



**Document 2: Specification For:**

**BROOKHEAD LODGE EXTRA CARE SCHEME - CARE & SUPPORT SERVICE**

**Brookhead Lodge Extra Care Scheme**

**Care and Support Service Specification**

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| **1** | **Introduction - Extra Care Housing in Stockport** |  |
| **1.1** | Brookhead Lodge is a brand-new purpose-built scheme in Cheadle managed by Stockport Homes (SHG). It is the 8th scheme delivered as part of Stockport Council’s extra care housing service which began in 2008. As per the other extra care schemes in the borough Brookhead Lodge consists of self-contained apartments, and communal spaces, and is located close to local and public amenities.  |  |
| **1.2** | The scheme will comprise of 49 flats 2 of which are adult social care assessment flats, all are fully wheelchair accessible with Level access showers.  The scheme will have a communal lounge as well as the following facilities: * Bistro
* Hairdressers
* Pamper bathroom
* Laundry
* Reception desk
* Onsite parking including E.V charging points.
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| **1.3** | The vision for Brookhead Lodge is to create a safe and welcoming home environment enabling older adults (55+) to live safely and independently at home.  The scheme will aim to develop a strong sense of community with the residents, housing landlords and care providers working together as one big family. Through the Bistro and activities and events in the communal lounge, the scheme will become a vibrant community hub for both those living in the scheme and in the surrounding area.   |  |
| **2.** | **Aim & Purpose** |  |
| **2.1****2.2****2.3****2.4** | Extra care housing aims to provide a home where residents can live independently at home within the privacy of their own flat whilst accessing the care that they require. Residents living in the schemes can have the opportunity to feel part of a community and can enjoy the company of other residents when they wish to. Extra care living aims to provide an inclusive, safe, and welcoming environment to live in which combats isolation and loneliness.Extra care housing provides onsite staff to support with different elements of the resident’s care needs. Care can be flexible and responsive due to the presence of onsite care staff.The service to be provided in the extra care housing scheme is intended to support independence, achieved by enabling people to do things for themselves rather than doing things for them. Services will be delivered in a person-centred way, responding to the wellbeing needs, goals, and outcomes of individuals. People will be supported to achieve their optimum levels of health and wellbeing, thus preventing, reducing, or delaying the need for more intensive health and / or social care interventions.The objectives of extra care housing in Stockport include:* To develop or sustain individuals’ capacity to live independently within their community.
* To reduce the number of people entering residential or nursing home care
* To reduce the number of emergencies amongst people living independently, which might result in more intensive services being required.
* To reduce the number of emergency admissions to hospital
* To increase the number of people able to remain in the community setting of their choice.
* To facilitate timely and safe discharge from hospital
* To encourage people to be resilient, self-managing and independent.
* To increase the opportunities for social interaction and therefore reduce the likelihood of social isolation.
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| **3.** | **Local Outcomes** |  |
| **3.1** | **One Stockport Health and Care Plan** The One Stockport Health and care plan demonstrates the ethos that Stockport Adult Social Care has for its services including extra care housing. It will:  * Continue to embed and develop our operating models which promote prevention, reablement and a home first ethos.
* Have a neighbourhood model that recognises wider factors such as housing, employment, and social connectedness.
* Continue our work to be an age friendly borough through an age well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life.
* A healthy and Happy Stockport: People live the best lives they can, happy, healthy and independent.
* We will strive to deliver services that place individuals at the centre of service delivery.
* We will strive to offer choice and control over care and support services.
* We will deliver integrated services that address health and social care holistically.
* We will seek to provide the least restrictive options to individuals.
* We will work hard to ensure older residents are enabled to live as independently as possible in their own homes.
* We will provide opportunities for carers to have support.
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| **3.2** | The delivery of extra care housing provision aligns with Stockport Councils Specialist and Supported Housing Strategy. |  |
| **3.3** | Stockport Council’s aim is for a Fair and Inclusive Stockport, a borough for everyone where diversity and inclusion are celebrated, and everyone has equity of opportunity. We wish for a level of cultural competence with inclusive workplaces and direct work with children and adults and intersectionality supporting the positive and effective use of cultural identity. |  |
| **3.4** | Stockport Council will adopt and actively work on any future initiatives that drive up standards in service delivery and provider organisations with the expectation that providers share this commitment. |  |
| **4.**  | **Scope** |  |
| **4.1****4.2****4.3** | Individuals living in extra care must have been assessed by the Council as requiring the service in accordance with its eligibility criteria. Stockport Council requires that all individuals referred for extra care must:* Be aged 55+
* Be a resident of Stockport or have close family connections to the area.

