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**HHASC Service Specification Outcome 6**

**Increased and Improved Information Provision**

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**HHASC Service Specification Outcome 6**

**Increased and Improved Information Provision**

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 delivers 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 preventatives services and interventions for vulnerable people residing in the borough of Enfield.

1. **Outcome Rationale**

The requirements of this specification are informed by a number of key drivers, which include the Corporate Plan, ‘Health and Social Care Integration Agenda (Better Care Fund); The Care Act 2014 (Information ‘key delay and prevention of dependence’); and continuous improvement in terms of providing quality services to the citizens of Enfield.

The delivery model is based on prevention and early help to secure interventions that support individuals to remain living healthy in their communities through easy access to effective information and advice using a range of channels and approaches provided by the voluntary and community sector. Importantly, services will also build capacity, independence and confidence in individuals, families and communities to access their own information and advice and keep them safe and healthy in their communities

There are significant numbers of people who require information, advice or signposting to navigate life events and/or support their unique circumstances. Despite the ever-increasing availability of information online, this can be hard to access for many of those with more complex needs or who lack basic digital skills. These are often the same people who need the most support.

Comprehensive and good information which is accessible, current, relevant and accurate is essential for all adults and their relatives who need, or may need support to know their rights and to live independently. Good information should help people with support needs and carers make informed choices, enable them to take control and help service users and carers to maintain their abilities, skills and independence well into the future.

**3 Contract Value**

Applications are invited up to the value of £ 220,000 per annum.

As stated in the guidance 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.

**4 Aims and Objectives of the Contract**

The overarching aim is to maximise the independence and well-being of service users, reducing the need for more intensive interventions by health and social care services. This will be done by the following: -

* The Hub to act as a first contact point for those in need of support information and advice
* Working with other voluntary, statutory sector and independent organisations to ensure that service users have access to a range of Information and Advice

services that promote their independence, health and well-being.

* Offer information, advice and assistance, where appropriate, with practical

matters that influence the ability of service users to remain independent within

their community.

* Offer information, advice, and assistance through working with appropriate

organisations to address service users’ needs including but not exclusively

health and healthy living, leisure and socialising, volunteering and signposting to employment, housing and benefits advice. Where necessary provide referrals to specialist services.

* Offer advice, support to service users with long-term medical conditions and

facilitate links to other services to enable them to maintain or improve the

quality of their lives, their independence and control.

* Ensure inclusiveness of small local groups/organisations and to support those

with potentially less resources/capacity.

* Establish clear links with other relevant initiatives

**5 Outcomes**

The key outcome is that service users remain as independent as possible and are able to access information and advice to maintain physical and mental health, their social and financial wellbeing and are able to preserve or increase their independence.

As a result of high quality Information and Advice Services, service users access relevant follow up services and service users will report easy access routes to Information and Advice Services as a result of improved and more extensive partnership working leading to increasingly joined-up provision. Service users will report improved problem solving, improved ability to navigate care system and have improved health and/or financial stability.

Organisations/consortium will play a fundamental role in delivering this vision through a Hub model. It will act as an entry point for service users and provide accessible gateways to a diverse range of services and will encourage and facilitate collaborative working to deliver those universal Information, and Advice services. It will provide a base for service users to access other community organisations, health professionals, social workers, advocates and advisers, either on a sessional basis, through drop-ins or surgeries, outreach support to service users in their own homes, or through referral from one agency to another. To release the creativity of this service delivery model, organisations/consortium will allow services to be tailored to the needs of service users.

Organisations/consortium should demonstrate the difference the Information and advice services has made to the lives of service users and their families.

**Expected Domain Outcomes**

* Improved access to information and advice
* Improved ability to make informed choices about health and wellbeing
* Reduced social isolation through online support and social networks
* Improved confidence and ability to access online information and use online resources to enhance health and wellbeing
* Reduction of barriers to access information

**6 Definition and Eligibility**

1. **Definition**

*Information* **-** mean ‘the open and accessiblesupply of material deemed to be of interest to a particular population. This can eitherbe passively available or actively distributed’.

*Advice*– means to offers guidance and direction on a particular course of action which needs to be taken in order to realise a need, access a service or realise individual entitlements’ (I&DeA, 2009: 4)1.

*Signposting*– this is intended to be proactive and supportive directing to other organisations, which hold information or provide services and activities which can support people’s health, wellbeing and care needs. It is important that any signposting supports the person to access further information and/or advice from elsewhere and does not simply pass the issue on.

