

# SCHEDULE B - ANNEX B – APPENDIX 2: SERVICE SPECIFICATION FOR SUPPORTED INDEPENDENT LIVING – SOCIAL CARE, HOUSING AND SUPPORT SERVICES

## Contents

|   |           |
|---|-----------|
| 1. STRATEGIC CONTEXT .....  | 2         |
| 1.1 COMMUNITY VISION FOR SURREY 2030.....                           | 2         |
| 1.2 A PLACE TO CALL HOME.....                                       | 2         |
| 1.3 SPECIFICATION FOR SUPPORTING PEOPLE TO LIVE INDEPENDENTLY ..... | 3         |
| 1.4 CORE ETHOS AND VALUES .....                                     | 4         |
| 2. SUPPORTED INDEPENDENT LIVING SPECIFICATION OUTLINE .....         | 5         |
| 2.1 AIMS.....   | 5         |
| 2.2 REGULATION .....  | 5         |
| 2.3 SERVICE USER GROUPS .....                                       | 6         |
| 2.4 KEY CRITERIA .....  | 7         |
| 3. CARE AND SUPPORT SERVICES FOR INDIVIDUALS .....                  | 9         |
| 3.1 INDEPENDENCE .....  | 9         |
| 3.2 FINANCIAL SUPPORT .....   | 9         |
| 3.3 PERSONAL SECURITY AND SAFETY .....                              | 9         |
| 3.4 PATHWAYS TO TRAINING AND EMPLOYMENT .....                       | 9         |
| 3.5 TRAVEL AND TRANSPORT.....                                       | 10        |
| 3.6 HEALTHCARE AND EMOTIONAL NEEDS.....                             | 10        |
| 3.7 SUPPORT WITH ACCOMMODATION RESPONSIBILITIES.....                | 12        |
| 3.8 CARERS, FAMILY AND FRIENDS.....                                 | 13        |
| 3.9 CHANGES TO SUPPORT NEEDS.....                                   | 14        |
| 4. SERVICE OUTCOMES.....  | 15        |
| 4.1 APPROACH TO SERVICE DELIVERY .....                              | 15        |
| 4.2 STAFFING.....   | 15        |
| 4.3 TECHNOLOGY.....   | 17        |
| 4.4 SAFEGUARDING ADULTS .....                                       | 17        |
| 4.5 REFERRAL PROCESS .....  | 18        |
| 4.6 INTERFACE WITH LANDLORD.....                                    | 18        |
| 4.7 QUALITY ASSURANCE, PROVIDER INTERVENTION AND SUSPENSION.....    | 19        |
| 4.8 CONTRACT MANAGEMENT.....  | 19        |
| 5. GENERAL .....  | 20        |
| 5.1 LEGISLATION .....   | 20        |
| 5.2 ACCESSIBLE INFORMATION STANDARD .....                           | 20        |
| 5.3 EQUALITY AND DIVERSITY (EQUAL OPPORTUNITIES).....               | 20        |
| 5.4 DIRECT PAYMENTS .....   | 21        |
| 5.5 CONFIDENTIALITY AND THE DPA.....                                | 21        |
| 5.6 ENVIRONMENTAL IMPACT .....                                      | 21        |
| 5.7 SOCIAL VALUE.....   | 22        |
| <i>Appendix 1. Reach Standards .....</i>                            | <i>23</i> |
| <i>Appendix 2. Surrey People Standards.....</i>                     | <i>24</i> |

|   |           |
|---|-----------|
| <i>Appendix 3: Accommodation Key Criteria .....</i>             | <i>28</i> |
| <i>Appendix 4: Performance and reporting arrangements .....</i> | <i>29</i> |
| <i>Appendix 5: Medication.....</i>                              | <i>30</i> |

## **1. STRATEGIC CONTEXT**

### **1.1 COMMUNITY VISION FOR SURREY 2030**

*By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

*We want our county’s economy to be strong, vibrant and successful and Surrey to be a great place to live, work and learn. A place that capitalises on its location and natural assets, and where communities feel supported and people are able to support each other.*

Source: Community Vision for Surrey Business Case (SCC website)

[Community vision for Surrey in 2030 - Surrey County Council \(surreycc.gov.uk\)](https://www.surreycc.gov.uk)

### **1.2 A PLACE TO CALL HOME**

An element of the Vision is that everyone has a place they can call home, appropriate housing for all, including those with care and support needs. Residents with care and support needs have said they want to:

- Retain their independence for longer
- Feel well and have a good quality of life
- Feel supported by their communities
- Have accommodation choices available to them to meet their range of health and care needs flexibly and responsibly
- Have accessible accommodation choices available to them, with design and access considerations including sensory sensitivities and space requirements as well as physical access
- Receive specialised placements at settings within the county if they have more complex needs
- Get the right level of support at the right time and in the right way

The [accommodation with care and support strategy](#) sets out the overarching approach for all accommodation based services SCC commissions and provides for adult residents funded by Surrey County Council. It represents a significant programme of transformation, with an ambition to ensure there are suitable and affordable accommodation options available that promote independence, enable people to get the health, care and information they require. It outlines a number of means by which the Council will ensure a significant increase in the number of diversity of Supported Independent Living options available.

There are challenges in delivering the Strategy and the financial outlook remains uncertain. The cumulative impact of inflation and growth in demand, alongside tight

national financial constraints funding continues to present the system of care and support with significant challenge. Financial sustainability is key to ensuring stability of provision.

### **1.3 SPECIFICATION FOR SUPPORTING PEOPLE TO LIVE INDEPENDENTLY**

Complementing the development of the accommodation options available, this Service Specification outlines ASC's requirements in relation to Supported Independent Living provisions for adults with a disability. These requirements apply to all supported living commissioned by Surrey County Council including services commissioned outside of the county boundaries (out of county placements). Aligning with the Community Vision, the Service Specification seeks to

*Promote people's independence and wellbeing, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control*

Supported Independent Living is a term used in this context to refer to supported living arrangements that maximise independence and self-determination. The individual is provided with some form of accommodation and organised support by one or more providers - this can include support with developing daily living skills and can sometimes include personal care. S/he can make choices and decisions without excessive influence or interference by others; and can access the practical assistance<sup>1</sup> and support that they need to participate in society and live an active life.

