-part dysphagia training programme (or have a training session booked imminently) • staff will be confident in complying with the eating and drinking instructions provided by the speech and language therapist • the service will nominate a dysphagia champion who will ensure best practice is embedded across the team All services will: • complete the eating and drinking difficulties screening tool with each individual (see appendix) • be confident in identifying when an individual needs to be referred for to Speech and Language Therapy for a swallowing assessment
15.	Staffing and Training
15.1	Providers must ensure that service users are supported by experienced staff members who can meet the needs set out in support plans. Islington expects providers to ensure that: • all staff members are recruited through a comprehensive value-based recruitment process that involves service users and/or family carers • all relevant staff have enhanced DBS checks prior to commencing employment and these are renewed at least every 3 years • all staff undergo a full set of recruitment checks prior to commencing employment • staff have the appropriate skills, competencies and values to provide the service • staff are committed to the delivery of a high quality personalised service • staff are properly supported and supervised, with written records to evidence this • staff are able to recognise the limitations of the service and know when and how to access additional and/or specialist support promptly when needed • staff are able to access support at short notice to manage stressful situations and in the event of whistleblowing • cover arrangements are in place to ensure that the service continues in the case of absence of support staff either due to annual or other leave, sickness, planned or unplanned employment termination or suspension

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15.2	Ongoing training and development is essential to maintaining a highly skilled and motivated staff team. Islington expects providers to ensure that: • a training and development programme is in place and regularly reviewed in line with changing service user needs • staff have access to bespoke training relating to specific service users e.g. health conditions, PBS, sensory impairments • as well as all appropriate professional training, all staff (including management) are trained in health and safety, safeguarding, equal opportunities and diversity • there is a comprehensive induction programme for all new staff members which involves shadowing existing staff prior to any 1:1 work • individual training records are held for each staff member
15.3	Providers shall consider using a Workforce Capacity Planning Tool to establish whether they have the right mix and numbers of staff with the right skills and knowledge to effectively provide the service. Further information at: http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/workforce-capacity-planning-model-september-2014.pdf
15.4	Engagement of properly trained, supervised and DBS checked volunteers is encouraged to enhance services but volunteers should not replace core activity personnel. Each volunteer must have a clear, written description of their role and an identified member of staff who would be available to offer support on a regular basis to enable them to make a valued contribution.
15.5	Providers will ensure that the use of agency/temporary staff is kept to an absolute minimum. Any agency/temporary staff must receive suitable induction and have an identified staff member who would be available to offer support if required.
15.6	Any complaints regarding the improper conduct of staff or volunteers must be reported immediately to the local authority and a safeguarding alert raised where appropriate.
16.	Partnership Working
16.1	Islington expects accommodation and support providers to develop positive and effective partnerships in order to deliver high quality supported living services for adults with learning disabilities. The terms of this partnership working must be clearly set out in a comprehensive management agreement or service level agreement prior to commencement of the service. This agreement must outline roles and responsibilities with regards to housing management and maintenance and for ensuring tenants have appropriate, accessible information about this arrangement.
16.2	Although Islington Council will not be a contracting party to any agreements between providers and landlords, the Council expects to view any agreement prior to sign-off and to hold a signed copy once finalised.
16.3	Support providers will work in partnership with the Islington Learning Disability Partnership (ILDP) and other statutory and voluntary agencies, as appropriate, to

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	ensure that individuals receive a joined-up service that is tailored to their assessed needs.
16.4	As outlined above, our preferred model is for the individual support element of an individual's personal budget to be paid onto a pre-paid card as an Individual Service Fund. Through ISF support planning, an individual can choose different providers for different elements of their individual support. The chosen providers will be required to work together in a professional manner to ensure that the individual receives a joined-up service. Providers will be expected to agree an effective means of communication between organisations. Providers will be required to implement an information sharing agreement that has been ratified by the service user and their circle of support. The lead provider is accountable for the funds being spent in accordance with the ISF support plan.
16.5	Providers are required to attend Islington Council's Learning Disability Commissioning and Provider Partnership meetings.
17.	Provider Organisation Requirements
17.1	All providers will be expected to have a robust organisational structure that provides: • management support for services and staff • robust quality, and health and safety monitoring • necessary support functions to support smooth running of services, to include; HR, finance / accounts, training / learning and development and policy development
17.2	Providers will ensure the organisation has internal expertise at management level around: • supporting people with learning disabilities and associated conditions • management of risks; including those associated with behaviour that challenges • safeguarding • mental capacity • DoLS
17.3	Provider organisations will be able to demonstrate that the voice of service users and family carers is heard throughout the organisation.
17.4	Providers will have, and regularly review, robust business continuity plans that are specific to local service delivery.
17.5	Providers are expected to adhere to guidance published by the Care Quality Commission (CQC): http://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf This includes registering services with the CQC, if required, and sending inspection reports to the Commissioning team when received.