Brookhead Lodge will support residents that meet the above criteria who will predominantly have high or medium levels of care needs. High and medium level needs are defined as:

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| **Level of Need** | **Hours a week** |
| High  | 10+ hours |
| Medium | 5 – 10 hours |

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| **5.** | **Compliance** |  |
| **5.1** | Providers including its employees, agents and sub-contractors are expected to keep up to date on and comply with the Council strategic policies and any other relevant legislation.<https://www.stockport.gov.uk/topic/adult-social-care-policies> |  |
| **5.2** | Specifically, the provider will have a working knowledge of the Care Act (2014) and will ensure that the service is delivered in line with Care Act principles and Guidance.<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> |  |
| **5.3** | In addition, providers should also comply with all relevant legislation paying particular regard to the following:* The Equality Act 2010
* The Data Protection Act 2018
* The Modern Slavery Act 2015
* The Race Relations Regulations 2003 (as amended)
* The Statutory Code of Practice on Racial Equality in Employment 2006
* The Employment Equality (Sexual Discrimination) Regulations 2005
* The Equality Act 2010
* Human Rights Act 1998 (UK)
* DSPT (Cyber Security)
* Gender Recognition Act 2004 (UK)
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| **5.4** | The provider will develop and make available where required, its policies & guidance in relation to:1. Safe working practice
2. Health and Safety
3. The administration of medication
4. Moving and handling
5. Falls management
6. Behaviour management
7. Information Governance (including Data Protection and compliance with GDPR)
8. Complaints processes
9. Safeguarding
10. Arrangements for gathering service user and stakeholder feedback.
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| **5.5** | The provider should make sure that they have the appropriate insurance agreements in place to fully support all residents at the scheme regardless of whether they are in receipt of commissioned care. |  |
| **5.6** | The Provider should have an awareness of and be working in line with the following initiatives which are key to adult social care services in Stockport.* [The Stockport Borough Plan - One Stockport](https://www.onestockport.co.uk/the-stockport-borough-plan/)
* Stockport Mental Health Strategy.
* Stockport Specialist and Supported Housing Strategy
* [Gloriously Ordinary Lives](https://www.gloriouslyordinarylives.co.uk/)
* Real Living Wage
* [Armed Forces Covenant](https://www.gov.uk/government/collections/armed-forces-covenant-supporting-information)
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| **5.7** | Stockport Adult Social Care places a key importance on enabling individuals to live safely and independently in the community therefore providers should have an awareness of the preventative services covered by the following and support individuals with accessing them when required:* [Home :: Stockport Support](https://stockportsupport.com/)
* [www.healthystockport.co.uk](http://www.healthystockport.co.uk)
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| **5.8** | The provider shall submit to the commissioner details of complaints about the care and support service, in the format and at intervals as notified by the commissioner.  |  |
| **5.9** | The provider will have a single IT system able to deliver the required performance data expected. This will require a process of data migration from the existing IT systems used in each service area which will need to be factored into any transition period. |  |
| **5.10** | It is a requirement that the provider engages with the PAMMS process as detailed under the operational requirements section. |  |
| **5.11** | The provider is expected to meet the identified outcomes as outlined within the contract and specification. Failure to meet outcomes will result in the commissioners requesting an action plan to redress the unmet needs. The commissioners reserve the right to issue a default notice in line with contractual requirements for failure to address performance issues following the implementation of an action plan. |  |
| **6.** | **Overview of the scheme** |  |
| **6.1** | The Scheme will have a range of support and care on site including support from the registered social Landlord and the commissioned care provider. There are 49 flats with the scheme, 2 of these will be assessment flats commissioned by adult social care for temporary placements.  |  |
| **6.2** | Brookhead lodge is a new development catering for individuals with medium to high needs, we project that there will be a minimum of 400 hours of direct support once the service is fully occupied. This does not include the waking night provision, or the 30 hours of core support allocated to the provision. Providers should therefore base their annual costings on the weekly provision of: * 400 hours of direct care in the day
* 63 hours of waking night provision
* 30 hours of core support

