Service Specification

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2. Definitions

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Accessible Information	Accessible information is information that people can understand and that is presented in a way that meets their communication needs. It can include, but is not limited to, Easy Read, braille, audio, Makaton and Social Stories.
Active Support	Active Support is a method of enabling people with learning disabilities to engage more in their daily lives. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives.
Acquired Brain Injury	An injury to the brain that is not hereditary, congenital or degenerative.
Adult	A person aged 18+.
Asset Based	A form of assessment and support planning that looks at what people have, rather than what they lack, making use of their existing skills, knowledge and relationships.
Autistic Spectrum Condition	A lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them.
Communication Passport	Person centred booklet that supports Service Users, who cannot easily speak for themselves, to present information important to them in an accessible way e.g. how they prefer to communicate, activities they enjoy, people that are important to them.
Community Support	Support delivered in a community setting by a carer or support worker.

Complex / Challenging Behaviour	 Behaviour is challenging if it causes harm to the person or others, or if it stops them fulfilling some aspect of their lives, for example; A Service User cannot go to school because they show aggressive behaviour. Activities that take place in the community
	that Service Users can participate in
Dementia	A syndrome caused by a number of progressive disorders that affect memory, thinking, behaviour and the ability to perform everyday tasks.
Direct Payments	Funding provided by the council directly to a Service User that allows them to plan and manage their own support and to buy services or employ people to support them in everyday life.
Easy Read	The presentation of text and pictures in an accessible, easy to understand format. It is often useful for people with learning disabilities, and may also be beneficial for people with other conditions affecting how they process information.
Eligible person	A person who has been assessed by the Council under the <i>Care Act 2014</i> as being in need of care and support from Adult Social Care.
Enhanced Housing Management	See Intensive Housing Management.
Health Action Plan	An accessible plan developed with a person with a learning disability that contains information about their health needs, ways they can stay healthy and help they can access.

Health Charter	The Health Charter is designed to support social care providers to improve the health and well-being of people with learning disabilities, thus improving people's quality of life generally. Providers sign up to the Health Charter and using a self assessment tool can evidence how they are working to improve health outcomes for people with learning disabilities.
Home Care	Care received by a person in their own home provided by a service registered with CQC to deliver personal care. It may include but is not limited to assistance with dressing, feeding, washing and toileting, as well as advice and psychological support.
Home	A person's home is where they ordinarily live.
My Care Passport	An accessible document used to inform staff in a hospital about a persons health needs and also provide information about the person themselves e.g. how they communicate, things they like and dislike, people who are important to them.
Independent Service Fund	A personal budget paid to a provider chosen by a service user to arrange their care and support.
Intensive Housing Management or Enhanced Housing Management	The services within supported housing a) related to the maintenance and upkeep of the property and communal areas, and b) the provision of advice on tenancy issues / housing need (including signposting to other advice agencies).

Learning Disability	 Learning Disability refers to; A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) along with: a reduced ability to cope independently (impaired social functioning; and where the onset of disability which started before adulthood and had a lasting effect on development.
Makaton	A language programme using signs and symbols to help people to communicate. It is designed to support spoken language as the signs and symbols are used with speech, in spoken word order.
Mental Health Needs	Needs related to any mental health illness.
Personal Budget	A Personal Budget is a sum of money allocated to a Service User as a result of an assessment of their needs. The amount of money awarded is based on eligible need at the time of assessment.
Personalisation	Ensuring people in receipt of social care services have choice and control over the service they receive.
Physical Disability	A physical impairment that has a substantial and long term negative effect on a persons ability to undertake normal activities
Positive Behaviour Support	A multi component framework that views challenging behaviour as functional, rather than as deviancy, a diagnosis, a mental health condition or deliberate attempt by the Service User to cause problems for themselves or others.
Provider	The Contractor who is providing the Service to the Service Users.
Sensory Impairment	Vision, hearing or multi-sensory impairment.
Service Users	People in receipt of the service.

Service User Outcomes	The goals and aspirations of Service User	
Social Care Needs	Needs identified by the Council under the <i>Care Act 2014</i> .	
Social Stories	Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. They are mostly used to support people with ASC	
Support with Personal Care	Support from a carer for activities such as washing, toileting, dressing (see Home Care)	
Support Plans	Plans developed with a Service User that detail the outcomes they want to achieve and the support that will be provided to them to achieve their goals	
Value for Money	The best use of resources to achieve economy, efficiency and effectiveness	

3. Acronyms

ASB	Anti-Social Behaviour
ASC	Autistic Spectrum Condition
внсс	Brighton and Hove City Council
BILD	British Institute of Learning Disabilities
BSL	British Sign Language
CCG	Brighton and Hove Clinical Commissioning Group
CQC	Care Quality Commission
FCL	Families, Children and Learning
IHM	Intensive Housing Management
PBS	Positive Behaviour Support
SCDS	Specialist Community Disability Service

