ENFIELD Council

PREVENTION & EARLY INTERVENTION SERVICES

DRAFT - INTRODUCTION, OVERVIEW & SPECIFICATION OF OVERARCHING REQUIREMENTS

DRAFT

1. Prevention & Early Intervention – In Context

It's a time of challenge. As our local population changes, more people are requesting support. The number of people receiving an ongoing package of care from the local authority increased by over 10% between March 2020 and March 2023. This rising demand, coupled with workforce pressures and the escalating cost of care has resulted in a health and social care system under significant pressure. However, Enfield Council remains dedicated to investing in core statutory services for adults with support and care needs and supporting a market that is well equipped to provide early intervention and prevent the escalation of social care need.

We've an active and engaged Voluntary & Community Sector market in Enfield with over 650 organisations working locally to support the diverse needs of our borough.
We seek to build on strong partnerships to effectively respond to the financial and demographical challenges ahead. We seek to work innovatively and efficiently to achieve this – maximising the reach and effectiveness of preventative services whilst keeping service users and their carers at the heart of what we do.

Demographical Context

Our borough is increasingly one of the most diverse parts of London. We are an outer London borough with a population of approximately 330,000. Based on population, Enfield is the 7th largest London borough. Enfield's population is estimated to have increased by around 17,500 (or 5.6%) between 2011 and 2021, while the population in London and England increased by 7.7% and 6.6% respectively. The greatest population increase between 2012 and 2022 has been seen among Enfield's older population aged 65 years and over. There were nearly 6,000 more residents 65 years and over in 2022 than in 2012, and we've more residents over the age of 90 years than ever before.

Enfield has a highly diverse population, and this brings huge benefits to our communities, culture, heritage and local economy. According to the 2021 Census, 52% of the borough's population belong to White ethnic groups. 18% are Black, Black British, Caribbean or African. 12% are Asian or Asian British. 6% are of mixed or multiple ethnic groups and 12% of people belong to other ethnic groups.

Enfield is home to the largest numbers nationally of people who are Greek and Greek Cypriot, Turkish and Turkish Cypriot, Kurdish, Albanian and Bulgarian. Enfield also has the 5th highest Somali population.

Enfield is also one of the most deprived Outer London boroughs and data indicates that 17.1% of our population live in income deprived households. Nationally, Enfield is ranked 74th most deprived out of the 317 local authority areas in England. Levels of deprivation vary considerably across the borough, and there is an east-west divide. Wards within the east of the borough, including Edmonton Green, Upper Edmonton, Ponders End and Carterhatch have been identified as ranking in the most deprived 10% of wards in England.

Over half of Enfield's wards fall within the most deprived 30% of wards in England. Conversely, areas in the west of the borough including Arnos Grove, Grange Park, Bush Hill Park and Winchmore Hill have been identified amongst the 30% least deprived areas of England.

Understanding Our Target Populations

Information on the number of adults and older people with disabilities in the borough helps us understand the potential scale of local need. We know that:

DRAFT

- According to the 2021 Census, there are 45,300 older people aged 65 and over living in Enfield, representing around 14% of the borough's overall population (rounded to the nearest hundred). Over 23,000 older people have a limiting long-term illness whose day-to-day activities were limited to a little or a lot and this is set to increase over the next 10 years.
- There are 31,174 people living alone in Enfield, of which 39% of them are aged 66 and above.
- At of 2021, just under 45,000 Enfield residents (all ages) had a disability – 13.6% of the population, and a lower proportion than in England and Wales generally.
- As of 2020, 5% of adults over 65 have been diagnosed with dementia – the highest prevalence in London, and higher than the rate for England.
- As of 2023 a total baseline population of 5,002 aged 18-64 were predicted to have a learning disability, and this is projected to remain relatively stable over the next 10 years. (PANSI 2024). However, our all age population of people predicted to have a learning disability is expected to increase. As of 2023, a total baseline population of 998 people aged 65 years and over were predicted to have a learning disability. This population is set to increase by approximately 200 people over the next 10 years.
- The number of people experiencing mental ill health is increasing year on year. In Enfield in 2023, data from PANSI predicted that:

  - 38,913 people aged 18-64 will have a common mental disorder in Enfield
  - 14,795 people aged 18-64 will have two or more psychiatric disorders in Enfield.
  - 6,847 people aged 18-64 will have an anti-social personality disorder

- In Enfield in 2023, data from PANSI predicted that:

  - over 10,000 adults aged 18-64 had impaired mobility
  - nearly 9,000 adults aged 18-64 had a moderate or serious personal care disability
  - over 600 adults aged 18-64 had a longstanding health condition caused by stroke and over 6,000 adults aged 18-64 had Type 1 or Type 2 diabetes
  - over 1100 adults aged 18-64 had a moderate to severe hearing loss and 133 adults aged 18-64 had a serious visual impairment.

