****

**HHASC Service Specification Out HHASC Service Specification Outcome 4:**

**Helping Vulnerable Adults to Have a Voice**

**CONTENTS**

**Page**

1. **Introduction 3**
2. **Outcome Rationale 3**

1. **Contract Value 4**
2. **Aims and Objectives 4**

1. **Outcomes 5**
2. **Definition and Eligibility 5**
3. **Service Description 6**
4. **Quality Provision 8**
5. **Performance Measures 10**
6. **Delivery Arrangements 13**
7. **Contract Period and Payment Terms 13**
8. **Contract Monitoring 14**
9. **Key Risks 14**
10. **End of Contract 15**

**HHASC Service Specification Out HHASC Service Specification Outcome 4:**

**Helping Vulnerable Adults to Have a Voice**

1. **Introduction**

The changing pattern of care needs requires greater integration – that is, much better alignment – in the commissioning of health and social care services. In view of this the London Borough of Enfield is to commission prevention and early intervention services meeting the care and support needs of the communities in the borough. These services will require collaborative and joined up working from the voluntary and community sector in order to meet the requirements of the commissioning process.

As part of this process, the Council wishes to work with organisations able to demonstrate an ability to support the care needs of service users to focus on outcomes, using a person-centred approach. Organisations are encouraged to work together as partners within a consortium structure to deliver support flexibly meeting individual service user’s needs. This will be our key driver in procuring services for vulnerable people in Enfield.

The purpose of this specification is to set out the minimum standards and requirements that the Council will expect from the successful organisation/consortium who are delivering preventative services and interventions for vulnerable people residing in the borough of Enfield.

1. **Outcome Rationale**

Advocacy services help people – particularly those who are most vulnerable in society – to:

* access information and services
* be involved in decisions about their lives
* explore choices and options
* defend and promote their rights and responsibilities
* speak out about issues that matter to them

Research has shown that there are clear benefits to the provision of advocacy as follows:

**Empowering the Individual** – Research has shown advocacy empowers people who access support by enabling them to have their voices heard. In formal proceedings, people who access support also reported having a greater knowledge and understanding of the processes involved and the language used, as well as their rights, leading to a greater sense of empowerment. This empowerment can result in an increase in self-reported well-being and improved confidence

**Practical and Moral support -** People who access advocacy support report high levels of satisfaction with the help and support they receive as a consequence. These include practical tasks such as interpretation /translation of information, help to apply for housing and benefits and to gain social support. The aspect of moral support has been highlighted as being important, particularly during formal proceedings, which can be viewed as intimidating by service users and carers.

**Relationships and Support Networks** - Self-advocacy, peer advocacy and citizen advocacy in particular are thought to offer great potential to promote social networks and support individuals to build relationships by offering individuals a safe and stable environment. The development of a trusting relationship between the person who accesses support and the advocate is essential and requires frequent face-to-face contact and communication, particularly in the early stages of the relationship.

Advocacy therefore can deliver the following cost savings and efficiencies to statutory services through:

* The reduction of complaints
* Better personalised services that meet people’s needs more effectively, keeping them well and healthy
* Carers are supported and valued, giving them the resources and confidence to continue caring
* Confidence to feedback when things aren’t working – and when they do – allowing professionals to reflect on their practice
* Increased communication and understanding between service user, carer/family and professionals
* Reduces social isolation through information provision, confidence building and accessing support networks

For further information please access the Enfield’s Joint Strategic Needs Assessment which can be found at

<http://www.enfield.gov.uk/healthandwellbeing/info/56/introduction>

1. **Contract Value**

Applications are invited up to the value of £170,000.00 per annum.

This must cover the outcomes stated in this specification.

The successful organisation will be invited to bid for an additional £10,000 towards strategic leadership of the service and to promote the services outcomes across the borough. This will be awarded to the Lead Partner to cover additional management and administrative costs, and for service promotion.