4. Key Stakeholders

The key stakeholders for this project include, but are not limited to the following:

Area/Organisation/Service User	Details
Adult Social Care Assessments	The section within Brighton and Hove City Council that assesses a Service User's care needs and eligibility for care.
Adult Social Care	The Brighton and Hove Adult Social Care Directorate.
Community Safety Team	A team working in collaboratively to improve community safety, reduce crime and disorder and to help people feel safer across the city.
Complex Behaviour Clinic	A multi-disciplinary clinic that supports people with complex and / or challenging behaviour.
Families, Children and Learning Directorate	The Brighton and Hove Families, Children and Learning Directorate (the adult learning disability assessment team sits in this directorate)
Housing	The Council Housing department.
Specialist Community Disability Service	A specialist team within Brighton and Hove Adult Social Care Assessments which enables Adults with Learning Disabilities to achieve more in their lives.

5. Partners

Area/Organisation/Service User	Details
Day Opportunities Providers	Providers that offer Day Activities/Opportunities in the community.
Community and Voluntary Sector Organisations	 Including organisations that support adults in need of social care and their carers: Possibility People The FED Centre for Independent Living The Carers Centre Impetus

Speakout

6. Overview of Project

a. Aims

The overall aim for services provided under this Specification is to provide a range of Community Support options that enable Service Users to continue living in, and accessing, the community.

b. Summary

Brighton and Hove City Council requires a range of services which will deliver the following outcomes, the services shall:

- Support Personalisation;
- Work within a Person Centred Active Support model;
- Have an understanding of the principles of Positive Behaviour Support and how to implement these, and where appropriate provide specialist training and support for staff
- Enable Service Users to remain independent in their homes and in the community;
- Enable Service Users to access the community;
- Enable Service Users to participate in the community;
- Improve the health and wellbeing of Service Users;
- Reduce the risk of social isolation for Service Users;
- Minimise admissions of Service Users to institutions such as hospitals, the criminal justice system and residential care.

The Provider shall:

- Work with partners to ensure effective communication, co-ordination and collaboration;
- Make effective use of community and leisure activities by linking Service Users into local services;
- Make effective use of technology to support service delivery and service user outcomes
- Make effective use of Service Users own networks, communities and personal strengths to support them to achieve their outcomes
- Deliver a service which represents good Value for Money for the Council

7. Service Users

This service is for Adults aged 18+ who are Eligible for Adult Social Care Support and have been assessed as requiring Community Support.

The range of Service User needs includes; learning disability, autistic spectrum condition, physical disabilities, acquired brain injury, sensory impairment or mental health needs.

8. Setting / Location

Support may be provided in a range of settings, including, but not limited to:

- within a person's home; and
- in the community

9. Format

Support may be provided on a 1:1 basis, or to a group of Service Users depending on assessed need and identified outcomes.

10. Method of Purchase

At the current time the procurement system is only able to facilitate the purchase of the services directly between Adult Social Care and Providers. In the future, it is intended that services under this Specification will be purchasable via Direct Payment, Personal Budget or Individual Service Fund.

11. Service Requirements

a. Service Description

- The service to be provided will be based on the Service Agreement used to make the referral. This will identify the assessed care and support needs required to meet the Service User Outcomes the Service User hopes to achieve;
- Support plans will be Asset Based and Outcome Focussed and will be created with the involvement of the Service User;
- The service will provide support plans and other service information in an accessible format, appropriate to the Service User's communication needs;
- Where an individual is assessed as requiring Community Support *and* Support with Personal Care, they can be referred to a Community Support provider who is registered with the CQC to provide that service;
- If no Community Support provide is able to provide both services, the individual will be referred to a Home Care provider for the Personal Care they require;
- Where an individual is assessed as in need of support with personal care only and has no assessed Community Support needs, they will be referred to a Home Care Provider

12. Service User Outcomes for Community Support

Support delivered by the service will be informed by the outcomes defined in the Care Act 2014:

- Maintaining a habitable home environment;
- Managing and maintaining nutrition;
- Managing toilet needs;
- Maintaining personal hygiene;
- Being appropriately clothed;
- Developing and maintaining family or other personal relationships;
- Making use of necessary facilities or services in the community;
- Accessing and engaging in work, training, education or volunteering;
- Carrying out any caring responsibilities for a child;
- Being able to make use of your home safely.