 A total annual budget of £570,651 is available for this service.Providers will be paid for the mobilisation period as highlighted in the specification; any additional mobilisation or transitional hours must be agreed in advance with commissioners before delivery. Providers must account for the service increasing hours over a period of months until the service is fully occupied.  Providers must provide a clear financial breakdown for year 1 of the provision with a clear hourly rate figure as part of the calculations |  |
| **6.3** | Providers should be aware of the following: * Full occupancy will take time to establish
* Hours may fluctuate and will depend on successful placements there may be some changes to allocations prior to the start date.
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| **6.4** | The provider will deliver high quality care and support to extra care residents ensuring a person-centred approach. They will encourage the use of the schemes facilities and to retain and increase residents’ level of independence. |  |
| **6.5** | The provider will be on site 24 hours a day to deal with commissioned calls, non- planned interventions and responses as well as the provision of background support. The provider must ensure that there is always sufficient staffing onsite to provide safe and adequate cover.  |  |
| **6.6** | All residents will be seen or contacted each day, unless they have chosen to opt out of this service. This is known as daily contact. Landlords may opt to retain this function when their staff are on site but there needs to be a clear agreement of who is dealing with this each day. If a resident has not been seen within a 24-hour period, the provider must respond by visiting the property and/or contacting family/friends and following an agreed escalation process. |  |
| **6.7** | **Mobilisation period**  |  |
| **6.7.1** | As this is a new build there will be a requirement to deliver hours into the service before it is at full capacity, Commissioning will work closely with SHG to identify referrals and develop a move in plan than ensures those with the lowest need are moved into the service first with weekly cohorts increasing until the service is at full capacity.  |  |
| **6.7.2** | A proposed mobilisation plan will be in place alongside the allocations process for the scheme. The proposed plan may fluctuate according to the needs of those allocated to the scheme so it is expected that the provider will be willing to be flexible during this period. |  |
| **6.7.3** | The mobilisation plan has a projected 6–8-week period. During this period the following will be implemented:  **Initial phase Week 1&2** Provider to be paid for 90 hours core - 12 hours a day Mon to Friday and 15 hours a day at the weekends of on-site carers as background day support, with housing colleagues being on site in the periods in-between. Provider to deliver the service with a sleep in provision only at a rate of £79.49 per night.   The provider will also work closely with the scheme landlord, Stockport Homes to get to know the building and how the systems within it work e.g. telecare system, key fobs and fire safety system. **Week 3** Reduce core hours to 60 per week with increased packages of care being implemented, the type of night cover required will be reviewed.  **Week 4&5** Reduce Core hours to 50 per week with increased packages of care being implemented the type of night cover required will be reviewed.    **Week 6- 8** Reduce core hours to 30 (contract value) |  |
| **6.8** | **Night Support**The provision of night support should be flexible dependent on level of support needed on the scheme at any given time; this could be in the form of a waking or sleep in night. |  |
| **6.9** | Within the extra care schemes a high level of calls will take place around certain parts of the day. Typically, between: • 7am and 10am - morning calls • 12pm and 2pm - lunch calls • 4pm and 6pm - tea calls • 8pm – 10pm - bedtime calls (call times above are indicative) |  |
| **6.10** | During periods of low call volumes, the provider will be expected to remain on site to complete care planning paperwork, background support provision to tenants and social support. The provider will be expected to respond to any emergencies or resident queries that arise whilst they are onsite. |  |
| **6.11** | The Care Provider will develop the support plan alongside the allocated Social Worker and the individual receiving care to ensure support is designed around that individual’s needs and desired outcomes. The provider should adhere to an individual’s core hours as closely as possible but should allow flexibility to the time required by the individual. Where a regular increase or decrease of hours or background support becomes apparent the provider should contact adult social care as soon as possible to request a review. |  |
| **6.12** | **Background Support** |  |
| **6.12.1** | Background support is an important element in extra care which means that residents are encouraged to do things for themselves as far as possible. It involves assisting service users by supporting and encouraging them to participate in housework and living skills, to improve confidence, develop and gain new skills and achieve and maintain maximum independence and self-reliance.  |  |
| **6.12.2** | With the provider on site 24 hours a day there is an expectation that background support will be readily available, staff will have more time to offer one to one support at times when commissioned care demand is lowest (down time), e.g. in the afternoon |  |
| **6.12.3** | Background support may include: * Help in navigating around the scheme when first moving in
* Providing information about the local area and community activities
* Support in arranging prescription collection/delivery
* Signposting and supporting access to advice and information, entertainment, leisure, cultural and faith services
* Liaising with relatives and others as requested by a service user
* Developing skills (social, digital, practical)
* Emotional support
* Facilitating peer support and befriending
* Encourage and support engagement in meaningful daytime activity both in the scheme and local community
* Support with household budgeting
* Supporting a service user to keep their home clean and tidy (not simply doing this for them)
* Encouraging and assisting in development or maintenance of a healthy lifestyle including the continuation of any exercise prescribed (subject to staff having access to appropriate training)
* Encouraging the use of aids provided
* The use of assistive technology is encouraged and to be arranged in conjunction with the social worker or therapist.