1. **Aims and Objectives of the Contract**

The overarching aim of this contract is to improve accessibility and provision to advocacy for vulnerable people and their carers /family in Enfield. This should be achieved by paying particular interest to the following:

* 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
* Ensure services are personalised and accessible to all.
* Build service users and carer’s knowledge and confidence when dealing with professionals
* Particular focus on ‘harder to reach’ communities, in particular the BME communities
* Supporting vulnerable people to use online communication and consultation mechanisms
* Provision of one-to-one advocates when necessary

1. **Outcomes**

The key outcome is that service users are able to access an appropriate level of advocacy support to empower them to make the right choices for them and their circumstances.

**Expected Outcome Domains**

• Increased awareness of right to advocacy and how to access it

• Increased numbers of people receiving an advocacy service

• Empowered and skilled to advocate on own behalf and on behalf of family members

• Supported to challenge, compliment and complain when appropriate

• Increased confidence and ability to use online channels to contribute to consultations and engagement

• Increased involvement in decisions about care and care planning

• Increased support for those facing barriers to services

• Increased dialogue and feedback with relevant representatives within statutory services to improve provision.

• Reduced formal/final stage complaints to Health and Adult Social Care

• Increased reported satisfaction with services

• To reduce social isolation through service provision

1. **Definition & Eligibility**
   1. **Service Definition**

Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to:

• Have their voice heard on issues that are important to them.

• Defend and safeguard their rights.

• Have their views and wishes genuinely considered when decisions are being made about their lives.

Advocacy is a process of supporting and enabling people to:

• Express their views and concerns.

• Access information and services.

• Defend and promote their rights and responsibilities.

• Explore choices and options

(Definition from SeAP Advocacy)

**b Eligibility**

This service must be accessible for all residents in Enfield. Carers who live in another borough but care for a resident in Enfield will also be eligible.

This service will be not accessible to those who are currently receiving advocacy support under the legal duty providers – e.g. under the Care Act, Mental Capacity Act or Health and Social Care Act provision.

1. **Service Description**

The service will not replace any legal statutory responsibility for advocacy.

The ultimate aim of all forms of advocacy should be to support people to self-advocate as far as they are able to.

It is expected that the successful organisation or consortium will be able to provide services and activities to promote the following:

*1. Self-advocacy*

Self-advocacy refers to an individual’s ability to effectively communicate his or her own interests, desires, needs and rights. It recognises that people are experts by experience and involves them in speaking out for themselves about the things that are important to them. It means that people are able to ask for what they want and need and to tell others about their thoughts and feelings.

The goal of self-advocacy is for people to decide what they want and to carry out plans to help them get it. Self-advocacy differs from other forms of advocacy in that the individual self-assesses a situation or problem and then speaks for his or her own needs.

*2. Group advocacy*

Group advocacy involves people with shared experiences, positions or values coming together in groups to talk and listen to each other and speak up collectively about issues that are important to them. These groups aim to influence public opinion, policy and service provision. They vary considerably in size, influence and motive. Representatives of local groups are often included on planning committees and involved in the commissioning and monitoring of health and social care services.

*3. Peer advocacy*

Peer advocacy refers to one-to-one support provided by advocates with a similar disability or experience to a person using services. Trained and supported volunteers often provide peer advocacy as part of a coordinated project. Peer advocacy schemes argue that they are particularly well placed to empathise with the needs of people, to approach them as their equals and to feel strongly about, and fight hard for, their needs.

*4. Citizen advocacy*

Citizen advocacy aims to involve people in their local community by enabling them to have a voice and to make decisions about the things that affect their lives. Citizen advocacy partnerships are long term, not time-limited, and last for as long as the citizen advocate and the individual want them to. Citizen advocates are ordinary members of the local community. They are unpaid and usually operate with support from a coordinated scheme.

*5. Professional advocacy*

Paid independent advocates support and enable people to speak up and represent their views, usually during times of major change or crisis. Such advocacy is issue-based and the advocate may only need to work with the person for a short time.

*(Definitions from Scie)*

In order to meet the specified outcomes, it is expected that the service funded would cover all five areas of advocacy, with a particular focus on self and group advocacy.

