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| Step Down AccommodationSouth London and Maudsley NHS Foundation TrustSpecificationRef: ST24-P019 |
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| **SmartTogether Procurement**Serving Guy’s & St Thomas’ NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Great Ormond Street Hospital for Children NHS Foundation Trust, South London and Maudsley NHS Foundation Trust |

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# Overview

The aim of this requirement is to support South London and Maudsley NHS Trust (SLaM) service users, who no longer need to be in hospital to take the next step in their recovery whilst they await their home, placement or care package to be ready. The requirement is required across all 4 boroughs the Authority Serves, Croydon, Lambeth, Lewisham and Southwark and accommodation presence will be required in all boroughs.

This requirement is split into 4 lots, one for each borough.

The requirement is expected to be for approximately 30 patients at any one time, although numbers will fluctuate.

It is envisaged that the average length of stay for individuals will be in the region of 2 – 4 weeks.

# Eligibility Criteria and Referral Routes

The eligibility criteria set-out below broadly defines the individuals who can be referred into and accepted by services:

* Aged 18-65
* Clinically ready for discharge from an acute inpatient ward (CRFD)
* Ordinarily Resident in a Borough in scope of the Authority
* Have a clinically diagnosed mental illness and a demonstrable need for accommodation or intensive rehabilitation accommodation-based support
* Under the care of a statutory Community Mental Health Team or Home Treatment Team HTT
* May be subject to CPA arrangements
* Subject to Care Act 2014 eligible social care needs linked to diagnosed Mental Illness

The Authority reserve the right to amend and alter the eligibility criteria to meet local need to support people being as close to home as possible

# Aims

The aims of this specification are to ensure that the Service delivery represents the CQC Domains:

* **Safe** – the services offered must protect patients from abuse and avoidable harm
* **Effective** – the care, treatment and support being provided will achieve good outcomes, assisting with maintaining quality of life based on best available evidence.
* **Caring** – patients will be treated with compassion, kindness, dignity and respect.
* **Responsive** – Services will be organised to meet patient need
* **Well-Led** – leadership, management and governance will ensure they provide high quality care based on individual need. There will be encouragement in learning and innovation, with promotion of a fair and open culture.

In addition the Service will represent:

* **Excellence –** comply with relevant regulation standards to include **NICE** guidance, along with all other national and local guidelines.
* **Value for Money** – the services offered must be affordable, and represent value for money for the NHS.

# Standards

**CQC ratings**

* Where available, the supplier / supplier site must have a CQC rating of good, or better during the period of the contract.

# Core Services

The Authority requires the following services to be delivered as part of the requirement.

* The Service will be fully operational and supported by an appropriate staffing level and skill mix, 24 hours a day, 7 days a week.
* Provide CQC regulated activities for personal care
* To effectively work in partnership with district nurses and specialist neighbourhood and hospital health teams to improve health outcomes linked to physical health conditions.
* Facilitate the safety and treatment of Patients in an environment which is appropriate to their needs
* Provision of care and support staff including waking night cover
* Provision of food and 24hr access to drinking water
* Provision of care and support
* Provision of care supervising and monitoring activities
* Medication support
* Provision of physical, emotional, mental, social, and budgetary support to patients
* Cost of accommodation, fittings, and fixtures
* Council tax, utilities, and rates
* Normal wear and tear and property maintenance excluding wilful damages
* Cleaning, laundry and supplies

The following are excluded from the requirement:

* Wilful damage
* Transportation

# Workforce and Training

The Provider will ensure that the staff mix is responsive to delivering a successful recovery model. Staff will be appropriately qualified to deliver the service requirements. The Provider will need to ensure that staff maintain registrations (where appropriate) and continue to undertake clinical supervision and mandatory training. Evidence of this should be available to the Authority.

# Medication and Intervention:

The provider will support with medication concordance where this is required. The nature of support required will be agreed with the care team at the point of referral.

The Service **will** promote recovery and social inclusion through the provision of therapeutic, occupational and recreational activities, and community links with continuous daily risk assessment/risk management within a therapeutic environment. A care pathway **will** be identified from the date of admission to services and include patients in all aspects of decision-making.