- 24,611 residents are unpaid carers (Census 2021), of which over 7,000 provide 50 hours or more a week.

Further detail in respect of Enfield's population profile, including the number and needs of those supported by Adult Social Care services in the borough can be found in the following documents:

- Enfield Borough Profile Borough and wards profiles | Enfield Council
- Enfield's Market Position Statement Priorities, Policies and Reports (enfield.gov.uk)
- Supporting Independence: A Local Prevention Strategy Priorities, Policies and Reports (enfield.gov.uk)

Financial Context

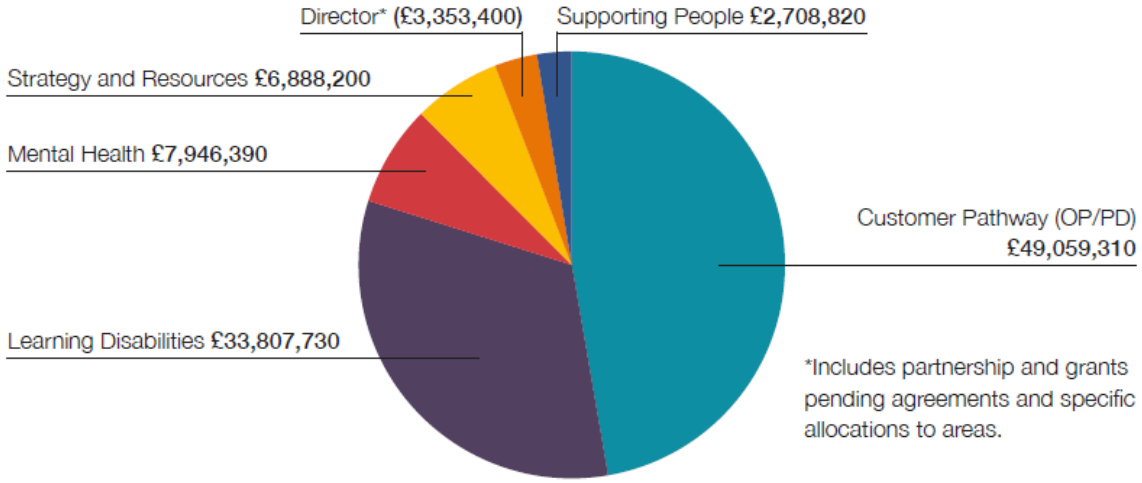
Understanding the financial context within which we strive for improvement is important. The demand for services from Health and Adult Social Care is rising. People are living longer, but not always in good health, and local authorities are increasingly supporting adults with multiple and complex needs. The number of people receiving an ongoing package of care is increasing.

In 2023/24 the net expenditure budget for Adult Social Care and Public Health represents the largest area of Council net expenditure. Within Adult Social Care the highest expenditure is

DRAFT

within the Customer Pathway, which supports Older People and People with Physical Disabilities. This is followed by Learning Disabilities.

Net Adult Social Care Expenditure Budget 2023/24



However, Council budgets are under significant pressure. We've a five year budget gap, exacerbated by high inflation and the cost of living crisis, We need to work innovatively and in partnership with our market to prevent the escalation of need for adult social care services.