Supported Independent living arrangements can be delivered:

- in self-contained owner-occupied or rented accommodation, which might be in schemes / clusters
- through the Shared Lives scheme, which supports the matching of people with carers who wish to share their home in the long term<sup>2</sup>.
- in shared accommodation - for people who may require a greater level of care and support and/or who prefer a group living environment but want to exercise a greater degree of choice and control over their daily lives than would be possible in a care home setting.

People in supported independent living have their own assured shorthold tenancy which secures them the right to remain in their home and to change their support provider if they wish.

The Council recognises that varying models of delivery and skill bases are essential to meeting differing needs; therefore, the Services shall be commissioned flexibly to offer maximum choice, quality and value for money.

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<sup>1</sup> This assistance can include adaptations to the living space, personal care, and social support that promotes the ability to live independently.

<sup>2</sup> The provision of Supported Independent Living services via Shared Lives is covered by a separate service specification

## 1.4 CORE ETHOS AND VALUES

The Council will work with Service Providers who demonstrate their commitment to the following ethos and values:

### As a Service Provider

- Impact – make a positive difference to people’s lives enabling greater independence, better outcomes and increased choice.
- Innovative – embrace a culture for change that strives for continuous improvement, reflection and achievement of excellence.
- Inspirational – promote imagination and positivity, motivating staff and the people we support.
- Inclusive – positively welcome diversity of background, ethnicity, skills, talents and contributions from everyone.
- Integrity – respect all people as individuals and treat them with compassion and consideration. In all our dealings we are open, honest and transparent.

### In respect of individuals

- Privacy – the right of individuals to be free from intrusion or public attention into their own affairs.
- Dignity – the recognition of the intrinsic value of people regardless of circumstances; respecting their uniqueness and their personal needs; treating people with respect.
- Independence and self-determination – the opportunity to act and think without reference to another person, recognising that this might legitimately include a willingness to incur a degree of personal risk.
- Choice – the opportunity, based on all available relevant information, to select independently from a range of options that reflect their particular circumstances, including those that relate to protected characteristics as defined in the Equalities Act.
- Rights – the maintenance of all entitlements associated with citizenship.
- Fulfilment – the realisation of personal aspirations and abilities in all aspects of daily life.
- Co-production – Individuals are at the centre of decision making about the support they receive and reviewing its quality of services; their Circle of Support are actively involved.

These core values should be considered in conjunction with the legislative context of the Human Rights Act (1998).

## **2. SUPPORTED INDEPENDENT LIVING SPECIFICATION OUTLINE**

### **2.1 AIMS**

The overarching aims align with the outcomes enshrined in the Council's Community Vision for 2030, whereby people will:

- Have access to information, advice and support in the community to help themselves and each other;
- Build upon their strengths, with the same hopes and aspirations as everyone to work and to live independently;
- Are supported to regain their skills and confidence after an illness or injury, so they can do things for themselves and stay independent;
- Feel safe and experience health, social care and community partners working together to meet their needs.

This will enable staff to:

- Work in a culture of optimism, with the skills to focus on the strengths people have to help themselves;
- Offer a consistent and good quality service where it is needed most, within the financial and other resources available to the Council;
- Have the technology needed, are innovative and work with partners to secure better outcomes for people;
- Focus upon prevention work to help people sustain their health, independence and wellbeing.

### **2.2 REGULATION**

- There are particular requirements that Service Providers need to meet in order to be considered as a provider of Supported Independent Living rather than a care home provider.
- There needs to be 'genuine' separation of the support and the housing functions of Supported Independent Living. Care and Support may require registration with CQC, whereas housing does not. The decision regarding registration is determined by the type of care required by an individual and as defined by the CQC.
- Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, providers of health and adult social care services must, by law, register with Care Quality Commission (CQC) if they carry out a regulated activity. Guidance is available on the CQC website that clarifies the main differences between the regulated activities of 'accommodation for persons who require nursing or personal care' and 'personal care', particularly in the context of supported independent living services. It also provides guidance on what indicators to look for when it is not clear which of the two regulated activities is being provided.

## 2.3 SERVICE USER GROUPS

This service specification sets out the requirements for the provision of a range of outcomes based supported independent living services. The Council is seeking to attract a range of service providers with experience and expertise in providing person centred support to individuals from one or more of the following primary adult User groups:

- a) Learning Disabilities
- b) Physical Disabilities
- c) Autism
- d) Sensory Impairment
- e) Brain Injury / Neurological Condition
- f) Dual/multiple Diagnosis (of any of the above)

Individuals may have needs that require specialist support e.g.

- Anti-social, risky or offending behaviour
- Early on-set dementia
- Specific health needs such as epilepsy or diabetes
- Behaviour that challenges
- Complex care and support needs (non-challenging)
- Mental Health needs

Services must be person-centred and strengths-based, demonstrably based on good practice, and reflect where appropriate relevant specialist and / or clinical guidance. Providers shall respond to the changing needs of individuals on a day to day basis with flexible support plans and during different chapters of their life including:

- Transition into adulthood
- Moving into old age
- Supporting people during a time of crisis or ill health
- Approaching end of life

The service will be provided to adults aged 18<sup>3</sup> and over who:

- Have a demonstrable need for a level of support that can be provided in a supported independent living setting
- Are resident in Surrey or who are placed out of county and want to move back to Surrey
- Is an individual who meets the Council's eligibility criteria
- Demonstrate a willingness to be supported to participate in a support plan which enables a move towards independence or maintains independence

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<sup>3</sup> This specification is for adults (18+). Young people may need to access Supported Independent Living from the age of 16 in order to limit the number of out of county placements. These exceptional cases will be agreed individually as some of the parameters within this specification would not apply.

It should be recognised that individuals may not always demonstrate a clear willingness to engage in support planning. In such scenarios the service provider is expected to develop innovative and creative approaches and work with individuals to ensure that they understand the opportunities available to them, understand the potential benefits of becoming more independent and make informed choices about the risks they wish to take. Service Providers should seek support from other agencies (e.g. Community Team for People with Learning Disabilities (CTPLD) and behavioural support) as appropriate to achieve this.