13. Types of Support

Activities undertaken to meet these outcomes may include, but are not limited to:

- Developing a PBS plan with the Service User;
- Completing the PBS organisational assessment;
- Developing a Health Action Plan with the Service User;
- Developing a My Care Passport with the Service User;
- Developing a Communication Passport with the Service User;
- Completing the Inclusive Communication Charter Award
- Sensory support;
- Specialist communication support appropriate to Service User's needs (e.g. social stories, Makaton, BSL);
- Support with substance misuse issues;
- Support with mental health issues;
- Support with physical health needs;
- Developing daily living skills (e.g. cooking, cleaning, being more independent with personal care; budgeting, shopping, nutritional advice);
- Support with personal care (registered services only);
- Establishing and maintaining a tenancy or licence (e.g. understanding tenancy or licence agreement, rights and responsibilities, repairs, dealing with neighbours, ASB procedures);
- Enabling Service Users to maximise their income;
- Attending appointments (e.g. medical, bank, council);
- Enabling Service Users to access appropriate health services (e.g. annual health checks, health screening);
- Enable Service Users to develop peer support networks;
- Enabling Service Users to access work, training, learning or volunteer opportunities;

- Enabling Service Users to move from 1:1 Community Support to shared Day Opportunities with others as appropriate;
- Enabling Service Users to seek out new experiences and activities;
- Enabling Service Users to share activities with friends as appropriate;
- Enabling Service Users to build confidence and maximise their potential for independence;
- Enabling Service Users to develop IT skills
- Enabling Service Users to access activities in mainstream services of their choosing;
- Enabling Service Users to develop the tools to manage in the community with less support from formal support services;
- Enable Service Users to move on from this service to a mainstream or lower support service;
- Enabling Service Users to manage their emotional and behavioural needs that may impact on their ability to access to the community;
- Enabling Service Users to access advice and information services in the community;
- Enabling Service Users to access advocacy services as required;
- Support to link in with specialist services as required e.g. substance misuse services, mental health services;
- Work in partnership with criminal justice agencies to identify support needs and reduce risk of offending or victimisation;
- Supporting Service Users to remain safe from abuse and hate crimes in their communities e.g. mate crime, disability hate crime.

14. Service User Outcomes and Key Performance Indicators

The Services provided under this Specification will be assessed for success according to two variables:

- 1. Service User Outcomes
- 2. Key Performance Indicators.



a. Service User Outcomes

Service User Outcomes will be defined when the Service Agreement is first agreed between the Council and the Provider. These outcomes and their measurement will relate specifically to the Service User. In a large number of situations they will relate directly to the outcomes identified on a Service User's Support Plan. The number of outcomes will vary per individual.

b. Key Performance Indicators

Key Performance Indicators are a measure of how the Provider is performing the service against certain standards

The current Key Performance Indicators for Community Support are:

KPI No	Intended Outcome	Measure	Frequency	Target
1.1	The Service shall enable Service Users to contribute to the development of their support plan	Number who contributed to development of support plan	Annual	100%
1.2	The Service shall support Service Users to increase their independence by helping them to build their skills and confidence with the aim of being able to reduce their reliance on support. This may also include instances where Service Users have moved from 1:1 support to more group-based support.	Number who increased their independence, resulting in a reduction in their contracted support hours	Annual	5%
Out	come 2: Improvements in Health and	Wellbeing		I
KPI No	Intended Outcome	Measure	Frequency	Target
2.1	The Service shall increase health and wellbeing by advising and supporting Service Users to access an Annual Health Check and Health Action Plan , provided by their GP.	Number of Service Users receiving an Annual Health Check and Health Action Plan in the period.	Annual	100%

	facilitate access where possible.			
2.2	The Service shall increase the health and wellbeing of Service Users by: Supporting Service Users to develop a Hospital / 'My Care' Passport.	Number who have a 'My Care' Passport.	Annual	100%
Out	come 3: Increased Community Partici	pation		1
KPI No	Intended Outcome	Measure	Frequency	Target
3.1	The Service shall increase the number of Service Users accessing <u>new</u> opportunities to increase their participation in the community, such as: - social activities - healthy lifestyle activities - education/ training courses - work, both paid and voluntary	Number who have accessed new opportunities within the period	Annual	10%
Out	come 4: Workforce development	I		I
KPI No	Intended Outcome	Measure	Frequency	Target
4.1	The Service will ensure that training and learning for staff is updated regularly to meet the changing needs of the people using the service and in line with statutory requirements.	% of staff up to date with training	Annual	100%

KPI No	Intended Outcome	Measure	Frequency	Number in period	Number resolved
5.1	The Service will record, log and act on all safeguarding concerns as per contract	Number of safeguarding concerns in the period	Annual		
5.2	Of the above, the number that were Section 42 enquiries	Number of Section 42 enquiries	Annual		

5.3	The Service will record, log and act on all complaints as per the contract	Number of complaints in the period	Annual	
5.4	The Service will record, log and act on all H&S incidents as per contract - <i>and</i> <i>report on the number that were</i> <i>RIDDOR incidents</i>	Number of RIDDOR H&S incidents in the period	Annual	

Outcome 6: Delivery of Contracted Hours								
KPI No:	Intended Outcome	Measure	Frequency					
6.1	The Service Provider will enter the number of support hours delivered across the whole service in a 12 week period	Delivered hours are within a 10% + / - variance of contracted hours	Quarterly					

15. Reporting

The provider shall provide a report on the key performance indicators on the frequency specified above in the format requested by the Council