Strategic Context

National Context

The Care Act (2014) represented the biggest change to care and support in over 60 years and reforms the law relating to the care and support of adults and their carers. The Care Act is built around people's needs and what they want to achieve in their lives. It sought to rebalance the focus of care and support towards promoting wellbeing and preventing or delaying needs, putting people at the heart of the system. The Act consolidated best practice and placed a number of new duties on the Local Authority including:

• Duties on prevention and wellbeing
• Duties on information and advice (including advice on paying for care)
• Duties on market shaping
• National minimum threshold for eligibility
• Assessments (including carers assessments)
• Personal budgets and care and support plans
• New charging framework
• Safeguarding adults

Since the last commissioning of our Prevention & Early Intervention services, People at the Heart of Care: Adult Social Care Reform white paper has been published. Building on principles embedded in the Care Act 2014, this policy paper sets out a 10-year vision for Adult Social Care whereby:

• People have choice, control and support to live independent lives.
• People can access outstanding quality and tailored care and support.

• People find adult social care fair and accessible

In 2022, the Health and Care Act (2022) received royal assent. This has brought further in changes to the organisation and delivery of health and social care services in England, including the formalisation of Integrated Care Systems. The importance of working together with health to prevent the escalation of need and improve health and social care outcomes continues to impact system change, including the focus of our Prevention & Early Intervention services.

We are also informed and influence national strategy and policy specific to service areas, including the Major Conditions Strategy (Major conditions strategy: case for change and our strategic framework - GOV.UK (www.gov.uk)

This upcoming national strategy will focus on 6 groups of conditions: cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD).

In April 2022 the Department of Health and Social Care (DHSC) launched a call for evidence seeking the public's views on what we can do to improve everybody's mental health and wellbeing. The decision has since been taken to incorporate tackling mental ill health into the nation's major conditions strategy.

The top two responses to the question 'what do you think are the most important issues that a new 10 year national mental health plan needs to address:

- Early Intervention and service access 81%
- Prevention 53%

Further information on the national context for the development of our Prevention & Early Intervention services can be located within our Market Position Statement 2023-2027.

Local Context

Investing In Enfield, our Council Plan 2023-26 (https://www.enfield.gov.uk/services/your-council/investing-in-enfield#council-plan-2023-to-2026) sets out how we are investing in Enfield to deliver positive outcomes for our communities. We want to support residents to live happy, healthy and safe lives. Our ambitious plan is underpinned by principles and behaviours; these help staff, partners and the community understand how we work. Our five principles are: *Fairer Enfield, accessible and responsive, financially resilient; collaboration and early help, climate conscious*. Our vision and approach in adult social care is driven by our Corporate Plan.

Our Adult Social Care Vision

We seek to work in partnership to develop safer, stronger, healthier communities in which people with illness and disability and their carers are connected to their communities, actively participate in community life and are helped to stay safe from abuse.

This vision drives our approach to supporting adults with disabilities, older adults and unpaid carers,, which holds **Prevention**, **Co-production** and **Strength Based** and **Integrated** perspectives at its core.

Our Strategic Priorities are agreed, in partnership with those who use services, to support priorities as set out in our Council Plan and the delivery of our Adult Social Care vision. They are set out in **Supporting Independence: A Local Prevention Strategy (2023-2027**) which details our overarching strategic priorities for adult social care focusing of prevention and including our joint priorities with health.

Local authorities and health, through the Integrated Care System have a duty to prepare a **Joint Strategic Needs Assessment (JSNA)** to inform the way in which decisions about health, wellbeing and social care services are planned and arranged. The JSNA is the collection and collation of information and intelligence about the health and wellbeing needs of our local community. This includes information about what are referred to as the 'wider determinants' of health, like housing, income, employment, social and recreational needs and provision. It offers a helpful provider resource that can support the strategic development and delivery of services to meet the needs of Enfield's residents. Further information on our Joint Strategic Needs Assessment can be found here.

Developed using information from Enfield's Joint Strategic Needs Assessment, our **Joint Health and Wellbeing Strategy** sets how our local systems, including health and adult social care, will work together to improve the health and wellbeing of the local community and reduce health inequalities for all. The latest version of our Joint Health and Wellbeing Strategy can be located here. In 2024 the Council will develop a revised Joint Health and Wellbeing Strategy. This will reflect changes in NHS commissioning arrangements which are now undertaken at a multi-borough, North Central London level and also the requirement to reference the NHS North Central London Population Health Strategy which will affect activities and plans. Population health and integrated care - North Central London Integrated Care System (nclhealthandcare.org.uk)

2. Purpose of Prevention & Early Intervention Contracts

The aim of the Council's Prevention and Early Intervention contracts are to support and enhance the delivery of Enfield Council's statutory duties under the Care Act 2014, and *prevent, reduce or delay* a person's need for more intensive health and adult social care services.