Service Providers will deliver the services in line with the best practice principles outlined in the Reach Standards and in the Surrey People Standards. A summary of these can be found in Appendix 1 and Appendix 2.

## **2.4 KEY CRITERIA**

Regardless of the model or type of housing offered there are a number of key criteria which the Council would expect service providers to deliver against:

- **Community Inclusion:**

Supported Independent living models must maximise the opportunity for community inclusion. The extent to which a person's housing is part of the community, seemingly no different to that of other citizens, impacts upon how individuals are seen by other community members and therefore the potential for them being accepted and becoming active participants in their community.

Accommodation should be located in areas that have good access to community facilities and infrastructure (e.g. shops, banks, libraries and opportunities for indoor and outdoor exercise), good access to public transport and education, training and employment opportunities. Appendix 3 outlines the Council's key location requirements.

Service Providers shall facilitate and support individuals to be confident and active citizens within their community. This includes, but is not limited to, ensuring that individuals can access life skills training such as travel training, budgeting and handling money, living a healthy lifestyle and developing social skills.

Service Providers shall link to community based assets and universal services and ensure individuals are supported to access them as appropriate.

- **Choice and Control:**

The principle that underpins the AwCS Strategy is that, in providing a greater number and diversity of SIL options, individual will have greater choice as to their accommodation provider and their support provider(s).

The delivery of the support must be tailored to take account of the individual's accommodation but not intrinsically linked to specific accommodation: an individual can change care and support provider without any impact upon their housing. Similarly, they might move house and take their care and support with them.

In scenarios where individuals choose a setting with core hours of support, they should have a choice regarding the provider of the 'flexi' elements of their support be able to change provider without any impact on their housing e.g. an individual might decide to purchase their one to one support from another organisation or they might choose to employ a personal assistant.

It is the Council's expectation that an individual in rented accommodation will have an Assured Shorthold Tenancy, provided in easy read when appropriate and/or requested, and benefit from the security of tenure that this provides. Guidance on putting in place appropriate tenancy arrangements for individuals with disabilities living in rented accommodation can be found within the 'Real Tenancy Test' produced by NDTI and with support from the Department for Health:

<https://www.ndti.org.uk/uploads/files/TheRealTenancyTestFINAL.pdf>

Services will operate in identified locations, 24/7, 365 days per year for individuals who meet the Council's eligibility criteria, i.e., individuals will have identified care and support needs within the eligibility criteria defined in the Care Act 2014 and have an identified housing need.

- Strength Based Approach:

The Council takes a strength based approach to social work practice and expects its service providers to work in a complimentary way, developing their staff's understanding, skills and approaches to support the individual appropriately.

Service Providers will work with individuals to identify their strengths and abilities and maximise those to enable them to achieve their desired outcomes, meet their needs and maintain or improve their wellbeing. Service Providers will need to work in collaboration with individuals and their support networks to support them to do things for themselves. In doing so service providers will protect the individual's independence, their resilience and their ability to make choices.

- Personalisation:

The Service Provider shall support the individual to achieve the outcomes specified in their Needs Assessment and Care and Support Plan, reflecting the individual's personal, domestic, practical, social, cultural, spiritual and housing related support needs.

- Affordability:

The Council is facing unprecedented financial challenges and growing demand for services. In this context the Council needs to ensure that all services are affordable and deliver value for money. Individuals are expected to cover the full cost of their housing within the benefits available to them and therefore providers must ensure that rents are service charges are set within the Local Housing Allowance or within an agreed exemption for the relevant district or borough area.

### **3. CARE AND SUPPORT SERVICES FOR INDIVIDUALS**

#### **3.1 INDEPENDENCE**

Service Providers will:

- a) Support individuals to maintain and develop the skills (including understanding their responsibilities) necessary for independent living both in the home and as a member of their local community;
- b) Ensure that individuals have access to technology and equipment (including adaptations and aids) that will support them to maintain and increase their independence (see 4.3);
- c) Encourage individuals to achieve their fullest potential by supporting them to carry out as many tasks as possible themselves and supporting them to have maximum control over how their support is provided.

#### **3.2 FINANCIAL SUPPORT**

Service Providers will support individuals to manage their finances, including claiming welfare benefits<sup>4</sup>, advice on budgeting and paying bills, resolving or preventing debts and spending their money wisely, being mindful of financial thresholds for eligibility criteria for financial assistance with the cost of care.

Service Providers will, at all times, support individuals to make financial decisions that are in their best interests. Service Providers should be mindful of any conflict of interest or perceived conflicts of interest which might arise from their involvement in an individual's financial affairs and should not take on Deputyship responsibilities.<sup>5</sup>

#### **3.3 PERSONAL SECURITY AND SAFETY**

Service Providers will support individuals to understand the risks associated with hate and mate crime, ensuring that safeguards are in place to protect against all forms of abuse, including financial.

#### **3.4 PATHWAYS TO TRAINING AND EMPLOYMENT**

Service Providers will link with other providers as appropriate to ensure individuals have access to meaningful activities including social, vocational and employment (voluntary and paid) opportunities.

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<sup>4</sup> Individuals will be supported to claim either Universal Credit or Housing Benefit (depending upon their personal circumstances). Individuals who live in supported or temporary accommodation, whose benefits include severe disability premium or who have reached state pension age can claim housing benefit.

<sup>5</sup> Where an existing service provider already performs such a role the Council should be made alerted and a plan agreed to address this.

### **3.5 TRAVEL AND TRANSPORT**

Individuals will be supported to use the most the most independent form of mainstream public and personal transport possible. The Service Provider will work with individuals to identify this and support them to apply for and use the Mobility Allowance, and the Concessionary Bus Pass<sup>6</sup>, as appropriate as well as providing support so that individuals can use these transport options safely. Such Support could include travel training to facilitate the individual to travel independently in future.

### **3.6 HEALTHCARE AND EMOTIONAL NEEDS**

The Service Provider will ensure that individuals are supported to access the full range of healthcare services, including universal services such as the General Practitioner and Dentist of their choice. Individuals shall be assisted to visit the GP when required and encouraged and supported to attend an annual health check and sight and/or hearing assessments as required.