## Patient Welfare, Environment and Safety:

The maintenance of a safe and sound environment for all **will** be paramount, with levels of observation imposed on a patient being of minimal restriction and of therapeutic purpose for the level of observation.

Safe and suitable storage of medication **will** be ensured at all times with suitable additional storage of controlled medications made available.

The safety of all Patients, staff and visitors to the environment **will** be upheld, with all incidents reported and documented as per protocol.

Where required, safeguarding alerts **will** be completed and appropriate and necessary action **will** be carried out to promote safety and wellbeing of all, as well as the person(s) affected. The individuals care co-ordinator or responsible community mental health team **will** be notified of such alerts.

Facilities must be inclusive for all, and where required, environments are adaptable to the needs of the individual (e.g., where mobility or sensory disabilities may be an issue)

# Safeguarding Protocol:

The Service Provider will follow locally agreed procedures for the detection and response to suspected harm to a vulnerable adult in line with the Care Act 2014: Safeguarding Adults.

Service Provider staff must at all times be mindful of the possibility of vulnerable adult abuse situations and must have an awareness of how such situations may present themselves and be prevented.

All staff involved in caring for Service Users must be aware of the laws and guidance protecting Service Users.

Any improper conduct against a Service User by staff, visitors, volunteers or other Service Users must be recorded and reported within twenty-four (24) hours to the Responsible Commissioner, any other Commissioner who has a Service User placed at the Home, the relevant Local Authority and the police where appropriate. The ten types of abuse considered to be reportable, and may be classed as a criminal offence are:

* Physical abuse
* Domestic violence or abuse
* Psychological or emotional abuse
* Sexual abuse
* Financial or material abuse
* Modern slavery
* Discriminatory abuse
* Organisational or institutional abuse
* Neglect or acts of omission
* Self-neglect

# Patient Possessions:

Service Providers will have procedures in place for protecting and securing Patient’s possessions at all times.

On admission into the Service, the Patient in conjunction with the admitting staff member will complete a written inventory of the patient’s monies, valuables and any other property they may be admitted with. The inventory will be signed and dated by the Patient and staff, along with a representative as appropriate. A copy of this will be kept in the Patient’s records.

The Service provider will ensure that all financial transactions undertaken by the Service provider on the Patient’s behalf are properly recorded and witnessed. Any additions/removals of a Patient’s possessions must also be recorded. The Service provider will make these records available for the local Home Team upon request.

Service provider staff must not be involved in the borrowing of Patient’s monies or the lending of valuables.

The Service provider will provide the local Home Team with evidence of their written procedures for dealing with Patient’s possessions and investigations of allegations of theft.

## Patient Monies

The Service provider will recognise and respect the Patient’s right to confidentially conduct their own financial affairs, unless the Patient does not wish or lacks the capacity, to do so.

If the Patient is not managing their own finances and they are not being managed through a Power of Attorney or an appointed Court of Protection Deputy, then the Service provider, following discussion and agreement by the Local Authority, may in exceptional circumstances apply to the Court of Protection to obtain responsibility for the administration of the Patient’s money. The service provider will also inform the Home Team of the agreement made.

The Service provider and all employees will not accept any Power of Attorney or Court of Protection appointment in respect of any Patient without first notifying and obtaining pre-authorisation from the Local Authority in writing.

In some circumstances, it may be appropriate for the Service provider to become the agent or even appointee of the Patient’s benefit.

If the Service provider is responsible for the Patient’s monies then the Service provider must ensure that monies are not pooled across Patients and that the Patient’s personal expenses allowance is administered properly and kept safely.  Proper records will be maintained to demonstrate this.

The Patient’s personal monies must never be banked in the Service provider’s bank account.

Under no circumstances will the Service provider use the Patient’s money to meet fees payable under this care specification. However a Patient will be expected to pay for the following items from their own finances, but which are not limited to:

* Cigarettes and tobacco;
* Newspapers and magazines, where specifically ordered by the Patient;
* Clothing and other similar personal items;
* Personal specific travel incurred at the Patient’s specific request (excluding travel that is connected with the Patient’s care needs
* Specific hairdressing which is not provided by the Service
* Opticians;
* Legal advice;
* Holidays;
* Social activities (outside of those provided by the Service provider)
* Toiletries;
* Chiropody;
* Computers.