This list is not exhaustive and is intended to be illustrative only. |  |
| **6.13** | **Service Delivery**. |  |
| **6.13.1** | The service will be delivered 365 days per year (366 days in a leap year) through a team of on-site workers available 24 hours a day with the necessary skills to provide care and support to meet the needs of individuals and to respond flexibly to temporary and unpredictable fluctuations in need, and to emergencies as these arise. Where commissioned support is refused the provider should inform adult social care. |  |
| **6.13.2** | The provider should have in place a business continuity plan for their extra care scheme and be able to mitigate for issues such as any unexpected emergencies or issues with staffing. |  |
| **6.13.3** | The provider will ensure that a contact number is always available for the commissioner and individuals to access.  |  |
| **6.14** | **Moving on from the service.** |  |
| **6.14.1** | Discharges will take place following consultation between individuals, commissioners and providers. This will be in accordance with the statutory support plan and, where appropriate, following a review.  |  |
| **6.14.2** | The provider shall not cease to provide the service without the agreement of the commissioner. Where it is agreed between adult social care and the provider, in consultation with the service user (or representative if appropriate) that continuation of the service is no longer appropriate, alternative suitable arrangements will be made. |  |
| **6.15** | **Personal Care Tasks**All personal care must be undertaken with sensitivity and with regard to the dignity and privacy of the individual, by way of example these tasks may include: • Dressing/undressing • Assisting with transfers from or to bed/chair/toilet • Assistance with eating meals and drinking • Promotion of personal hygiene by encouraging regular washing and  changing of clothes• Assisting with bathing/showering and washing hair• Assisting with shaving• Assisting with cleaning teeth• Assisting with toileting and changing continence aids• Getting ready for trips or visits outside their own home• Administration of medication in accordance with the medicines policy and  medicines procedure guidelines. This list is not exhaustive and is intended to be illustrative only. |  |
| **6.16** | **Domestic Care Tasks**Domestic care is the provision of domestic services identified as appropriate to meet the service user’s specified outcomes and due to their inability to carry out these tasks on their own or with support. The provision of domestic tasks must support individuals to maintain a safe and homely environment. Domestic tasks may include: • Cleaning (to support with continence care)• Emptying and cleaning commodes • Laundry (as part of continence care)• Shopping (emergencies only)• Cooking and meal preparation**This list is not exhaustive and is intended to be illustrative only.**Other domestic tasks outside of this should be included as part of background support where required. These could include* Dealing with household refuse
* Bed-making
* Washing up

**This list is not exhaustive and is intended to be illustrative only.** |  |
| **6.17** | Each service user with a care package will have an agreed number of hours of care each week. The provider will have flexibility in how best to provide the service within the following stipulation:• Medication requirements are the priority when agreeing call times.• Approximate call times should be agreed with individuals and any  changes/delays communicated in good time. |  |
| **6.18** | The provider will use the Care Act assessment, the associated support plan and their own assessment to draw up a person-centred support plan with the individual, detailing the type and level of care and support to be delivered in order to meet the individual's identified outcomes. These will be developed and regularly reviewed with the input of the individual supported, carers, family members and health and social care staff as appropriate. Support plans and risk assessments should meet CQC requirements. |  |
| **6.19** | The service provider must be a domiciliary care provider registered with the Care Quality Commission (CQC) and currently rated as ‘Good ‘or above. The provider has a responsibility to all individuals living in the extra care scheme whoever they are and whatever circumstances the individuals are in. |  |
| **6.20** | To support the provision of activities with resident’s staff working for the care provider must hold Food Hygiene level 2 as a minimum in addition to all mandatory and relevant training. |  |
| **7.** | **Delivery**  |  |
| **7.1****7.2****7.3****7.4****7.5****7.6****7.7****7.8** | Care should be delivered in a person-centred way with the likes and dislikes of the client understood and met. The provider must adopt a strength-based approach and be flexible and responsive in the delivery of care to residents.Where individuals are found to have eligible needs, a statutory support plan will be drawn up in agreement with the service user and their representative, where applicable, and a financial assessment will be undertaken by the Council’s Social Care Charging Team.A copy of the statutory support plan will be given, with the service user’s consent, to the provider. If the provider is of the view that the referral information and support plan is not of sufficient quality, this must be communicated to the referrer as soon as possible. Commencement of the service to an individual service user will be at a time mutually agreed between the service user, adult social care worker, and provider.The provider should communicate and work closely with partners, individual tenants and their families keeping up to date on where they are on the care pathway and to ensure the safe transition home from hospital and care home placements as well as to ensure personalised care is delivered, sharing information as appropriate.The provider should support individuals to engage with other partners to provide holistic support where required.All flats will have key fob access; there will be a fob allocated to the care provider for each flat and there will be a master fob which will be held by housing.  Care providers should support clients to use accessible bathing facilities and other communal facilities ensuring the appropriate insurance is in place. |  |
| **8.** | **Allocations & Referral Process** |  |
| **8.1****8.2****8.3****8.4** | Brookhead Lodge is a brand-new scheme therefore a clear allocations plan will be put into action led by Stockport Council Adult Social Care and supported by Stockport Homes. The care provider is expected to work jointly with both partners to deliver the allocations plan successfully. It is expected that as part of the mobilisation process the care provider will begin to familiarise themselves with the building and to complete their assessments as part of the allocations process.Following the initial allocation of people to flats any future allocations and referrals into extra care will be made in accordance with Stockport Council’s extra care referral and allocations policy. Panels will take place fortnightly, and the provider will be expected to attend where there is a vacancy at the scheme they cover.If the provider considers the service user to be unsuitable for the service or is of the view that the provider is unable to meet the service user’s needs, they must inform the commissioner and provide rationale at the allocations panel. The provider will attend flat viewings alongside the scheme landlord and complete their own assessment to confirm that the persons needs can be met, if any equipment is required and the content of any moving and handling risk assessments, this will not be the responsibility of the scheme landlord. |  |
| **9.** | **Assessment Flats** |  |
| **9.1****9.2****9.3** | There will be 2 assessment flats available at Brookhead Lodge. The assessment flats will be fully furnished and funded through adult social care for short term placements of up to 8 weeks.  These flats will provide: * Allow for an assessment to be undertaken to ascertain whether a person is suitable for independent living or if they require a more formal setting.
* Assessment placements to support hospital discharges or short-term placements up to 8 weeks
* Additional monitoring information through the provision of activity monitoring kits within both flats.