Where professional advocacy is provided, this must be a short-term intervention to resolve specific issues. Where ongoing support is needed, the person supported should be encouraged to learn skills to move towards less intensive advocacy provision.

The service should take particular consideration to the following aspects:

• Training to increase confidence and knowledge to self-advocate

It is expected that this service will enable people to learn the skills needed to build confidence and increase confidence to represent their own needs during care planning and service provision, as well as to advocate on their own behalf. This offer would also apply to family carers, providing skills to act on behalf of the person they care for.

• IT training to ensure residents are engaged and able to participate

• Support with online resources to ensure equal access to information, advice and guidance

With information, advice and support from statutory bodies moving predominately to an online provision it is essential that residents, particularly those who may be vulnerable or disadvantaged, are able to have equal access to such resources. It is expected that this contract will undertake work to reduce the inequalities for those less able to use online resources.

• Support service to those with barriers to involvement and consultation – language, sensory impairments and disabilities

All services offered through this contract should pay particular consideration to supporting those who may have additional needs in respect to accessing information and services.

Rent for any premises used by organisations/consortium are included within the contract price for this specification

1. **Quality Provision**
2. **Quality Assurance**

All advocacy provision needs to be safe, confidential, person-centred and of high quality. It is expected that the provision through this funding is governed by the principles of the Advocacy Charter (2002). The successful organisation/consortia will need to demonstrate how their service meets the principles as below:

* ***Clarity of purpose***

The advocacy scheme will have clearly stated aims and objectives and be able to demonstrate how it meets the principles contained in this Charter. Advocacy schemes will ensure that the people they advocate for, service providers and funding agencies have information on the scope and limitations of the schemes’ role.

* ***Independence***

The advocacy scheme will be structurally independent from statutory organisations and preferably from all service provider agencies. The advocacy scheme will be as free from conflict of interest as possible both in design and operation, and actively seek to reduce conflicting interests.

* ***Empowerment***

The advocacy scheme will support self-advocacy and empowerment through its work. People who use the scheme should have a say in the level of involvement and style of advocacy support they want. Schemes will ensure that people who want to, can influence and be involved in the running and management of the scheme.

* ***Putting People First***

The advocacy scheme will ensure that the wishes and interests of the people they advocate for direct advocates’ work. Advocates should be non-judgemental and respectful of peoples’ needs, views and experiences. Advocates will ensure that information concerning the people they advocate for is shared with these individuals.

* ***Equal Opportunity***

The advocacy scheme will have a written equal opportunities policy that recognises the need to be pro-active in tackling all forms of inequality, discrimination and social exclusion. The scheme will have in place systems for the fair and equitable allocation of advocates’ time.

* ***Accessibility***

Advocacy will be provided free of charge to eligible people. The advocacy scheme will aim to ensure that its premises, policies, procedures and publicity materials promote access for the whole community.

* ***Accountability***

The advocacy scheme will have in place systems for the effective monitoring and evaluation of its work. All those who use the scheme will have a named advocate and a means of contacting them.

* ***Supporting Advocates***

The advocacy scheme will ensure advocates are prepared, trained and supported in their role and provided with opportunities to develop their skills and experience.

* ***Confidentiality***

The advocacy scheme will have a written policy on confidentiality, stating that information about a person using the scheme is confidential to the scheme and any circumstances under which confidentiality might be breached.

* ***Complaints***

The advocacy scheme will have a written policy describing how to make complaints or give feedback about the scheme or individual advocates. Where necessary, the scheme will use its services to access external independent support to make or pursue a complaint.

In addition,organisations/consortium must achieve continuous improvement in the quality of service as measured by internal review and reviews by the Council and feedback from past and present Service Users.

Enfield Council will set targets for performance directly as demonstrated in Section 9 on page 10. Targets will be reviewed bi-annually, or more frequently as necessary in response to performance issues.

Organizations/consortium 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.