Where an individual has a Health Action Plan and/or Hospital Passport and/or Positive Behaviour Support Plan the Service Provider will ensure that they are supported to implement it, including to access any services that are required.

The emotional wellbeing of an individual is vital to their quality of life and often influences other aspects of their welfare. The Service Provider shall ensure that Staff are able to understand and recognise the effects of life events on individuals, e.g. bereavement, emotional loss or the impact of ongoing situations such as isolation or difficult relationships, and staff are trained to recognise when an individual is depressed or distressed in some way. Where an individual has a condition (e.g. autism) that may predispose them to mental health difficulties, the Provider shall ensure that staff are able to understand the impact of the condition upon the individual's mental health, and how best to respond. The Service Provider will support individuals to access other available local support for mental wellbeing if required e.g. Community Connections, General Practice Integrated Mental Health Service (GPIMHS), IAPT or Social Prescription scheme.

The Service Provider shall ensure that any emotional problems are approached in a sympathetic manner respecting the Individual's right to privacy and choice.

The Service Provider will support individuals to recognise and understand the importance of a balanced diet and physical activity on both physical and mental health and will work with individuals to incorporate relevant physical activity and dietary requirements into their daily lives.

#### ***Medication***

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<sup>6</sup> The English National Concessionary Bus Pass is valid between 9.30am and 11pm Monday to Friday, and at any time on weekends and public holidays. It is free and allows Surrey residents with eligible disabilities to travel on buses free of charge.

Wherever possible individuals should be supported to self-administer medication. However, the Service Provider may be required to assist individuals to take medication and/or administer medication to individuals as part of their support plan.

Service Providers are expected to have a medication policy that reflects good practice as set out in Nice Guidance NG67 'Managing medicines for adults receiving social care in the community.' This sets out recommendations on:

- Governance arrangements and joint working between health and social care
- Assessing medicine related support needs
- Supporting individuals to take their medicines, including covert administration and managing concerns
- Staff training and competency
- Sharing medicines information and record keeping
- Safely ordering and supplying medicines and transporting, storing and disposing of medicines

The full guidance can be found here: <https://www.nice.org.uk/guidance/ng67>

The medication policy and procedures must also set out how the service will comply with relevant CQC regulations and guidance. As set out here:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services#homecare>

Service Providers must have clear policies in place with regards to the good governance of medication administration. These should describe clear processes for auditing and monitoring all aspects of managing medication on an ongoing basis, examples include: auditing; staff training; assessment of staff competency; regular auditing of medication administration of records (MARs); identification of potential missed medicines; reporting and responding to errors.

Where shortfalls have been identified in medication management, service providers are expected to be able to demonstrate how issues have been addressed, such as through training or process reviews. The Service Provider must also be able to demonstrate that they have followed their own internal reporting procedures in relation to medication errors and documented how learning has been shared.

Medication tasks are grouped into three different levels; which each have different levels of responsibility:

- Level 1 – general support tasks where the individual remains responsible for administering their own medicine, and general support is provided by the care worker.
- Level 2 – the care worker is responsible for administering
- Level 3 – the responsibility lies with a healthcare worker and can be administered by the care worker if appropriate training is provided. Please note that the training is specific to the individual and the ability to provide that health support cannot be transferred to other individuals

Appendix 5 provides further detail of tasks within each level.

As described in the draft NICE guideline (October 2016), medicines should be supplied in their original packaging. The appropriate use of monitored dosage systems can reduce reliance on a service provider to support with this task, allowing the individual to self-administer. Monitored Dosage Systems (MDS) e.g. Nomad boxes should only be supplied following an assessment by a pharmacist (in line with the Disability Discrimination Act 1995). Where MDS are being used, the support plan must demonstrate that the provider's involvement with this task has been reduced to a minimum or to no involvement at all. It is important to note that MDS are not there to support providers to administer medication - the MDS should be put in place to support the individual and not the service provider.

Service Providers should adhere to requirements as set out in the Surrey Safeguarding Adults Board Adult Safeguarding Policy and Procedures, and with section 42 of the Care Act 2014 and section 14 of the Care and Support statutory guidance when dealing with medication errors and missed medication. The Service Provider should refer adult safeguarding concerns to Surrey County Council when it appears that the criteria in s42(1) Care Act 2014 may be met (i.e. when it appears that an adult with care and support needs has experienced, or is at risk of, abuse or neglect due to medication being missed or a medication error, and they are unable to protect themselves from that abuse or neglect because of their care and support needs).

### **3.7 SUPPORT WITH ACCOMMODATION RESPONSIBILITIES**

#### ***Tenancy***

Service Providers shall offer individuals support to enable them to maintain their tenancy, including:

- a) Support with setting up their home, undertaking risk assessments in relation to the individual maintaining their tenancy and support with fulfilling tenancy conditions
- b) If requested by the individual and not available from the landlord, provision of easy-read tenancy agreements as requested
- c) Guidance on how to use equipment in the home
- d) Support with safety and security of the home
- e) Claiming housing benefits and advice on budgeting, paying bills
- f) Liaising with the housing provider/landlord on behalf of the tenants to help organise repairs, maintenance and improvements (decoration, adaptations and garden maintenance), connection to utilities
- g) Access to (and support to establish, use and maintain) assistive technology in the home
- h) Support to maintain positive relationships with fellow tenants (in shared accommodation) and with neighbours
- i) Advice and support to move onto more appropriate accommodation if appropriate including development of new support plans with realistic timeframes

#### ***Housing Arrangements***

As part of the Supported Independent Living offer, Service Providers are required to agree and communicate the role and responsibilities of the Housing Provider (Landlord) as distinct from those of the support and care provider.

Service Providers will work with the Housing Provider (Landlord) to ensure that individuals are issued with a tenancy agreement that outlines their rights, entitlements and responsibilities. The tenancy agreement shall clearly outline:

- a) The total weekly rent
- b) Any total weekly service charge (including a breakdown per item)
- c) Any additional charges

Individuals will be supported to understand their tenancy agreement. An easy to read and/or accessible version of the tenancy will be made available if or when needed.

At all times the Service Provider and Housing Provider (Landlord) are expected to work together to support people to maintain and sustain their tenancies and are expected to actively seek to resolve difficulties at the earliest opportunity.