This is to help ensure that people who live in Enfield:

- receive services that **prevent** their care needs from becoming more serious, or **reduce and delay** the impact of their needs
- can get the **information and advice** they need to make good decisions about care and support
- have a **range of provision** of high quality, appropriate services to choose from to support their independence, health and wellbeing.

To prevent, reduce or delay a person's need for health and adult social care services, services delivered under this contract will primarily target people who are not eligible to receive a package of support or care under the Care Act. It is understood however that some people may benefit from accessing Prevention and Early Intervention services to prevent needs escalating. In instances where services are provided to individuals who are eligible to receive a package of support or care under the Care Act, services should *enhance and not duplicate* existing provision.

The contracts are further intended to support the Council's Vision for Adult Social Care (See X) and facilitate the delivery of national and local priorities relating to prevention and early

intervention as referenced in Section X and further detailed in **Supporting Independence: A Local Prevention Strategy 2023-2027.**

3. Contract Approach, Contract Period and Payment Terms

It is intended to create multiple supplier contracts to deliver key outcomes in respect of Enfield's Prevention and Early Intervention agenda over a 9 year contract term.

To encourage a broad range and scale of provision that best supports the diverse needs of our community, providers shall be encouraged to work together. The formation multi stakeholder partnerships shall be welcomed and encouraged to foster joint approaches to the delivery of key outcomes and maximise the valued contributions of smaller or specialist organisations in addition to those of larger scale. In such cases, a lead provider shall be expected to bid for contracts and sub contract as required.

Bids shall be accepted for the delivery of a single contract or multiple contracts.

The overall budget envelope for this portfolio of contracts is to be confirmed.

Payment terms for this portfolio of contracts is to be confirmed.

4. An Overview of Contracts – A Pathways Approach

A pathway approach has informed the development of our service specifications, to facilitate the provision of seamless services from early information and advice through to hospital discharge support and recovery services. The following information provides an overview of the aim of each contract. The detail can be located within each individual contract specification.

Contract 1: Supporting Independence through Information & Advice, Digital Inclusion & Assistive Technology

The overarching aim is to ensure people have access to the clear and personalised information and about key health, social care and Voluntary Community Sector services to enable people to make informed decisions about what services they receive to support their independence, health and wellbeing.

Key functions under this contract include:

- Work with other voluntary, statutory sector and independent organisations to ensure people have access to a range of information and advice and are supported to connect with services that promote their independence, health and well-being (including through supported attendance at groups, activities or services).
- Provide information in a range of formats and channels (plain English/easy read/audio/Braille/language) and personalised for people with a disability or sensory impairment, including people with learning disabilities and autistic people
- Co-produce key accessible information and advice in a range of formats and languages, ensuring key partner organisations have access to consistent and up to date information to share with people
- Provide a variety of channels and formats, including digital for access to high quality and independent information and advice to enable people to identify services within the local community to meet their goals, and short and long-term needs

DRAFT

- Encourage a strengths-based approach which builds on what people can do themselves and actively seek people's views and preferences to develop comprehensive, innovative and culturally appropriate ways of responding to individual need.
- Ensure that information and advice needs for all diverse communities are met and, where possible, ensuring that support is tailored to individual needs and preferences
- Provide independent, up to date information and advice on how to access help when faced with social care challenges from VCS organizations and social care providers within Enfield
- Provide accessible information about specialist housing options, to improve understanding of housing options and support people with care and support needs to understand housing options, understand tenancy rights, and maintain and manage tenancies
- Support residents to understand entitlements with benefits and welfare information and advice including practical support with applications and appeals associated with the application where necessary.
- Use and promote Artificial intelligence (AI) to aid information and advice provision via virtual assistants or chatbots which can help summarise and tailor information according to need
- Support Individuals to access and utilise the internet and assistive technology solutions to improve;
  - health and wellbeing
  - independent living
  - management of risk
- Build confidence and awareness around information security and risks of scamming and support people who do not wish to get online with alternate ways of accessing information, advice and services.
- Provide advice and assistance with digital inclusion and assistive technology, including training and technical support to set up and manage everyday digital technology to enhance communication, independent living and access to information and social connection
- Offer frontline digital advice and support and create and deliver digital skills training courses for people
- Support people to utilise technology to socially connect with others e.g. family, friends, interest groups, online chat groups, online forums
- Minimise digital exclusion, with all groups supported to access digital resources
- Understanding the ever-developing range of assistive technology options, including in relation to management of health conditions, and how these can support people to remain independent and healthy or self-manage a long-term health condition
- Awareness-raising for the service and the potential of assistive technology; Promote assistive technology with people and VCS organisations explaining the nature of the service (including at community events) and advising people of the wide range of options available
- People are supported to stay safe and connected in their own homes and are safe when out and about