Organisations/consortium will 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 key areas including;

- Customer services

- Advice work

- Systems for monitoring

- Safeguarding Training

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

1. **Safeguarding Policy and Procedures**

All organisations/consortium applying for this funding stream must have their own Safeguarding Policy and Procedures. All applicants must have a named dedicated Safeguarding Officer who has undertaken London Borough of Enfield Safeguarding Adults training. If applying as a consortium the Safeguarding Officer must be an employee of the lead organisation. In addition, all organisations directly delivering services to vulnerable people will have undertaken safeguarding training.

Organisations/consortium need to ensure that all individuals engaged in Regulated Activity are subject to a valid enhanced disclosure check for regulated activity undertaken through the Disclosure and Barring Service (DBS); and: -

a) monitor the level and validity of the checks for each member of staff;

b) not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out Regulated Activity or who may otherwise present a risk to Service Users

c) shall immediately notify the Council of any information that it reasonably requests to enable it to be satisfied that its safeguarding obligations have been met.

d) shall refer information about any person carrying out the Service to the DBS where it removes permission for such person to carry out the Service (or would have, if such person had not otherwise ceased to carry out the Service) because, in its opinion, such person has harmed or poses a risk of harm to the Service Users.

e) maintain a policy regarding confidentiality of information about Service Users. Service staff and volunteers must have knowledge and understanding of this policy

1. **Performance Measures**

Performance Measures must be linked to all of the outcomes under the Section 5 of this specification. Organisations/consortia are invited to create their own performance indictors using a mixture of outcomes and outputs measures. Good measures will combine both qualitative and quantitative information and data.

All targets must be **SMART**; **S**pecific, something you can **M**easure or observe and **A**chieve, something that is **R**ealistic, and have a **T**ime limit.

The Charities Evaluation Service has a number of tools and documents which can support you in establishing a performance measurement system:

<http://www.ces-vol.org.uk/tools-and-resources.html>

|  |  |
| --- | --- |
| **Outcomes** | **Outcome Indicator** |
| Increased awareness of right to advocacy and how to access it | * Numbers of referrals to service * Numbers of new cases * Numbers pf people feeling better informed of their rights * Breakdown of demographic information of those accessing service * Service user/family feedback * Service user surveys * Evidence of partnership working * Number of referrals to other services and types of services * Case study evidence |
| Increased numbers receiving an advocacy service | * Numbers of people receiving advocacy service with breakdown of type of advocacy * Number of people receiving casework/1:1 support and length of time receiving the service * Number of people who felt the advocacy service supported them appropriately * Satisfaction level with service |
| Empowered and skilled to advocate on own behalf and on behalf of family members | * Service user/family feedback * Service user surveys * Number of users who feel their situation had improved since receiving support |
| Supported to challenge, compliment and complain when appropriate | * Number of people confidence to challenge * Number of informal complaints dealt with by service * Increased understanding of complaints, compliments and comments procedures |
| Increased confidence and ability to use online channels to contribute to consultations and engagement | * Numbers feeling more confident using online resources * Numbers receiving support to access online resources * Numbers receiving support to take part in online consultations * Number who report only engaging due to support being available * Reasons for needing support * Service user/family feedback |
| Increased involvement in decisions about care and care planning | * Number of users whose care plans/support have changed as a result of advocacy support * Numbers receiving new services following advocacy support * Level of communication with professionals and involvement with decisions about care * Satisfaction levels with communication |
| Increased support for those facing barriers to services | * Description of activities * Record of support provided and cost * Evidence of overcoming barriers to access * Evidence of working with hard to reach communities * Suggestions to overcome barriers on as long term basis |
| Increased dialogue and feedback with relevant representatives within statutory services to improve provision. | * Number of service users broken down by type of vulnerability * Numbers reporting better relationships with professionals * Case studies |
| Demographic and Equalities Monitoring | * Demographic profile of service users including equality characteristic profile * Analysis of emerging patters of referrals and non-referrals that could indicate discrimination of any group * Analysis of service users using accessible information * Number of new services taken up from hard to reach group * Evidence/case studies regarding impact on social isolation |

Performance Measures will be formally agreed following the contract award and in partnership with the successful awardee and the Local Authority.