### ***Ensuring the provision of appropriate accommodation***

Accommodation must be compliant with all Housing and HMO (Houses of Multiple Occupation) requirements as appropriate. It will be the responsibility of the Care and Support Service Provider to:

- a) Work in formal partnership with the Housing Provider (Landlord) to ensure individuals are supported to live in safe, clean and comfortable surroundings. Written agreements with clear roles and responsibilities of the Care and Support Provider and the Housing Provider (Landlord) shall be in place.
- b) Ensure there are systems in place for reporting maintenance or repair issues, and support individuals to ensure their accommodation is maintained and in a fit state of repair
- c) Ensure that all relevant safety measures are installed and maintained appropriately including smoke alarms, carbon monoxide detectors, intruder alarms and personal emergency alarms (as appropriate)

### ***Specialist Adaptations***

Individuals may have 'specific' housing requirements as a result of their care and support needs e.g. properties that feature positive layouts, lighting, space and acoustic requirements for people with autism or challenging needs, ground floor accommodation for people with a physical disability, or grab rails in contrasting colours for people with visual impairments. These requirements can be expected to change over time and it will be the responsibility of the Service Provider to support the individual to consider the adaptations or TEC solutions that might maintain their independence, accommodating their changing needs and access these.

## **3.8 CARERS, FAMILY AND FRIENDS**

Carers, family members and friends often have a significant part to play in an individual's circle of support. The Service Provider must ensure that services acknowledge and work with the needs of carers, families and the individual's circle of

support, and that mechanisms are in place to enable carers, family and friends to play an active part in shaping the design and delivery of services. In addition, carers, family members and friends may also have support needs of their own and the Service Provider must also ensure that such needs can be identified and that carers, family members and friends can be signposted to appropriate advice, information and resources which are readily available.

### **3.9 CHANGES TO SUPPORT NEEDS**

The Service Provider shall immediately inform the Council's Social Care Team of any changes to an individual's circumstances that may affect delivery of any part of the Services, including if the individual refuses any essential part of the Services, including without limitation personal care, meals or assistance with medication.

The Service Provider shall immediately inform the Council's Social Care Team of any changes in the care and support needs of an individual where the change in needs materially effects and/or exceeds the individual's existing support plan and package of support. A material change in needs is a substantial and/or long-lasting change in needs requiring a social care practitioner to undertake a review of the needs of the individual.

## **4. SERVICE OUTCOMES**

### **4.1 APPROACH TO SERVICE DELIVERY**

The Service Provider shall work in an enabling manner, focussing on the requirements of each individual rather than delivering a 'one size fits all' service. The Service Provider is expected to meet the needs of individuals holistically, flexibly and collaboratively and focus, as far as possible, on the promotion of health and wellbeing and the prevention of illness.

The Service Provider must deliver the Services in a proactive and preventative way rather than a reactive way; this means that delivery of support may need to fluctuate where the need for additional or reduced support is identified.

The Service Provider must deliver the Services in a way that is actively risk managed, not risk averse and should avoid creating dependencies wherever possible. It is recognised that within supported independent living schemes the needs of the individuals supported will differ and the Service Provider will need to have mechanisms in place to manage and address any risks associated with this.

The Service Provider shall ensure that positive and clear communication with individuals is maintained at all times, including with those whose first language is not English and those who may only be able to communicate through gestures or behaviours, using interpreters as necessary.

### **4.2 STAFFING**

The Service Provider must ensure that Staff have an understanding of the importance of promoting independence, and strength based working, and the value of enabling and rehabilitation / reablement approaches

The Service Provider must ensure that Staff have the skills to assist individuals to remain as independent as possible and work with other professionals to ensure that any rehabilitation or reablement program is followed.

The Service Provider should ensure that Staff undergo training to help them to apply the [Mental Capacity Act 2005](#) and its [Code of Practice](#). Training should be tailored to the role and responsibilities of the Staff and cover new staff, and continuing development and practice supervision for existing staff. The Service Provider must ensure that Staff record Mental Capacity Assessments and Best Interest decisions.  
<http://www.gov.uk/opg/mca-code>

The Service Provider shall ensure that all employees and volunteers are eligible, competent and qualified to carry out the tasks in accordance with their role and have enhanced DBS checks prior to contact with individuals receiving services. The Service Provider will adhere to the Safer Recruitment practices as outlined on the Council's website at <https://www.surreycc.gov.uk/council-and-democracy/how-the-council-works/council-policies-and-strategies/safer-recruitment-and-recruitment-and-selection-policies>

The Service Provider is responsible for their own staff recruitment, induction, training and supervision to ensure that staff are able to meet the requirements of this specification and to uphold its ethos and values. Retention of trained and skilled staff is key to the continuity and success of supported independent living and the Service Provider is expected to have mechanisms in place to aid staff retention. Such mechanisms include but are not limited to regular supervision, training and support alongside proportionate staff benefits and remuneration.

The Service Provider is expected to work in partnership with any other agencies and providers who may be involved in delivering care and support to the individual and is expected to monitor any sub-contractors and agency staff ensuring that sub-contracted services are delivered to the same standards.

The Service Provider will have in place an induction, training and development programme which covers core, mandatory and specialist training. The Service Provider will support care workers, who are new to the profession, to attain their 'Care Certificate' as part of a comprehensive induction programme. Training and Development programmes should be commensurate with those recommended by Skills for Care details of which can be found here:

**Core and Mandatory training:**

<https://www.skillsforcare.org.uk/Learning-development/Guide-to-developing-your-staff/Core-and-mandatory-training.aspx>

**Care Certificate:**

<https://www.skillsforcare.org.uk/Learning-development/care-certificate/Care-Certificate.aspx>

Additional specialist training will be required in certain scenarios and settings. Service Providers are expected to identify such requirements, including where training is required to support the use of assistive technology, and ensure that staff have access to such specialist training.

Useful guidance on supporting people with Autism and/or a Learning Disability can be found here:

<https://www.skillsforhealth.org.uk/images/services/cstf/Autism%20Capabilities%20Framework%20Oct%202019.pdf>

<https://www.skillsforhealth.org.uk/images/services/cstf/Learning%20Disability%20Framework%20Oct%202019.pdf>

Any Service Provider supporting autistic people should arrange for their staff to be trained in line with the Autistic Capabilities Framework at Tier 2.