Contract 2: Supporting Independence Through Advocacy and Inclusion

The overarching aim of this contract is to improve accessibility and provision to advocacy for vulnerable people and their carers /family in Enfield

Key functions under this contract include:

DRAFT

- To run an accessible advocacy service for vulnerable people and their families in Enfield
- To raise the awareness and understanding of service user /carer's rights, eligibility criteria and assessment and care planning processes
- Build service users and carer's knowledge and confidence when dealing with professionals
- To support people with support and care needs to make their voice heard (including through consultation opportunities) to influence and contribute to the design and delivery of services, including people represented by smaller community organisations, whose voice is seldom heard.
- Provide the right support to enable meaningful co-production of services.
- Provision of one-to-one advocates when necessary
- Provision of services to sensory impaired groups

Contract 3 - Supporting Independence & Inclusion Through Early Intervention

The aim of this service is to identify and **reach key groups at risk of escalating need**, provide suitable **early interventions** to maximise independence, maximise health (including mental health) and wellbeing, **maximise social inclusion** and **reduce loneliness and isolation**, maximise the **self management** of conditions and help **avoid crisis** including admissions to hospital.

Key functions under this contract include:

- To identify, reach and engage individuals *at risk of* or *living with* long term conditions
- To educate and raise awareness and understanding of **long term conditions** and the importance of good health and wellbeing to prevent long term conditions or enable people to live well with these conditions
- To provide information, advice and low level support services to maintain good **health and wellbeing, facilitate independence, self manage conditions** and prevent the onset of chronic health conditions.
- To identify, reach and engage individuals *at risk of* falls and provide the information, advice and early intervention services to prevent **falls/fractures** and repeat falls/fractures.
- To identify and reach and engage people at risk of **social isolation and loneliness** and facilitate social inclusion, peer support, happiness and wellbeing through early intervention services.
- To support identified groups through running regular clubs and peers support groups etc.
- Raise the profile of those with autism and lead on an Autism Partnership.

Contract 4 : Home from Hospital, Supporting Recovery and Maintaining Independence.

The aim of this service is to facilitate recovery from illness and successful hospital discharge through the provision of high quality support in the home, so that people are confident and able to discharge from a hospital setting and live independently in the community.

Key functions under this contract include:

- To help people care for themselves at home for as long as possible.

DRAFT

- Assist and enable smoother, safer discharge processes by supporting carers to be involved in discharge care planning
- To provide information and advice to support successful hospital discharge, including unpaid carers where appropriate.
- To help users of the service to feel confident and safe in their home
- To reduce length of stay in hospital through facilitated early discharge by supporting users to self-care at home
- To reduce emergency admission and readmission to hospital
- To reduce delayed discharges for people not otherwise eligible for social care support
- Through a strength based approach help residents to identify networks that will be able to help support them

Contract 5: Supporting Unpaid Carers

The aim of this service is to:

- increase the identification of unpaid carers and reach of carer services in the borough
- provide accessibility information, advice, guidance, support and services to unpaid carers to support them in their caring role and help prevent, reduce or delay an increase in needs
- support the health and wellbeing and prevent carer breakdown.
- raise the awareness and understanding of carers and their rights
- amplify the voice of unpaid Carers in the design and deliver of services.