## Patient Valuables

The Service provider will be liable for any loss or damage (not caused by the Patient) to clothes or other valuables recorded or receipted as being brought into the Service. Any theft of, or damage to, Patient’s items must be covered by the Service’s public liability insurance.

Unless the Responsible Commissioner and Service provider otherwise agree in writing, the Service provider will not require and will ensure that no other person will require, any Patient to sign any document whatsoever containing any waiver of the Service provider’s liability to the Patient.

# Equality & Diversity:

Service delivery **will** take account of all protected characteristics of patient’s equality, diversity and inclusion through policies and practices to include but not limited to, patient’s gender, cultural, religious and spiritual preferences. This **will** ensure that an individualised, person centred approach is adopted when planning all aspects of care and care provision.

Patient’s relatives and carers, where appropriate and consent is given, **will** have an active role in the development of care plans. There **will** be a demonstrable commitment to working together in an environment that promotes empowerment of the care team, patients, relatives and carers, with all parties seeking to communicate openly and honestly in sharing their views.

The Service provided **will** be ‘fair, personalised, effective and safe’.

# Provider Monitoring:

The Provider **will** ensure that clinical audit is an integral part of service culture and provision in order to monitor service responsiveness to the various aspects of care in line with national guidance.

The Provider **will** ensure effective monitoring of clinical care with high quality systems for clinical record keeping and the collection of relevant information. All record keeping **will** comply with the requirements of the Provider and any associated Royal College or other professional group’s guidance.

# Patient Discharge

The Service will not discharge/transfer a patient if this would not be in accordance with effective care co-ordination and in particular if this would put the public or the Patient safety, health or wellbeing at risk. The Service will use all reasonable endeavours to avoid circumstances whereby discharges are likely to lead to emergency re-admissions to care or in-patient services. If a Service is repeatedly discharging Patients in breach of this requirement, then action will be taken to review efficiency and safety of the provision of care. An action plan will be drafted to ensure this is remedied. If the action plan is not accepted or the Provider does not participate fully in the process, then the Contracting Authority reserves the right to cease the contractual agreement with the Provider due to these concerns.

In readiness of discharge, the Service will ensure that its clinical teams work jointly with the patient’s home area mental health services and local authority to ensure the appropriate management and transfer of the patient. In order to facilitate ongoing liaison with the patient and community services, a key worker will be appointed for each patient. The keyworker will also be active in assisting with applications for welfare benefits

Appropriate self-assessment questionnaires should be made available to Patients to complete in order to provide feedback on their mental health and wellbeing and the service delivery. Carers will also be given the opportunity to provide feedback at the completion of the care package to inform service delivery and carer support offered and/or provided. All feedback acquired will be made available to the Home Team upon request

#  Social Value

Social value will be explicitly evaluated in this procurement, where the requirements are related and proportionate to the subject-matter of this requirement. Where appropriate specific questions have been included in the response questions.

Social Value will be evaluated over the following themes and outcomes:

| **Theme** | **Outcome** |
| --- | --- |
| COVID-19 recovery | Help local communities to manage and recover from the impact of COVID-19 |
| Tackling economicinequality | Create new businesses, new jobs and new skills |
| Increase supply chain resilience and capacity |
| Fighting climate change | Effective stewardshipof the environment |
| Equal opportunity | Reduce the disabilityemployment gap |
| Tackle workforceinequality |
| Wellbeing | Improve health andWellbeing |
| Improve communityintegration |

See [Procurement Policy Note 06/20](https://www.gov.uk/government/publications/procurement-policy-note-0620-taking-account-of-social-value-in-the-award-of-central-government-contracts) – “Taking Account of Social Value in the Award of Central

Government Contracts” for more information.

# Delivering a ‘Net Zero’ National Health Service

The NHS needs to respond to the health emergency that climate change brings, which will be embedded into everything we do now and in the future.

More intense storms and floods, more frequent heatwaves and the spread of infectious disease from climate change threaten to undermine years of health gains. Action on climate change will affect this, and it will also bring direct improvements for public health and health equity. Reaching our country’s ambitions under the Paris Climate Change Agreement could see over 5,700 lives saved every year from improved air quality, 38,000 lives saved every year from a more physically active population and over 100,000 lives saved every year from healthier diets.