Where service providers are supporting individuals whose behaviour may challenge, they should train staff in Positive Behaviour Support, to the level appropriate for those individuals.

The Positive Behaviour Support (PBS) Academy has useful information about PBS approaches and training here <http://pbsacademy.org.uk/>

The Surrey Positive Behaviour Support Network has regular meetings and shares information about good PBS practice in Surrey.

### **4.3 TECHNOLOGY**

Assistive and smart technology is a rapidly growing market and can present a range of opportunities and challenges for individuals and services. The Service Provider shall adopt a creative and innovative approach to the use of technology whilst ensuring that individuals are supported to understand its use and application and are safeguarded as appropriate.

WIFI connectivity should be provided across all accommodation.

Technological solutions can include but are not limited to:

- applications to support social interaction and maintain friendships (e.g. social media, video conferencing),
- solutions that support physical activity
- solutions that support daily living (wearable technology, such as smart watches, fitness bands; smart home technology e.g. voice-controlled lighting, heating, switches, daily alarms and reminders, video entry systems, fingerprint locks), and
- solutions that support health and wellbeing (e.g. blood pressure monitors, epilepsy sensors).

The Service Provider is expected to link with other professionals, organisations or services as appropriate to ensure that individuals have access to technology and equipment (including adaptations and aids) that will support them to maintain independence (see section 3.1).

### **4.4 SAFEGUARDING ADULTS**

The Service Provider shall demonstrate that it has a robust written process in the event of a safeguarding concern and that this process is aligned to the Care Act 2014 and compliant with the Surrey County Council Multi Agency Adult Safeguarding policy and procedures, which the Service Provider must adhere to.

The Service Provider must ensure that its Staff are fully trained in the prevention of abuse, through focus on dignity and person-centred care, and are supported to recognise and appropriately report any safeguarding concerns. The Service Provider shall ensure that all Staff are fully aware of and trained in the Surrey County Council Multi Agency Adult Safeguarding policy and procedures and are clear with regard to their responsibilities in relation to whistleblowing and raising safeguarding alerts.

The Service Provider must demonstrate that it nurtures a culture of promoting good practice and reporting suspected abuse. It shall demonstrate a commitment to transparency and encouraging whistle blowing within its organisation.

The Service Provider shall contribute to safeguarding enquiries in a thorough and timely manner, as requested in line with policy and procedures, and shall nominate a lead person (management level) to take responsibility for liaising with the Council and to deal with all safeguarding issues and investigations as required.

#### **4.5 REFERRAL PROCESS**

The Council will use its electronic system to source new care and support requirements. This may be on an individual or peer group basis.

The Service Provider is expected to sign up to the electronic system and to use it to receive and respond to new requests.

In addition to the day to day requirements and referrals, the Council reserves the right to work with service providers to commission, re-model, and develop services in order to respond to changing needs and requirements.

The Council reserves the right to undertake procurement and tendering exercises, outside of this referral process. Such opportunities will be well publicized and carried out in accordance with the Council's standing orders.

#### **4.6 INTERFACE WITH LANDLORD**

In a supported independent living model of care, the Council does not contribute towards individuals' housing costs and there cannot be a cross subsidy between the care/support and housing costs. The Council reserves the right to request a financial breakdown of the housing costs and has a role in scrutinising such charges prior to schemes becoming operational. The purpose of this is to secure assurance that the individuals supported are able to cover the full cost of their rent and any related service charges.

#### **Renting from the Local Authority, a Registered Housing Association or private registered provider of social housing**

When an individual with care and support needs rents from a local authority, a registered housing association or a private registered provider of social housing the eligible rent is normally the actual rent charged (this is sometimes known as 'exempt' rental). The Council recognises that a significant proportion of supported independent living housing providers fall within this category and are able to claim exempt rental.

#### **Renting from a private landlord**

When individuals with care and support needs rent from a private landlord they are only eligible to claim a set amount in line with the 'local housing allowance'. Housing providers need to ensure that their rental levels are sustainable particularly in scenarios where the rent is capped at the 'local housing allowance'.

#### **Under 35s**

Different housing rates for exist under 35's. Most single private renters who are under the age of 35 can only claim the shared accommodation rate of housing benefit or universal credit regardless of whether or not they are in shared or self-contained accommodation.

#### **4.7 QUALITY ASSURANCE, PROVIDER INTERVENTION AND SUSPENSION**

The Council expects that services delivered under this contract will be of a high standard and the Council will have mechanisms in place to monitor the quality of service delivery. Service Providers should have their own quality assurance processes in place including relevant staff and customer satisfaction surveys and feedback mechanisms. Service Providers will be required to submit data and information to the Council to support performance monitoring in line with Section 4.8 and Appendix 4 of this service specification. In addition to the collation of monitoring information the Commissioning team including the ASC Quality Assurance team may conduct visits and identify areas of support or intervention.

There will be instances when concerns need to be addressed and the Council reserves the right to suspend a Service Provider when certain concerns and issues arise. These concerns will be addressed either via a Provider Planning Meeting or a Care Provider Support and Intervention Meeting depending on the severity of the circumstances. The issues or circumstances that could lead to suspension of the Service Provider include but are not limited to:

- Inadequate rating of a service by CQC that leads to CQC taking enforcement action
- Safeguarding concerns
- Quality concerns
- Market changes (including financial failure)
- Legal issues
- Management and staffing changes
- Complaints regarding the behaviour of management and staff

The Council may choose not to purchase services from service providers if the delivery of care and support falls below stated quality standards and expectations as detailed in this service specification.

#### **4.8 CONTRACT MANAGEMENT**

Appendix 3 outlines the Performance and Monitoring arrangements relating to the provision of Supported Independent Living.

## 5. GENERAL

### 5.1 LEGISLATION

This Specification has been written in full consideration of the aims of the Care Act 2014. The Service Provider must be fully conversant and compliant with the Care Act 2014 and any associated or subsequent legislation.

A far greater emphasis has been placed on prevention and wellbeing than was previously the case and the Care Act 2014 provides legislation which strengthens and clarifies the Service Provider's safeguarding responsibilities. There is a strong emphasis on personalising the experience of receiving care and empowering Individuals to make choices about the delivery of their care.