Key functions under this contract include:

- Provide and manage a centrally located, visible and accessible physical hub for carers services in Enfield open to carers throughout the week.
- Provide visible and accessible physical spoke services that reach into communities and increase opportunities for carers to access services borough wide.
- Manage and maintain Enfield's Carer Register.
- Manage and maintain Enfield Carers Emergency Card Scheme
- Provide services that identify and amplify the voices of unpaid carers, empowering them to shape the development and delivery of local strategy, policy, service development and delivery. Recruit and manage 6 Carer Ambassadors and develop their support the delivery of Unpaid Carer Priorities set out in Enfield's Supporting Independence Strategy and associated workplans.
- Provide information, advice, guidance and support services to enable carers to access and maintain employment, volunteering and training opportunities
- Provide information, advice, guidance, activities and support services to maintain and improve the physical and mental health and wellbeing of carers and help them prevent, reduce or delay the development of longer term needs for care and support, including carer breaks.
- Provide services that offer emotional support to unpaid carers including counselling services
- Provide information, training, workshops and support services that help carers build their knowledge and confidence to care, and enable carers to continue caring healthily and safely, including through use of Assistive Technology.
- Provide information, advice, guidance, support and services to maximise the financial wellbeing of unpaid carers, including practical support to complete applications/forms

DRAFT

- Provide information advice, guidance, support and services to facilitate a life outside of caring, and foster peer and community support networks that help people remain socially included connected.
- Provide integrated (across health and adult social care) services and interventions to enable the early identification of unpaid carers early in their caring journey.
- Provide services that support carers to plan for the future, manage life transitions and changes including transitional caring responsibilities
- Provide services targeted to identify and support unpaid carers at points of crisis and offer emergency support to unpaid carers as required.
- Provide services that identify, reach and provide tailored information, advice, guidance to unpaid carers with a range of experiences and needs including:
  - carers from 'hard to reach' communities,
  - young adult carers and young carers transitioning to adulthood
  - carers of those with stigmatised conditions (including mental health support needs, substance misuse, HIV)
  - older carers (80 years and over)
  - carers supporting people receiving end of life care, lifelong carers (caring for someone aged 18 years and over with a long term or lifelong disability)
- Provide information and guidance, for unpaid carers and wider organisations in contact with unpaid carers to raise awareness of unpaid carers and their rights (including right to assessment)
- Provide services that support unpaid carers with housing related issues and to understand housing options (including Extra Care Housing) that may support them continue to care.
- Provide unpaid carer brokerage services
- Provide services that offer whole family support

5. Overarching Outcomes Across The Pathway

The section above outlines some of the key functions sought through the delivery of each our Prevention and Early Intervention contracts. Successful providers will be expected to have a thorough understanding of key functions of other contracts within this specification to enable effective joint working and joint contribution to overarching outcomes as set out below:

- That people receive a **joined up approach** from contracted prevention and early intervention services and are supported by a single organisation from first contact to close or referral to other service(s) as required. In the case of the latter, the emphasis will be on the contracted organisations to work collaboratively with partners to facilitate a seamless referral which keeps services users informed, minimises the need for service users to repeat information and provides **continuity of support**. (prevent being passed from pillar to post).
- That services are accessible from and reach into all wards of the borough and service use is reflective of Enfield's **diverse population**, including populations who may find it harder to access services. Services foster connections across community and age groups, including **multi-generational** connections.
- That services support good **health and wellbeing** and **prevent, reduce or delay** the escalation of health or adult social care needs
- That services are **accessible, personalised** and **inclusive** (including digitally inclusive).

DRAFT

Social value

In addition to the above, the successful contractor will be able to demonstrate social value, including:

- Employment of local people and volunteers including employment of individuals with disabilities, taking into consideration all appropriate age groups.
- Training opportunities for employees and volunteers
- Buying locally where possible to reduce unemployment and raise local skills
- The development of resilient local community and community support organisations, especially in those areas and communities with the greatest need
- Support for staff and volunteers' development and welfare within organisation' own environment and within their supply chain
- Protecting the environment, minimising waste and energy consumption and using other resources efficiently, within organisation and consortium 's own environment and within their supply chain

6. Approach To Delivery

A Partnership Approach

In contributing to these overarching outcomes, successful organisations will be expected to demonstrate evidence of effective partnership working – both between contracted organisations and wider health and social care stakeholders. Good communication and the ability to identify constructive solutions to improve delivery across the contract pathway will be essential to the successful delivery of outcomes in respect of Prevention and Early Intervention agenda.