The NHS embarked on a process to identify the most credible, ambitious date that the health service could reach net zero emissions. Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

* For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
* For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Delivering a net zero NHS has the potential to secure significant benefits across the population, and particularly for vulnerable and marginalised populations, addressing existing health inequalities. These benefits will only be fully realised through public participation, involvement and engagement with those communities as this work goes forward, having regard to the need to reduce health inequalities and taking into account the public sector equality duty.

As a key priority, we will work to reduce air pollution and improve local environments, thereby supporting the development of local economies in geographical areas of deprivation. Air pollution disproportionately affects people in these areas, many of whom are already at risk of poorer health outcomes.

Direct interventions to decarbonise the NHS

* Reducing emissions from hospital estates and facilities
* Electrification of the NHS transport fleet
* Cycling, walking and shifting modes of transport
* Decarbonising the supply chain
* Food, catering and nutrition
	+ Medicines
	+ Reducing emissions from inhalers and anaesthetic gases

# NHS Single-Use Plastics Reduction Campaign Pledge

***Guidance: Delete if not pertinent to the requirement.***

Between 2013 and 2018, NHS services across England used more than 600 million disposable cups and millions of other disposable cutlery pieces, as well as many other avoidable single-use clinical and non-clinical plastic items. While much NHS plastic waste is already recovered for recycling or energy from waste we are still a significant contributor to the 34 billion tonnes of plastic that will pollute our natural environment by 2050.

Targets are to:

* By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the government consultation
* By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics
* By April 2021, go beyond these commitments in reducing single-use plastic food containers and other plastic cups for beverages – including covers and lids

The Authority is also looking at reducing plastic waste from as many areas as possible, including where practical common clinical products such as gloves, gowns and hygiene products. The Authority also wishes to work with the supply chain on plastic packaging.

Examples of the types of activity which a number of FM suppliers have committed to address include:

* Diluting bulk concentrates of cleaning substances and decanting into reusable pump-spray bottles, replacing liquid soap in dispensers with ‘foamer’ soaps to go up to 10 times further, replacing disposable wipes with reusable / launderable cloths;
* Using recyclable glass milk bottles in smaller catering settings, or large milk bladders in larger ones, in place of plastic milk bottles or cardboard cartons (which also contain plastic and aluminium), using alternatives to plastic tea bags;
* Replacing canteen tableware/takeaway items with suitable alternatives, including metal, bioplastics, wood, cardboard, etc, introducing a ‘latte levy’ to incentivise the use of reusable cups and reduce use of cups with a plastic lining.

# South East London Integrated Care System Green Plan

**Guidance: See the** [ICS Green Plan Here](file:///G%3A%5CFinance%5CProcure%5CSMART-TOG%5CSOURCING%5CNon-Clinical_Team%5COther%5CTrust%20Specific%20Stuff%5CICS%5CICS%20Green%20Plan%202022-2025.pdf)

The South East London Integrated Care System in its “Green Plan 2022-2025” has adopted the following commitments in its plan. We would expect Suppliers to be able to address at least one or more of these commitments in their proposals:

* We will make carbon reduction and sustainability part of our core business.
* We will work to improve air quality in South East London.
* We will reduce and decarbonise our travel and transport.
* We will optimise and reduce emissions from our estate in line with the national target of 80% reduction by 2032.
* We will review our existing and develop new models of care to reduce their environmental impact and improve social value.
* We will use digital transformation to improve the sustainability of healthcare without compromising the quality of our care and exacerbating inequalities in access to care.
* We will reduce the environmental impact of our medicines through optimisation of prescribing, use of low-carbon alternatives, and appropriate disposal.
* We will use our supplies more efficiently, consider low-carbon alternatives, and collaborate on the decarbonisation of our suppliers.
* We will ensure all our inpatients have access to sustainable healthy food, and for food waste to landfill to be eradicated.
* We will mitigate the risks of climate change and ensure climate change does not impact on the ICS’s ability to deliver core services and manage population health.
* We will contribute to the improvement of and equal access to South East London’s green and blue spaces.