The provider will provide the care and support required when these flats are occupied taking a lead and working closely with the scheme landlord and social workers in the allocation of placements providing a quick and timely response to adult social care during the allocation, placement period and review. The provider will follow the Stockport Adult Social Care Assessment Flat policy and process that is in place for the allocation of the assessment flats. Stockport Homes and Adult Social Care staff will also follow this process.  |  |
| **10.** | **Outcomes** |  |
| **10.1** | Providers must demonstrate delivery against the following One Stockport outcomes:**One Heart****A healthy and happy Stockport** People live the best lives they can – happy, healthy, and independently.* How have people been supported to improve their physical/mental health?
* How have people been supported to improve their wellbeing?

**A strong and supportive Stockport**Confident and empowered communities working together to make a difference.* People are supported to access and contribute to the development of a strong community offer, ensuring that people who access adult social care support/services are represented and included in the wider community offer.

**One Home** **A fair and inclusive Stockport** A borough for everyone – diversity and inclusion is celebrated and everyone has equity of opportunity. * How have you ensured that diversity and inclusion is celebrated within your service and with the people you support?
* How have you ensured that the people you support have the same opportunities, access to services, and rights?

**A flourishing and creative Stockport** Stockport is an exciting place to live, where people are active and celebrate culture. * People have been supported to enjoy the place they live and to take full advantage of all that Stockport has to offer.

**One Future****A skilled and confident Stockport** Everyone has the opportunities and skills to successfully achieve their ambitions.* How have you supported people to achieve outcomes in the following areas to improve their lives and promote independence in the longer term - financial independence, social inclusion, education, training, employment, and meaningful activities?
* How have you supported people to develop new skills, including in relation to their independent living skills?
* How have you supported people to recognise their strengths, to build their resilience and improve their support networks?

**A radically digital Stockport** A digitally inclusive and dynamic borough * How have you supported people to use technology and develop digital skills?
 |  |
| **11.** | **Individual Scheme Accommodation** |  |
| **11.1****11.2** | An office will be provided by Stockport Homes as a base for staff, this will be a joint space shared with the scheme landlord. The housing provider shall provide as a minimum such space as is reasonably required by the provider to fulfil their functions. Any additional space will need to be negotiated between the care provider and the landlord. Clear information on all systems within the scheme, including the telecare monitoring system will be shared with the care provider by housing. The care provider will not be responsible for the fabric of the building i.e. repairs, but they will ensure that they maintain high standards of cleanliness in areas of the schemes utilised by staff e.g. kitchen areas, office etc and that any building related issues are reported to the housing provider promptly. All roles and responsibilities within the scheme including the above should be outlined in a service level agreement between Stockport homes and the Care Provider. |  |
| **12.** | **Partnership Working** |  |
| **12.1****12.2****12.3****12.4****12.5****12.6** | For this specification, the provider will be responsible for the provision of care and support and the landlord will provide housing management services. Close partnership working on the ground in the scheme is essential for the smooth running of the service. This should include joint working with housing landlords but also with partners such as adult social care, health, individual tenants and their families to problem solve and identify solutions to manage any issues that arise for individuals living in extra care.The provider will ensure that there is a signed service level agreement in place outlining the clear roles and responsibilities between the housing landlord and the care provider to facilitate good partnership working. Regular communication, including weekly meetings, should take place at each individual scheme between the landlord and the care provider. These meetings should be used to discuss and share information around any tenant or operational issues specific to the scheme. It is expected that these meetings will adhere to data protection legislation and will take place in a confidential space. The provider needs to maintain a close, collaborative working relationshipwith the following services to ensure that individuals living in extra care are fully supported.* Adult Social Care – including the individual care plan and timely reviews, hospital and short-term placement admissions and discharges, O.T/physio input and equipment and adaptations input.
* Telecare Provider – including responding to emergency alarms.