1. **Delivery Arrangements**

It is expected that the successful organisation/consortium will have a specific knowledge and understanding of Enfield, its populations and the challenges they bring. The organisation/Consortium must deliver the function in the Borough of Enfield.

It is encouraged that the successful organisation/consortium approach service delivery from a Hub and spoke model, including home visiting, to ensure accessibility for all.

Due to the broad nature of the outcome, and necessity to reach all elements of the diverse Enfield population, it is expected that applications will be from consortium or partnerships rather than singular organisations. This is to ensure specialism in the service provision and recognition of the good practice for individual client groups that currently exists in Enfield.

Applications will be expected to provide service to all residents of Enfield, paying focus on the following key risk groups:

* Older People
* Carers
* Vulnerable Children transitioning to adulthood
* End of Life;
* People with a Learning Disability;
* People on the Autistic Spectrum
* People with a Mental Health condition
* People with Dementia
* Physical Disability; and or a sensory impairment
* People with a long-term condition
* Challenging behaviour
* Muscular Dystrophy/Multiple Sclerosis
* Those not meeting eligibility criteria for statutory services

All services funding through this funding stream will also have to demonstrate how their work will help to reduce social isolation and reach people and communities otherwise not in contact with statutory services.

1. **Contract Period and Payment Terms**

This contract is for 3 years, from 1st December 2017 until 30th November 2020, with the option to extend for a further 2 years, 2022 + 2 years to 30th November 2024. Contracts will only be extended where all monitoring has been provided on time and outcomes have been fully met.

The organisation/consortium will be informed by April 2020 whether the contract will be extended until 30th November 2022, and again by April 2022 to confirm extension to 30th November 2024.

In the final contract year (Year 3, 2020 and Year 5, 2022 and Year 7 2024 if applicable) organisations/consortium must provide evidence of sustainability beyond the contract funding or how the service will be discontinued and transition of clients managed

Payment will be made quarterly, with the first quarter upfront. Other quarters funding will be released on receipt of satisfactory monitoring information.

1. **Contract Monitoring**

Contract monitoring will be expected every quarter. The Councils Care First system will be the operating model used for reporting monitoring information. The lead Provider will be the organisation responsible for reporting on the whole contract using the Council’s Care First system. The format of such monitoring will be agreed between the successful organisation/Consortium

Monitoring visits may take place at least once every six months, with an annual service report and review visit at the end of each financial year.

Demographic and equalities monitoring will be required every quarter.

Successful organisations/consortium must agree to submit all aspects of monitoring as requested, including personal details of the clients they work with obtaining their permission when necessary.

The successful organisation/consortium will be required to attend regular meetings for all contracted organisations/consortium under this funding stream to feedback on their services, share good practice and develop formal working relationships and pathways. Attendance is mandatory.

Any difficulty in providing said information or attendance at meetings must be discussed with the named Council Officer at the earliest opportunity.

Each successful organisations/consortium will have a named Council Officer 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.

1. **Key Risks**
   1. **Organisational Failure**

All organisations/consortium 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, organisation/consortium must produce an exit plan should the service become unsustainable.

All Consortia should have a formal written plan agreed between all partners on how to manage the failure or underperformance of each individual organisation within the Consortium. Expectations of delivery must be agreed between the organisations prior to contract award.

* 1. **Sustainability**

It is expected that the organisations/consortium, in particular the lead partner, will look to add value to this contract through additional fundraising and income generation. Each financial year the contract value will be reduced by 5% of the annual total cost. It is expected that the organisation will raise a minimum of 10% of the contract value in addition per annum from Year 2 onwards.

With local government and health resources reducing, all organisations/consortium should be providing a plan for alternative and supplemental funding streams.

1. **End of Contract**

In the final contract year (Year 3, 2020 and Year 5/7, 2022 and 2004 if applicable) organisations/consortium must provide evidence of sustainability beyond the contract funding or how the service will be discontinued and transition of clients managed