Any action of the Service Provider that contravenes the Care Act 2014 will be considered a Performance Default.

### 5.2 ACCESSIBLE INFORMATION STANDARD

All Service Providers must support the requirements of the NHS accessible information standard. Detailed information on the Accessible Information Standard can be found here: <https://www.england.nhs.uk/ourwork/accessibleinfo/>

In summary, the Accessible Information Standard includes:

1. Identification of needs: a consistent approach to the identification of people's information and communication needs, where they relate to a disability, impairment or sensory loss.
2. Recording of needs: Clear, consistent and routine recording of people's information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / individual user records and recording of needs in such a way that they are 'highly visible' and readily understood by any care worker or professional.
3. Flagging of needs: establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a specific communication or other need and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.
4. Sharing of needs: inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.
5. Meeting of needs: taking steps to ensure that the individual receives any communication support necessary, including information in an accessible format.

### 5.3 EQUALITY AND DIVERSITY (EQUAL OPPORTUNITIES)

The Service Provider must have an Equality and Diversity Policy which outlines the ways in which it will promote equality of opportunity and prevent discrimination in line with the Equality Act 2010. As a minimum the Service Provider will ensure that:

- Recruitment, retention and selection policies are appropriately developed to ensure that the workforce is diverse and the workplace inclusive
- All staff attend Equality and Diversity training to equip them with the knowledge and skills to carry out their tasks in a culturally sensitive and non-discriminatory way
- Services are inclusive, Individuals in receipt of services are not discriminated against and Individuals with specific issues relating to equality and diversity are supported as appropriate

#### **5.4 DIRECT PAYMENTS**

The Council is committed to increasing the number of individuals who are provided with a direct payment with which they can purchase care and support and have full choice and control.

The Service Provider is expected to have offer equitable access and an open and equitable charging policy for all individuals, including those who manage their own direct payment arrangements.

Service Providers will not charge more to an individual using a direct payment than if they were receiving a directly commissioned service.

#### **5.5 CONFIDENTIALITY AND THE DPA**

The Service Provider must have a Confidentiality Policy which is compliant with the Data Protection Act and General Data Protection Regulations (GDPR).

Individuals and staff should be advised of the type of information the Service Provider keeps on record, what can or must be disclosed without their consent, when their consent is needed for disclosure and their rights to see information recorded about them.

The Confidentiality Policy should set out areas where information will be shared and under what circumstances and serves as a record of their consent within these areas. In other cases, the individual's consent must be obtained as the need arises. This includes passing information to other agencies.

The Service Provider must ensure that everyone engaged in the Service with access to personal information understands their responsibilities and can demonstrate evidence of compliance with their procedures. This includes employees, volunteers, self-employed workers, consultants or contractors.

#### **5.6 ENVIRONMENTAL IMPACT**

The Service Provider shall, as far as possible, adopt and promote sustainable working practices and have due regard to the environmental impact of service delivery.

Within housing developments housing providers shall incorporate measures to ensure energy efficiency, water management (e.g. rainwater recycling in garden

areas, permeable external finishes), and waste management (with a focus on appropriate disposal and recycling) as part of their role as a responsible landlord.

The Service Provider will support individuals to understand the environmental impact of their lifestyle choices. Supporting service users to use public transport confidently will be an important contribution to this objective as well as developing independence and life skills.

## **5.7 SOCIAL VALUE**

The Public Services (Social Value) Act 2012 requires the Council to consider more widely the economic, environmental and social benefits of externally purchased services

The Service Provider will be required to demonstrate how it is contributing to wider social value initiatives within the county of Surrey. For example:

- a) How the Service itself will contribute to local employment (for example by offering work experience, volunteering opportunities to local people as well as employment itself)
- b) How the service will raise awareness and understanding of disabilities in the broader local community;
- c) How individuals are encouraged to contribute to community life.

## **Appendix 1. Reach Standards**

Independent living has no legal definition but has a commonly accepted set of principles that are nationally recognised. These principles are defined by Paradigm UK and are known as the Reach Standards for Supported Living.

- I choose who I live with
- I choose where I live
- I have my own home
- I choose how I am supported
- I choose who supports me
- I get good support
- I choose my friends and relationships
- I choose how to be healthy and safe
- I choose how to take part in my community
- I have the same rights and responsibilities as other citizens
- I get help to make changes in my life

<https://paradigm-uk.org/what-we-do/reach-support-for-living/>

The Council requires all Service and Housing Providers to operate, as much as is possible, in line with the above standards.

## Appendix 2. Surrey People Standards



# Surrey People Standards

## Introduction

The Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism whose behaviour challenges services.

The Surrey People Standards are intended to be practical and accessible and to:

- Help people and families simply describe what they expect from good support services
- Inform providers who are developing new services
- Be used by anyone to help assess the quality of support services and plan improvements

## Principles

The Surrey People Standards are not intended to duplicate regulatory requirements for service providers, such as those set out by the Care Quality Commission or Ofsted.

Services will only be able to meet the Surrey People Standards if they are rated 'Good' or 'Outstanding' by their regulators and conform to the Positive Behavioural Support standards.

The Standards are outcome and experience focused. The expectation is that the service provider demonstrates how they are meeting the standards, with the experience of people that use services at the centre.

