



SERVICE SPECIFICATION

Provision of a floating support service for people with Dementia in South and South West England

1 INTRODUCTION

- 1.1 This Service Specification is for the delivery of housing related floating support services to younger people with dementia and older people with memory problems or dementia.
- 1.2 The essential purpose of the service is to assist people to develop or maintain their independence within the community, so preventing the loss of their home or tenancy and/or avoiding the unnecessary use of more institutional forms of care.
- 1.3 This is a long term non-chargeable Supporting People service

2 MAIN SERVICE CHARACTERISTICS

- 2.1 The required service shall be:
 - 2.1.1 A seven-day week provision backed by a community alarm service where appropriate.
 - 2.1.2 Delivered between the hours of 8.30am and 6.30pm. Any flexibility in this regard shall be subject to needs identified in the individual's support plan.
 - 2.1.3 Linked to the person, not the accommodation.
 - 2.1.4 Delivered to people in their own homes.
 - 2.1.5 Designed to be suitable for all age groups.
 - 2.1.6 Flexible but will concentrate on people with higher support needs, e.g. those requiring between 5 and 10 hours of support per week.
- 2.2 Where more than 10 hours of support per week is required for more than six weeks the Service Provider shall undertake a review of the service to assess why the increase in hours has occurred and whether the higher level of need is likely to remain necessary in the longer term. Where this proves to be the case the Service Provider shall make a referral to an appropriate agency or signpost service users/carers to alternative agencies that may be able provide additional support or services that may be needed.
- 2.3 Where the service user is in receipt of services from other agencies the Service Provider shall work in partnership with such agencies to ensure an effective service and avoid duplication in the services delivered.

3 HOUSING RELATED SUPPORT - ELIGIBLE SERVICES

This housing related support service is designed to assist service users to maintain their independence in their own accommodation. The following list outlines eligible tasks but it should be understood that support with any single eligible task shall not constitute the delivery of a SP eligible service

- 3.1 Eligible tasks include:
 - 3.1.1 Assisting Service Users to help them resolve/prevent debts that affect their ability to remain independent. This may include signposting to other agencies.
 - 3.1.2 Assisting Service Users to claim state benefits and maximise their income.



- 3.1.3 Advice to Service Users on maintaining their home.
- 3.1.4 Advice on maintaining essential utilities (gas, electric etc).
- 3.1.5 Guidance on the safe use and maintenance of domestic equipment within the home.
- 3.1.6 Advice on maintaining personal and home security.
- 3.1.7 Advice and assistance to enable Service Users to move to more appropriate accommodation.
- 3.1.8 Mediation in neighbour disputes.
- 3.1.9 Guidance on dietary issues.
- 3.1.10 Advice and information on the availability of community facilities and services that can help avoid social isolation.
- 3.1.11 Prompting to take medication.
- 3.1.12 Prompting concerning the maintenance of personal and home hygiene.
- 3.1.13 Advice on accessing community alarm services including, where appropriate, telecare functionality.
- 3.1.14 Signposting Service Users/carers to other appropriate services
- 3.1.15 Ad hoc enabling activities identified through a review of the Service User's support plan

4 HOUSING RELATED SUPPORT - INELIGIBLE SERVICES

4.1 Ineligible tasks include:

- 4.1.1 Social Care
- 4.1.2 Health Care
- 4.1.3 Personal Care
- 4.1.4 Shopping on behalf of the Service User
- 4.1.5 Transporting Service Users
- 4.1.6 Accompanying Service Users to medical or other appointments except for orientation purposes
- 4.1.7 Active help in preparing meals
- 4.1.8 Administering medication
- 4.1.9 Undertaking domestic tasks
- 4.1.10 Community supervision

Note: Housing related support should not cover assessed care needs or needs that the Service Provider believes should be assessed.

5 AVAILABILITY

- 5.1 The Services described in this specification will be made available as specified in the Contract.
- 5.2 The Service Provider will ensure that a contact point is available at all times. This telephone number should be made available to the Service Purchaser in writing and should be 'staffed' at all times.
- 5.3 The Service Provider's contact telephone number must also be made available to the Service User / Carer, for use in the event of non-attendance by the Service Provider's member of staff, or other such emergency.



- 5.4 If sickness or other events prevent the usual support worker from attending it is the responsibility of the Service Provider to make appropriate alternative arrangements and to notify the Service User of the arrangements.
- 5.5 The Service Provider shall notify the Service Purchaser immediately if any service is likely to be temporarily unavailable.

6 SERVICE DELIVERY STANDARDS

- 6.1 The Service Provider shall at a minimum meet performance level C of the Supporting People Quality Assessment Framework (QAF). As appropriate the Service Provider shall provide evidence that it is working towards achieving QAF performance level B (where applicable) and is capable of continuous improvement.
- 6.2 The Services shall be delivered in a manner that maintains Service Users' rights to dignity, privacy and confidentiality.