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	CQC guidance states: “most supported living and extra care housing services that provide personal care will need to be registered with CQC to carry on the regulated activity ‘Personal Care’”.
17.6	Providers are expected to be signed up to, or be working towards sign-up to the Driving Up Quality Code: https://www.drivingupquality.org.uk/home
18.	Incident Reporting and Safeguarding Vulnerable Adults, Children and Young People
18.1	See incident reporting procedure attached as an appendix.
18.2	The Islington Safeguarding Adults Board (ISAB) has agreed to adopt the entire London Multi-Agency Policy and Procedures: *http://londonadass.org.uk/wp-content/uploads/2015/02/Pan-London-Updated-August-2016.pdf* In addition, Islington Council has some local appendices to the pan-London document: https://www.islington.gov.uk//~/media/sharepoint-lists/public-records/adultcareservices/information/guidance/20152016/20160321islingtonappendixtolondonsafeguardingadultspolicyfeb2016 All providers are required to follow these policies and procedures if abuse is identified or if the provider has grounds to believe that abuse may have taken place.
18.3	Providers are required to have their own internal policies and procedures to protect adults, children and young people from abuse, that reflect the aforementioned multi-agency agreements. To ensure compliance with the Care Act 2014, providers must have separate Adults and Children’s policies that make reference to the Care Act, modern slavery, domestic violence and self-neglect.
18.4	The provider shall immediately bring to the attention of the local authority any allegation, complaint or suspicion of abuse by or regarding any service user, whether the suspected abuser is employed by the provider, by the council or by any other person.
18.5	A **Making Safeguarding Personal** approach has now been adopted by Islington. This is an example of a co-produced process that involves the service user and carer from the beginning and on agreeing on the outcomes
19.	Whistleblowing
19.1	Providers must ensure that staff feel supported to raise any concerns they have without fear of victimisation, subsequent discrimination, disadvantage or dismissal.
19.2	Providers are required to have a comprehensive whistleblowing policy that draws on best practice guidance and regulations, including PIDA 1998. This policy must:

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	• enable staff to feel confident about raising serious concerns at the earliest opportunity • provide avenues for raising concerns and receiving feedback on action taken • provide assurance that staff will receive a response to their concerns and clarify the procedure for pursuing this if they are unsatisfied • reassure staff that they will be protected from possible reprisals or victimisation following any disclosure made in good faith
SECTION FOUR: MONITORING AND QUALITY ASSURANCE	
20.	Performance and Contract Monitoring and Quality Assurance
20.1	Providers will be required to complete a quarterly monitoring report to be submitted to the Contracts Officer within 2 weeks of the end of the period. This will predominantly be a quantitative data return. A sample return is attached to this document as an appendix. Please note this may be subject to change.
20.2	Providers will be required to complete a bi-annual contract monitoring report, which will be discussed at the bi-annual contract meeting between the provider and the Contracts Officer. This report will collect qualitative data around service achievements, challenges and partnership working. Providers will also be required to report on the outcomes achieved with individuals during the reporting period and progress towards individual goals. This can be recorded on the template provided or submitted in the format in which providers record outcomes locally. A sample report template is attached to this document as an appendix. Please note this may be subject to change.
20.3	The Contracts Officer will visit schemes on an annual basis to complete a file audit and a health & safety audit. Providers will be required to ensure all documents are available for this visit.
20.4	Islington Council commission user-led audits of supported living schemes to support quality assurance. All schemes will be visited on an annual basis, either by service user or family carer representatives. Providers are required to facilitate these visits and respond formally to the resulting feedback.
20.5	Islington Council reserves the right to visit schemes unannounced if they have valid cause for concern.

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Appendices:

Islington LD Accommodation Plan 2017-2020	LD Accommodation Plan 2017-2020
Eating & Drinking Difficulties Screening Tool	Eating and Drinking Difficulties
Quarterly Contract Monitoring Template	Quarterly Quality Return Template DF
6 Monthly Contract Monitoring Template	CM Report Template DPS 2017.c
Incident Reporting Guidance	Incident reporting guidance.docx

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	Schedule 1
	Service User Needs and Outcomes form A separate form will be used for each individual service user associated to each specific invitation to tender. Please note that this form may be amended from time-to-time in consultation with the service providers admitted to the DPS, in order to improve the information presented at ITT stage.

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Schedule 2

Accommodation Specification

Description of the Building and type of property	
No of Service User Tenancies	
No of self-contained flats with Bathroom, kitchen, lounge	
No of rooms with shared kitchens	
No of shared Bathrooms and WCs accessible to service users	
No of Bedrooms with en-suite	
No of Bedrooms without an en-suite	
No of communal meeting rooms/lounges	
Level access within floors?	
Through floor lift	
No of staff offices/Sleep-in in the property	
Brief Description of parking	
Brief Description of garden	
Laundry room?	
Any adaptations in the property?	
Any special equipment installed?	
Any assistive technology installed?	
Landlord Functions	
Registered Social Landlord	

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Provider / RSL agreement	
Responsible party for maintenance and repairs	
Tenant and landlord agreement	
Rental costs of the staff office	
Responsible party for these costs	
Responsible party for the rental costs for Flat 10	

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