## **The Surrey People Standards**

### **1. My support is focused on me**

- My support plan is centred on me and my support is planned and coordinated. It truly reflects my hopes, fears, and dreams
- My support plan reflects the needs, wishes and goals that are set out in my statutory care plan
- I have a named advocate who knows me well and can help me speak up or speak for me
- Meetings held to plan for my future will include my hopes and wishes and will include the people I want to be there.
- Meetings involving me will be easy to understand so I can take part
- Staff are trained in "Person Centred Active Support" or equivalent and that is how they support me
- I tell my story once to one professional
- My services are designed and developed for me – nothing is done without me.
- If my needs change staff, social services and health care professionals work together quickly to make sure I get the support I need
- The performance of my support provider is measured against my action plan

### **2. I am happy, fulfilled and have a meaningful life**

- I live in a home where I feel comfortable and safe
- I do daily activities of my choice and things that are meaningful to me, like work or helping people
- I have friends and a girlfriend or boyfriend if I want

- I take part in my local community
- I am supported to keep in touch with my friends and family if needed
- I feel that staff always respect and promote my dignity

### **3. I have choice and control over my life**

- I am supported to communicate in whatever ways I need and to understand the choices I make.
- I have a say about where I live and who I live with
- I can decide the kind of support I need and which staff support me
- I am supported to develop my skills and maximise my independence.
- I have all the information I need in ways that I can understand
- I am listened to and when things like goals or wishes are agreed, they happen
- If a restrictive intervention is ever used on me there will be a documented review
- My support is flexible.
- I will be supported to stay out late if I want to
- Staff recognise that small things can be important and are worth spending time on
- My family or advocates and I are involved in assessing the quality of my support

### **4. My support staff are good and enjoy their work**

- My staff are recruited for their values as well as their experience, skills and knowledge.
- My staff should be kind and have empathy.
- My staff are well trained to support me
- All staff that support me show a good understanding of my needs
- My staff are able to voice their ideas and speak up about bad practice
- My family or advocates and I contribute to how staff are trained
- My support staff are inspired by their manager and are encouraged to be creative
- My staff have open and honest conversations about what is and is not working with me and my family or advocates

### **5. I am healthy**

- I have a comprehensive annual health check from my GP. Staff who know me well support me with the check.
- I have a detailed and proactive health action plan that includes my needs around dental care, hearing and sight.
- I have a clear hospital passport
- My medication is reviewed regularly, in line with clinical guidelines
- I receive good care and support from doctors and other health workers
- I access specialist health and social care support in the community as soon as I need it
- I can choose to eat good food that is healthy and safe for me
- If I go to hospital, I get a good service and I don't stay any longer than I need to

## **6. I am supported to feel safe in my local community**

- My staff support me to keep safe in the least restrictive way
- I am supported to take risks
- I have a Positive Behavioural Support plan. This plan helps me to be happy in my daily life. It helps staff to understand me and work in a way which keeps me calm.
- I have a named person responsible for coordinating my Positive Behavioural Support plan and making sure that it is reviewed
- If I need it I get support to abide by the law

## Appendix 3: Accommodation Key Criteria

### Location requirements

|                         |   |
|-------------------------|---|
| <b>Scale</b>            | Domestic style housing a maximum of 6-8 units per scheme (shared accommodation) or self- contained units  |
| <b>Affordable Units</b> | Must generate sufficient care savings to outweigh the opportunity cost of the land (where land is gifted by the Council)<br><br>Rents and service charges must fall within Local Housing Allowance limits and signed off by the local District/Borough Council  |
| <b>Assets</b>           | Cost neutral in respect of the asset.<br><br>Potential care savings must be greater than the opportunity cost.<br><br>If the Council provide financing of any kind (through the Joint Venture or subsidising individual projects) the Council must be in the position whereby the total care savings outweigh the level of subsidy or grant value as well as the opportunity cost of the land.<br><br>Alternatively, the agreement to fund must include a repayment plan. |
| <b>Site Topography</b>  | Appropriate access to local amenities and community facilities (e.g. shops, banks, cafes, libraries, leisure centres, public transport, indoor/outdoor recreation)<br><br>Access to Employment and Training   |
| <b>Sustainability</b>   | Sufficient workforce in the vicinity to resource the service delivery.  |
| <b>Planning</b>         | New large scale developments are not the preferred model.<br><br>In line with planning policy with the local district and boroughs  |

#### **Appendix 4: Performance and reporting arrangements**

**Refer to KPI Requirements Excel sheet and Contract Management, KPIs and Management Information guidance document within ITT**

## Appendix 5: Medication

| Level 1: General support tasks  | Level 2: Administration by care staff  | Level 3: Administration by care staff using a specialist technique  |
|---|--|---|
| <p>These are tasks that staff can carry out to help an individual self-medicate and maintain their independence.</p> <p>The individual <b>must</b> be able to understand how to take their medication and the consequences of not taking it; and be able to identify that they have been passed the right drug, dose, strength and form of medicine at the right time.</p>  | <p>Care staff take responsibility for confirming they have selected the correct medication. That they have: the right medicine, for the right person, have selected the right dose, at the right time and given via the right route or method. Printed medicines administration records should be used for a person receiving medicines support from a provider.</p>   | <p>These types of medicines will normally be administered by a health care professional. However, if appropriate a health care professional may delegate these tasks to care staff provided they agree this with the Registered Care Provider Manager, provide extra training and are satisfied that the care staff are competent.</p>  |
| <p><b>Physical assistance at request of the individual:</b><br/>For example: Unscrewing lids, Popping tablets out of a pack, Assistance with preparing an inhaler, Applying a creams/ ointments /gels /lotions etc. Help to apply transdermal patches (incl. controlled drugs). Applying medication to the eye, nose or ear at individual request</p> <p><b>Occasional infrequent prompts:</b><br/>Verbal reminders may sometimes be required for a self-medicating individual but the occasional need for a prompt does not mean an individual should be assessed as incapable of self-medicating.</p> | <p><b>Level 2 tasks may include some or all of the following tasks:</b></p> <ul style="list-style-type: none"> <li>Frequent verbal reminders to take medication</li> <li>Selecting the correct medicines for administration</li> <li>Administration of oral medication including tablets, capsules and liquids (incl. controlled drugs)</li> <li>Measuring out doses of liquid medication</li> <li>Administering inhaler devices</li> <li>Applying external medicated creams/ ointments /gels /lotions etc.</li> <li>Applying transdermal patches (including controlled drugs)</li> <li>Applying medication to the eye, nose or ear</li> </ul> | <p><b>Level 3</b> covers tasks where a Care Worker can be trained appropriately, and where the health professional identifies that this is appropriate. It does not cover the provision of services for which a registered nurse is required, e.g. clinically invasive procedures, which will be provided by community and/or district nurses.</p> <p>Ongoing support for the care staff is required from the health professional as ultimately responsibility for these tasks remains with the health professional. Care staff should be given the opportunity to decline to administer medications via specialist techniques if they do not feel confident in their own competence.</p> |