The provider will ensure that services are outward looking and will engage with all relevant partners to achieve better outcomes for residents. In doing so the provider will work closely with the following partners where required:* Acute Trusts
* Integrated Care Boards
* General Practitioners
* Pharmacies
* Greater Manchester Fire and Rescue
* Health and Wellbeing Boards
* Housing departments, private agencies and social landlords
* Local Authorities
* Local neighbourhoods
* Mental Health services
* Mutual Aid Groups
* Non-facilitated self-help groups

This list is not exhaustive and is intended to be illustrative only. |  |
| **13.** | **Activity Provision** |  |
| **13.1****13.2** | All individuals should benefit from opportunities to take part in social, recreational and information sessions provided. These could be sessions arranged by residents, the scheme landlord, the care provider or external agencies. There will be an expectation that care staff working in the schemes should support and encourage the residents to attend activities. Providers must agree to support and engage with any future requirements for activities as identified by the commissioners. |  |
| **14.** | **TEC Provision** |  |
| **14.1****14.1.1****14.1.2****14.1.3****14.2****14.2.1****14.2.2****14.3****14.3.1****14.3.2** | **Telecare Monitoring and Response Provision**The scheme is fitted with warden- call systems, provided by Stockport Homes. The system allows calls for assistance (through the pendant) to be answered directly by the care provider. The monitoring and response service for Brookhead Lodge will be provided by Carecall. The care provider will be on site 24 hours a day so all calls will go straight through to the carers onsite. Potentially only a limited/ no response service would be required at Brookhead Lodge.  Response would be for falls and nominal call outs the call will go through to Carecall who will triage the call and respond accordingly.Peripheral telecare devices may also be supplied to individual residents e.g. door sensors and falls detectors and the provider needs to understand how these devices work and respond to activations. SHG will provide the handsets and key fobs connected to the Appello SLS system, any damaged or lost handsets will be chargeable back to the provider.For the telecare system there will be training by Appello as part of the care provider learning the building, the care provider will then adopt a train the trainer model with support available from housing to disseminate this training to staff. Training on the fire response system will be offered by housing. **Responding to falls**Carecall provide a lifting service using lifting equipment 24 hours a day. Stockport Council are working towards enabling a wider use of technology within Adult Social Care provision. Providers are expected to work alongside the Council to offer any new initiatives in response to falls management.**TEC**The provider will need to work with the Council and partners to embed digital offers into care provision promoting independence and enable individuals to delay or reduce the need for formal care and support. The provider should support the increased use of use of TEC (Technology Enabled Care) with residents in the scheme and be part of a joined-up approach to TEC awareness and delivery.The provider should support with the trialling and implementation of new and innovative TEC solutions in extra care. This could include:* Identified TEC champion
* TEC to reduce social isolation such as video calling.
* Virtual medication prompts
* Activity monitoring
* GPS trackers
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| **15.** | **Finance** |  |
| **15.1** | Core hours and background night support will be paid on a block contract. |  |
| **15.2** | Where sleep in nights is agreed this will be paid at a rate of £79.48 per hour, waking night hours will be paid at the same hourly rate as day hours |  |
| **15.3** | Estimated weekly hours for the scheme are:* 400 hours of direct care in the day
* 63 hours of waking night provision