Hub ***-*** This refers to the single integrated service which is the subject of this contract specification and which will provide information, advice and signposting to service users. It may refer also to the physical building in the borough of Enfield from which the service operates.

1. **Eligibility**

This service will be accessible for all adults age 18 and above who have no statutory care needs and reside 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 services users who live outside the Borough, or to carers who care for someone outside of the Borough. In these instances, referral for support should be made to their home borough.

1. **Service Description**

It is anticipated that the Hub will act effectively as the front door for many aspects of care and support services, drawing inappropriate demand away from public sector bodies. The Council’s Access Team for Adults Social Care determines whether a person needs a Care Act assessment. The Access Team will direct any enquiries which do not appear suitable for social work assessment to the Hub. The Hub will then take enquirers through a guided conversation to determine what support or further advice and information is required.

Organisations/consortium must be able to provide the following information, advice and representation for adults with support needs and demonstrate:

* Experience of delivering services to the target client groups and understanding of their needs.
* The ability to deliver following services through the Hub
  + Signposting to benefits and housing information and advice
  + Welfare advice and information
  + Offer timely, relevant advice and signposting services to Service Users with high functioning autism who may not be able to access mainstream provision.
  + Legal advice for service users with disabilities
  + Money management
  + Volunteering information and advice
  + Crisis, one to one, group, citizen and self-advocacy
  + Knowledge of local infrastructure and services available to signpost and refer to other services as required including
* Healthy Living
* Recreation and Leisure activities
* Employment including supported employment and volunteering
* Benefit maximisation
* Debt Management
* Residential and Nursing Care homes
* End of Life Care

Information, advice and signposting services will be co-ordinated and delivered through the Hub Services and will include face to face, by telephone and email from a Hub premises in the borough of Enfield and also through an online system. The Hub will establish relationships with networks of specialist and local information sources throughout the borough to enable people to obtain information, advice and signposting in their local community. The Hub will carry information on a very broad range of subjects, issues and types of activity, including signposting to independent financial advice.

The online services will operate on a 24 hour, 365-day model and the provider will agree with the council acceptable levels and frequency of time when the service is suspended for maintenance etc.

**7.1 Premises**

The Hub will operate from a premise in the borough of Enfield which will be public facing and where in person information, advice and signposting will be provided.

It may be appropriate for the Hub to share premises with other public or voluntary sector services, If the premises are at any time shared with other organisations. Organisations/consortium will ensure that sufficient space is allocated for its staffing and the comfort of its customers.

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

1. **Quality Provision**

**a) Quality Assurance**

Organisations/consortium will be expected to demonstrate its utilisation of a robust Quality Assurance system acceptable to Enfield Council. This may include recognised national standards relevant to organisational probity and/or standards relevant to information provision. This will be provided for in detail within the contract terms and conditions.

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

Provider will work to maximise the appropriate skills, awareness and qualifications of its paid staff and volunteers. It will agree with the Council minimum level paid staff and volunteers including their qualifications for key areas including;

- Customer services

- Advice work

- Systems for monitoring

- Safeguarding Training

Organisations/consortium will undertake a programme of appropriate training and quality assurance models.

1. **Confidentiality**

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

1. **Complaints**

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

1. **Safeguarding Policy and Procedures**

All organisations 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 one to one and group activities with people accessing the service 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 the outcomes under the Section 5 of this specification. Organisations/Consortium 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>

As part of the application process, organisations/Consortium will submit at least one performance measure directly linked to each outcome point and demonstrate how this measure has been met.

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

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| **Outcome** | **Outcome Indicator** |
| Improved access to information and advice | * Service user/family feedback * Service user surveys * Evidence of partnership working * Increase number of people receiving benefits * Number of users whose financial income increased by 20% per annum * Evaluation of protocol for keeping information up to date * Analysis of demand for type of prevention services * Number of service users with increased knowledge of local   Services increased by 20% per annum |
| Improved ability to make informed choices about health and wellbeing | * Service user/family feedback * Service user surveys * Links with other initiatives * Number of referrals to other services and types of services * Number of new service uptake as a result of information provided * Number of service users signposted to service and the number of uptake of those services |
| Reduced social isolation through online support and social networks | * Number of new services uptake * Number of drop in, outreach session by type * Case studies evidence * Service user survey |
| Improved confidence and ability to access online information and use online resources to enhance health and well being | * Service user/family feedback * Service users survey * Case studies * Number of service users broken down by type of information e.g. debt, health * Number of service users taking up new services following on-line enquiry |
| Reduced barriers to access information. | * 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 |

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 providers 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