With this in view, the lead organisation for each contract will be required to designate a 'Network Lead' with responsibility for:

- Jointly organising and attending bi-monthly meetings in the first year with a view to move to quarterly network meetings thereafter. These will be attended by all five contract leads
- Sharing information on services delivered under their respective contract area and opportunities for improving connection of services across the pathway
- Identifying any challenges and opportunities for improved partnership working to better deliver overarching outcomes for people who use services and their carers.
- Working collaboratively with other network leads to produce a 6 monthly update and annual performance report, to evidence how contracted organisations are working together to meet overarching outcomes of the Prevention and Early Intervention, identify service gaps and challenges and suggestions for ongoing improvement.

A Strength Based Approach

In contributing to these overarching outcomes, successful organisations will be expected to demonstrate evidence the application of Strength Based Approaches to service delivery. For more information please see a-framework-for-strengths-based-practice.pdf (enfield.gov.uk).

DRAFT

A Co-Production Approach

In contributing to these overarching outcomes, successful organisations will be expected to demonstrate evidence of Co-production including how they involve people who use services and their carers to inform and shape service development and delivery. enfield-co-production-working-together-framework.pdf

An Integrated Approach

In contributing to these overarching outcomes, successful organisations will be expected to demonstrate evidence of an integrated approach, including how services are delivered to improve both health and social care outcomes.

7. Eligibility

All five contracts within the Prevention & Early Intervention Pathway are for the delivery of services to adults aged 18 and above and those transitioning into adulthood who reside in Enfield. Unpaid carers who live in another borough but care for a resident in Enfield will also be eligible.

8. Quality & Performance

Quality Assurance

Contracted organisations will be expected to achieve continuous improvement in the quality of service as measured by internal review, reviews by the Council and feedback from past and present Service Users and Unpaid Carers.

Enfield Council will set targets for performance across all contracts directly. Targets will be reviewed annually, or more frequently as necessary in response to performance issues.

Contracted organisations will be expected to be proactive in monitoring their own performance against the contract and immediately report to the Contract Manager any areas where it is encountering difficulties in fulfilling the terms of the Contract; and proposing to the Council new ways of improving the services arising from technology and other developments.

Contracted organisations will be expected to work to maximise the appropriate skills, awareness and qualifications of its paid staff and volunteers. It will agree with the Council minimum level of staff and volunteers and their qualifications for areas.

Contracted organisations will undertake a programme of appropriate training for all their staff and ensure an on-going learning and development programme is in place.

Quality Assurance for all contracts will need to be put in place by the successful contractor and its partners (where applicable) including quality assurance of the areas set out below**:**

Quality Measurement	Providers

DRAFT

Data protection/GDPR	All elements of these contracts & all participating organisations will need to comply with GDPR & have robust Information Governance Policies and Procedures in place for the model (such as, Data Protection, Confidentiality and information security) including a local Information Sharing Agreement.
Safeguarding & DBS Check	To have a check process in place that staff employed and providers receiving referrals comply with safeguarding requirements and have DBS checks. All staff must be trained in identifying and raising safeguarding alerts.
Health and Safety risk assessments	To have a check process in place that all staff and providers have appropriate policies, procedures & training in place for health & safety and risk management.
Equality	To have in place an overarching equal opportunities agreement for the model including Equality Impact Assessments to assess accessibility and reviews of the demographic make-up of individuals accessing services
Financial	To ensure that regular returns are made to auditors or overarching governing orgnaisations e.g .Charity Commission. That any concerns about the financial viability of any organisation delivering these contracts are brought to the attention of Enfield Council.
Operate within a recognised constitution or set of rules.	Ensure that the partnership delivering the contract operates within a jointly agreed operating model with shared principles recorded within a written governing document supported by a governance structure
Skill, Expertise and Training	To ensure that all areas of the contract delivery partnership has roles (voluntary & paid) that are suitably supported with appropriate training and people have sufficient skills & competencies to fulfil their roles
User experience	To ensure that user satisfaction and experience is captured regularly and consistently across the VCS service delivery.
Service Delivery	Services will be measured through KPIs and case studies providing soft intelligence of the success or agreed improvements required to improve the quality of the service. These will be presented as regular reports to the local authority contract managers.
Independent Checking	These may be undertaken by organisations within the community that have no conflict of interest. This could include Quality Checkers, Healthwatch.
Reporting	Reports on the delivery of outcomes on these contracts will be provided to the relevant Care Boards and the JHSCB in order to get a broader strategic feedback on the quality and performance of these contracts.