7 SERVICE OUTCOMES

- 7.1 The commissioning of this Service is intended to result in positive outcomes that include:
- 7.1.1 The likelihood of Service Users maintaining independent living for longer.
 - 7.1.2 The prevention of Service Users losing their home or tenancy and being admitted to establishments that provide higher levels of care.
 - 7.1.3 More effective management of times of crisis and the prevention of inappropriate (early) admissions to higher forms of care.
 - 7.1.4 The minimising of interventions by other agencies.
 - 7.1.5 Quality of life of Service Users being maintained or improved.
 - 7.1.6 Improvements in self-esteem.
 - 7.1.7 Preventing or helping to prevent social isolation of the Service User and, where appropriate, their carer, e.g. by enabling them to maintain their work / voluntary commitments.
 - 7.1.8 Service Users becoming more capable in managing their finances and undertaking domestic tasks.
 - 7.1.9 The availability of Telecare services to Service Users as a means of enhancing their independence
 - 7.1.10 Service outcomes will be measured by each Authority in accordance with the DCLG framework and so may over time be subject to change. These outcomes shall be reported to each individual Supporting People Authority on a quarterly basis and also following a service user's exit from the service

8 SERVICE TARGETS

- 8.1 The Service Provider shall report achievement against service targets on a quarterly basis to the Service Purchaser. The Service Targets shall include:
- 8.1.1 All Service Users shall have a needs assessment in place prior to taking up the Service. Particular attention shall be paid to lone worker policies.

- 8.1.2 The commencement of support planning processes with all Service Users within one week of them taking up the Service and the completion of these processes within four weeks from take-up of the Service.
- 8.1.3 The majority (at least 80%) of Service Users will continue to live independently within the community while receiving the service.
- 8.1.4 Service Users who require the service for more than 10 hours per week shall be referred or signposted to another agency.
- 8.1.5 Where signposting occurs the Service User / carer shall be given guidance to assist them in engaging with a more appropriate agency(s).
- 8.1.6 Effective joint working occurs with other agencies where the Service User receives other services.
- 8.1.7 Where a duplication of service delivery is identified it is the responsibility of the Service Provider to inform the relevant statutory agency of the circumstances and, where appropriate, also refer the matter to the relevant Supporting People team.
- 8.1.8 The service provider shall take action to access an agency that can provide Telecare aids within two weeks of identifying an issue that may prevent the Service User remaining independent.
- 8.1.9 The Service Provider shall seek to work effectively in partnership with other agencies, for example: care & repair and occupational therapy services.
- 8.1.10 Any services that might fall outside the scope of this service specification must be reported in writing to the Contracting Authority.

Note: The Service Purchaser and the Service Provider will consult together to ensure that the Service Targets are kept under review and varied according to prevailing Supporting People programme requirements.

9 ASSESSMENT OF SERVICE USERS

- 9.1 Agreed policies and procedures shall be in place and used to evaluate and determine risk.
- 9.2 A risk assessment of the service user will be undertaken post referral and before the service is offered and this will be reviewed at six monthly intervals or more regularly if the needs of the service user change.
- 9.3 Support Plans shall target mutually identified needs and agreed outcome objectives and shall be reviewed at six monthly intervals or more regularly if the needs of the service user change.
- 9.4 The Service Provider shall ensure that all assessment processes are carried out in accordance with the Service Purchaser's Equality & Diversity policy and that the individual needs of Service Users in this category are dealt with appropriately.

10 REFERRALS

- 10.1 The Service Provider shall implement robust processes for receiving and managing referrals to ensure the service is accessible and that referrals are processed efficiently. An initial assessment shall be completed within 10 working days of any referral. Criteria and a process for the prioritisation of referrals shall also be developed and agreed with the Service Purchaser. There should be no automatic exclusions to accessing the service, except in cases where an unmanageable risk is presented.
- 10.2 It is anticipated that the primary referral routes will involve (but not exclusively):
 - 10.2.1 Health services



- 10.2.2 Voluntary agencies
- 10.2.3 Social Services
- 10.2.4 Housing Providers
- 10.2.5 Referral by a carer

11 PLANNED AND UNPLANNED EXIT FROM THE SERVICE

- 11.1 Recognising that Service Users will exit the Service on a planned and unplanned basis the Service Provider shall maintain records of the reasons individual Service Users exit the service. These records shall also include other relevant details, including the length of time service has been provided and the positive and negative outcomes for Service User and Carer during the period of service delivery.
- 11.2 When a Service User exits the Service in an **unplanned** manner the Service Provider shall ensure that the Service User and/or the Carer are given sufficient information to identify and, should they so wish, engage with a suitable follow-on service.
- 11.3 The decision that the Service User no longer requires support and will exit the service in a **planned** manner will be made in consultation with the Service User and any other agencies that provide services to that individual. The Service User will be encouraged to feedback his / her perceptions of the service to the Service Provider.
- 11.4 In all cases the Service Provider shall inform the Service Purchaser and the agency that referred the Service User that the Service User is exiting the Service. These communications shall include a statement setting out the circumstances involved.