30 hours of core support |  |
| **15.4** | Core daytime hours should be utilised flexibly, the intention is to ensure that there are always staff on site and available to respond to call alarms throughout the day, these core hours can also be utilised to support with activities on site and joint events with the housing provider and/ or council. |  |
| **15.5** | Providers must engage with the Council’s provider portal for the payment of actual hours delivered. Full details of the portal will be shared with the successful provider as part of the mobilisation of the contracts. |  |
| **15.6** | In cases where the Service Provider has not created final invoices by the end of the current financial year, the Council reserves the right to create final invoices on behalf of the Service Provider and will not take responsibility for any loss of income that may result.  |  |
| **15.7** | Calls can be cancelled without charge with 24 hours’ notice to the provider. A package will be suspended 24 hours after hospital admission if the person is remaining in hospital. |  |
| **16.** | **Social Value** |  |
| **16.1** | Greater Manchester Combined Authority (GMCA) have produced a checklist to help you plan how you can maximise social value in your business, your community group, your organisation, and take part in making Greater Manchester a better place. This supports the implementation of the 2014 GM Social Value Policy, and a Greater Manchester Combined Authority (GMCA) have produced a checklist to help you plan how you can maximise social value in your business, your community group, your organisation, and take part in making Greater Manchester a better place. This supports the implementation of the 2014 GM Social Value Policy and a Framework that can be used across all sectors to guide actions and maximise impact for Greater Manchester and its citizens. The Framework is built around the following six priorities:1. Provide the best employment that you can2. Keep the air clean in Greater Manchester3. Create the employment and skills opportunities that we need to Build Back Better4. Be part of a strong local community5. Make your organisation greener6. Develop a local, GM based and resilient supply chain |  |
| **16.2** | Social Value submissions for this contract must be related to the following TOMs only. These TOMs have been agreed for all Adult Social Care Contracts.* **NT1**
* **NT75**
* **NT4**
* **NT4A**
* **NT76**
* **NT9**
* **NT10**
* **NT11**
* **NT12**
* **NT18**
* **NT39**
* **NT26**
* **NT27**
* **NT28**
* **NT29**
* **NT52**
 |  |
| **16.3** | The total amount submitted for social value should not be more than 10% of the total contract value. |  |
| **17.** | **Specification Review** |  |
| **17.1** | The commissioners may review and/or vary this service specification from time to time in the interests of the people who use the service and to take account of changes in national policy and funding. This may also include the inclusion or exclusion of specific elements of services. The service provider will be closely involved in this process to identify any implications (financial and human resources) for service delivery. |  |
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**APPENDICES**

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| **1A** | **Operational Requirements** |
|  |  **Safeguarding** The safety and wellbeing of people using services commissioned by Stockport  Council is of the highest importance. The provider must operate robust safeguarding procedures. As a minimum requirement, arrangements must be in  place for:* Safe recruitment and selection of staff and volunteers
* All workers/volunteers must have enhanced DBS clearance certificates prior to commencement of employment and have undertaken appropriate safeguarding training
* Regular reinforcement of safeguarding awareness through management and support of staff and volunteers
* Effective complaints and whistle blowing process
* Compliance with the Stockport All Agency Safeguarding Adults Policy and use of their safeguarding risk matrix to identify section 42 enquiries.