Contracted providers will be expected to have up to date policies and procedures in place (including confidentiality, complaints and safeguarding policy) to support the delivery of high quality services. Detail on policy and procedure requirements shall be included within contract documentation.

DRAFT

9. Contract Monitoring

Contract Monitoring shall be undertaken for each of the 5 contracts within the pathway.

Contract monitoring meetings will be undertaken once per quarter. It will be the responsibility of contracted organisation(s) to provide reporting information each quarter, and to upload monitoring information onto Council monitoring systems ahead of monitoring meetings as required.

Contracted providers must be able to accommodate monitoring visits as required by the contract manager upon request. Contracted providers will be expected to provide an annual service report at the end of each financial year upon request.
.
Contracted organisations must agree to submit all aspects of monitoring as requested, including personal details of the clients they work with obtaining their permission when necessary.

Contracted organisation(s) will be required to designate a 'Network Lead' and attend regular meetings for all contracted providers under the prevention and early intervention pathway to feedback on their services, share good practice and develop formal working relationships and pathways. (See 6). Attendance is mandatory.

Any difficulty in providing monitoring information or attending Prevention & Early Intervention Pathway Network Meetings must be discussed with the named Contract Manager at the earliest opportunity.

Each contracted organisation will have a named Contract Manager from the Council throughout the length of the contract to ensure clear communication and service management from both parties. It is expected that issues may arise throughout the life of the contract with this new approach, particularly in the first year. Open and honest communication is encouraged between both parties and any difficulties must be flagged at the first possible opportunity.

In addition to contract specific monitoring (as detailed in contract specifications), contractors will be required to provide performance data in respect of key overarching Pathway outcomes, as set out below**.**

Key Performance Indicators

Overarching Outcomes	**Performance Data Requirement(s)**	**Key Performance Indicator(s)**
That people receive a **joined up approach** from contracted prevention and early intervention services and are supported by a single organisation from first contact to close or referral to other service(s) as required. In the case of the latter, the emphasis will be on the contracted organisations to work collaboratively with partners to facilitate a seamless referral which keeps services users informed, minimises the need for	To be agreed.	To be agreed.

service users to repeat information and provides **continuity of support**. (prevent being passed from pillar to post).		
That services are accessible from and reach into all wards of the borough and service use is reflective of Enfield's **diverse population**, including populations who may find it harder to access services. Services foster connections across community and age groups, including **multi-generational** connections.	To be agreed.	To be agreed.
That services support good **health and wellbeing** and **prevent, reduce or delay** the escalation of health or adult social care needs.	To be agreed.	To be agreed.
That services are **accessible, personalised** and **inclusive** (including digitally inclusive).	To be agreed.	To be agreed.

10. Delivery Arrangements

Premises and Co-Location

When appropriate and specified in individual contract specifications, services should be delivered from a co-located environment, utilising community resources. All services must have a base in the London Borough of Enfield.

Contract price includes premises costs.

11. Key Risks

Organisational Failure

All contracted organisations must produce a mobilisation plan demonstrating how they plan to work to meet the outcomes of this specification taking into consideration the deployment of resources required. In addition, contracted organisations must produce an exit plan should the service become unsustainable.

All contracted organisations should have a formal written plan agreed with sub-contractors on how to manage the failure or underperformance should this occur. Expectations of delivery must be agreed between the contracted organisations and their sub contractors prior to contract award. It is the contracted organisation's responsibility to deliver and be accountable for delivery of contract outcomes.

Sustainability

All contracted organisations are expected to have an up to date Business Continuity Plan in place, to cover all functions (including sub-contracted functions) delivered**.**

DRAFT

Contracted organisations will be expected to add value to this contract through additional fundraising and income generation.

With local government and health resources reducing, all organisations will be expected to provide a plan for alternative and supplementary funding streams upon request.

12. End of Contract

At the end of each contract term, contracted organisations must provide evidence of sustainability beyond the contract funding or how the service will be discontinued and transition of clients managed.

END.

DRAFT