Providers should track any themes or trends of lower-level harms for their own records, but this will not be enforced by the local authority.Providers are expected to attend Safeguarding meetings and to notify the meeting organiser in advance if they are unable to attend.**Risk Management** Whilst ensuring the safety and well-being of Individuals, the Provider will seek to promote opportunities which involve positive risk taking. Providers should have a clear positive risk-taking policy in place that can be shared with the Council. The Provider is responsible for undertaking a full assessment of any areas of identified risk to ensure the safety of everyone using and delivering the service.Risk Assessments and Risk Management plans should be reviewed on a regular basis, or as changes occur. Risks should always be managed in the least restrictive manner.**Quality (link to fundamental standards)** Provider must engage in the Council’s Quality Assessment processes, including the submission of quarterly data returns, engagement with PAMMS, (Provider Assessment and Market Management System) onsite audits, self-assessments and relationship building with any allocated Quality Officer. 5.3.2 The Provider must also have their own Quality Assurance methods in place including being pro-active with Customer Satisfaction surveys, quality checks (announced and unannounced), working closely with Social Workers and creating/maintaining continuous improvement plans. **Contract Monitoring** The commissioners will manage this contract via quarterly contract management meetings. The provider will be invited and expected to attend, produce relevant reports including finance and evidence of delivery and outcomes as required. **Data Protection and Information Governance**IT procedures must be fully compliant with the Data Protection Act 2018, Caldicott Principles and Information Commissioner’s Office guidance and practiceThe provider will ensure that all necessary data sharing agreements are in place between appropriate service providers and housing providers. This will ensure that staff are in possession of all the relevant information and facts about a person and that information is shared appropriately.The provider will ensure that there is a safe and suitable environment for storing records, with confidential records relating to individuals locked away securely. The provider will ensure that next of kin details are recorded should a carer or family member need to be contacted in the event of an emergency. These contact details should be kept up to date and consent obtained to share them with Carecall, REaCH and Astraline who may also offer support to the service user in an emergency. **Dealing with challenging behaviour** Providers must have an up-to-date policy on dealing with behaviour that challenges, and this will be readily available to staff. The Provider shall avail this policy to the Council for review and must consider any comments the Council gives the Provider in relation id p to said policy.**Advocacy** Providers are expected to offer a level of advocacy for individuals being supported, this may include advocating for medical support, benefit support or for access to other services. Where there are complex issues linking to advocacy, Providers should have a clear line of communication, when appropriate, with Stockport Advocacy for advice and guidance on next steps and additional resources that may be available.**Workforce** The provider shall ensure the availability of sufficient staff to deliver the service to the individuals in line with the requirements of the Home Support Ethical Framework, as well as respond to emergencies arising on site relating to the care needs of residents living in the extra care housing scheme. Ensure that all services are sufficiently staffed to ensure continuity of service, considering sickness, holidays and other absences. Staff working in the scheme should be reliable and always present themselves in a professional manner. Staff should be in regular contact with senior managers to enable any issues and queries to be addressed quickly. It is expected that there is a senior care worker that is based at each scheme or across two schemes where applicable.Ensure that all services have and adhere to a recruitment policy and practice in line with the requirements of their CQC registration.The provider will ensure that the use of zero-hour contracts are minimal and that these arrangements are not used in the place of permanent contracts. The provider will ensure and evidence that 100% of workers providing direct support are offered a contract which guarantees a minimum number of hours of work per week. We expect providers to adhere to the workforce guidance, requirements, and recommendations on the Care Quality Commission (CQC) website. This includes information around qualifications and continuing professional development. Provide and maintain a detailed description of staffing structures across the service inclusive of managerial relationships.Ensure the workforce contains suitably qualified and experienced workers to deal with the range and complexity of health and social care support required.Ensure that all staff receive domestic abuse training, in accordance with NICE guidance Ensure that all services provide all staff an induction and basic training programme within a reasonable period of taking up appointment. Ensure that staff fulfilling a managerial role have appropriate management competencies and that specialists have training and competencies in line with guidance from the relevant professional bodies. The provider is expected to have a strong internal governance structure and organisational governance plan. This should cover issues including communication between people and staff (including managers and clinicians), communication between staff across the service, effective reporting mechanisms, client records, service data, incident reporting and health and safety. Such governance arrangements will consider all current or any future legislation that applies.The provider will ensure that they meet all their obligations in relation to Stockport Council’s Ethical Framework in relation to workforce.**Business Continuity Plan** Ensure that there is a business continuity plan in place and that this is communicated to staff. This plan should ensure that all services are always sufficiently staffed considering sickness, holidays and other absences. This should include data and cyber security; it is also highly recommended that the provider completes and publishes the Data Security and Protection Toolkit (DSPT). **Moving and Handling**Relevant activities that may involve safe moving and handling include the following:• Getting in and out of or moving in bed• Standing up• Transferring to bed, toilet, commode, armchair, wheelchair or car• Walking safely• Washing/dressing• Getting in/out of bath or showerAdult Social Care will undertake a moving and handling assessment if the individual has needs in relation to this. The provider will ensure that an up to date moving and handling assessment is made available to all workers assisting a service user, with a copy on the individual’s care plan folder. **Specialist Equipment**Where an assessment identifies that aids and equipment are required to safeguard the individual, the provider must follow the agreed procedures. This may require that workers undertake training to operate special equipment. Any faults or maintenance needs of equipment supplied must be reported to Adult Social Care (or the supplier if they have this responsibility) as soon as possible and Adult Social Care must be informed if the service cannot be provided safely because of the fault. **Co-production** According to the TLAP successful co-production should result in:* improved outcomes for individuals who use services and carers, as well as
* a positive impact on the workforce

In collaboration with commissioners, the provider is expected to facilitate stakeholder involvement in the extra care service which reflects the latest guidance from agencies including Public Health England and the Care Quality Commission. The provider will be expected to demonstrate ways in which individuals are being encouraged to participate at each level and evidence of how feedback has been incorporated into service planning and delivery. **Social Value** Part of the Tender contractual requirements, Providers must consider and demonstrate how Social Value can be derived from their services and embedded into the future contract. 5.2.2  Social Value is defined as an economic, social and/or environmental benefit delivered to a local community through a procurement of services, over and above the core benefits of the services being procured.  |