

# Making Informed Choices Service Specification

## **Provision of Key Strategic Partner to deliver Information, Advice, Advocacy and Support Services**

This Service Specification sets out the vision, principles and requirements for the Key Strategic Partner for the delivery of the Information, Advice, Advocacy and Support Services.

This Service Specification should be read alongside the Making Informed Choices Prospectus.

March 2020

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## Definitions

- **Signposting** - Pointing people in the direction of information that they should find useful.

(Source: Care and Support Jargon buster, TLAP, Visited January 2020)

- **Information Service** - An information service gives clients the information they need, for them to know and do more about their situation. It can include information about rights, policies and practices; and about national and local services and agencies. Responsibility for taking any further action rests with the client. An information service may include:
  - providing general information – e.g. leaflets or an information kiosk provided in a reception or waiting area. Clients select the information they want themselves and there is no direct guidance by a receptionist or other staff member
  - signposting – e.g. providing factual information about the role of another organisation or how to find or contact that organisation.
  - assisting clients to find information that relates to their enquiry – e.g. providing clients with leaflets, website addresses or other details which will help them contact other organisations, such as the Department for Work and Pensions (DWP)

(Source: Advice Quality Standard (booklet - Page 6), June 2016)

- **Advice Service** - An advice service involves all the activities covered by the information service plus:
  - a diagnosis of the client's enquiry and the legal issues involved
  - giving information and explaining options
  - identifying further action the client can take
  - some assistance: e.g. contacting third parties to seek information; filling in forms.
  - It would usually be completed with one interview although there may be some follow-up work.
  - The client would take responsibility for any further action

(Source: Advice Quality Standard (booklet - Page 6), June 2016)

- **Advice with case work** - An advice with casework service includes all the elements of an advice service previously listed and also involves taking action on behalf of the client to move the case on. It could include
  - negotiating on behalf of the client with third parties on the telephone, by letter or face-to-face.
  - It will involve the advice provider taking responsibility for follow-up work.

(Source: Advice Quality Standard (booklet - Page 7), June 2016)

- **Advocacy** - An advocate can help an individual express needs and wishes, and weigh up and make decisions about the options available. They can help find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations. There are many types of advocacy, as outlined by [SCIE](#).

(Source: Care and Support Jargon buster, TLAP, Visited January 2020)

- **Support** - The Care Act states - "...Support that they need to enhance their wellbeing and improve their connections to family, friends and community". Within the context of this outcome, the Support should be focused on making and sustaining choices.



## Introduction

- 1.1. In October 2018 Sutton Council launched its new Corporate Plan, [Ambitious for Sutton](#), which sets out the vision for Sutton to be a great place to live, work and raise a family.
- 1.2. The Corporate Plan aims to achieve this vision through four priority outcome areas:
  - Being Active Citizens
  - Making Informed Choices
  - Living Well Independently
  - Keeping People Safe
- 1.3. For each of the outcome areas, Sutton Council, with key partners, has worked together to identify how and what we can do to best deliver these outcomes, within the financial envelope available.

### **Making Informed Choices**

- 1.4. Under the outcome theme of Making Informed Choices, Ambitious for Sutton sets out a clear vision for individuals, families and communities being able to access a diverse range of information, advice, advocacy and support to make informed choices and sustain change.
- 1.5. To identify the priorities and key actions on achieving the outcome of Making Informed Choices, a commissioning review has taken place. Through this review, a Making Informed Choices Approach has been developed, which, as a result, has informed the commissioning intentions.

### **Commissioning a Key Strategic Partner**

- 1.6. The commissioning of the Key Strategic Partner (herein referred to as Service Provider(s)) is a key priority for achieving the Making Informed Choices Approach, as this Provider would be responsible for delivering this service specification and the intended outcomes.
- 1.7. This specification sets out the proposed model and expected requirements of the Service Provider(s).
- 1.8. This Service Specification must be read alongside the Making Informed Choices Prospectus.

## 2. Vision, Principles and outcomes

- 2.1. The following section of the Service Specification outlines the vision, principles and intended outcomes of this commissioned service.

### Vision

- 2.2. The vision for this service is :

Individuals, families and communities are able to access a diverse range of information, advice and guidance to make informed choices and sustain change.

### Service Principles

- 2.3. The following principles have been identified, through engagement with key stakeholders, as being needed to embed the Making Informed Choices approach and through the delivery of services:
- Accessible - Services will need to be fully accessible to all residents. This includes people with disabilities and / or additional needs, but also considering literacy, including digital literacy and internet access.
  - Comprehensive - The services will need to be able to inform, advise and support a wide range of individuals.
  - Resourced - The services will need to be effectively resourced to meet the demand. This includes staffing, but also using a range of methods and techniques to reach the desired cohorts. To ensure this is maintained over time, the offer will need to be able to evolve and change to reflect the needs of residents and the changing methods in the delivery of local services.
  - Structured - The Making Informed Choices Service will need to be clear, with clear pathways for residents to access the right service, at the right time and ensure that individuals are only having to tell their story once.
  - Choice - While ensuring that there are clear pathways, the services will also need to ensure that residents have a choice. This can be in regards to the services that they access, but also having the opportunity to make an informed choice using the information and advice they have received.

### Service Outcomes

- 2.4. The following outlines the outcomes that the Provider(s) would be responsible for working with key partners to achieve for each of the Key Cohorts:

- Informed - Residents are able to access a diverse range of information and advice, which helps them to identify their options and make the choices required.
- Responsible - Residents take responsibility for addressing the issue or concern, by seeking out the right information and advice at the right time.
- Empowered - Residents are empowered to make the choices themselves, that are based on the correct information and advice and what is right for them.
- Resilient - The choices and decisions that our residents make are sustained and can be applied to other areas of their lives.

### 3. Service aims and objectives

#### 3.1. Aim

- 3.2. Sutton Council intends to commission a Provider(s) to be a Key Strategic Partner. This Partner would be responsible for working with the Council to embed the Making Informed Choices Approach, which would include providing the universal and specialist information, advice, advocacy and support services.
- 3.3. The Service Provider(s) would also work with the Council to:
- Improve our digital information and advice offer;
  - Review the pathways in relation to Health and Wellbeing Choices, Care Choices and Finance and Welfare Choices (to ensure that there are integrated customer journeys for each of the key cohorts);
  - Review the Key Cohorts annually to identify as whether there are new or emerging needs that this service will need to meet.

#### 3.4. Objectives

- 3.5. The following outlines the objectives of the commissioned service.

#### 3.6. Objective 1 - Evolve and develop

- 3.7. The Service Provider(s) will be required to evolve and develop the service offer over time, to ensure that there are clear and coordinated Choice Pathways for the Key Cohorts. This will involve modifying the service offer, which is likely to include providing additional responsibilities, services and functions.
- 3.8. The evolving and developing of the offer will also include reviewing annually the Key Choice Pathways and Key Cohorts to ensure that they are still fit for purpose and are able to meet any emerging and changing needs and legislative requirements. This review will take place as part of

the annual review, which the Service Provider(s) and the Council will complete together at the end of each year of the contract.

- 3.9. Any modifications or changes in responsibility, services and functions will be discussed with the Service Provider(s) and will be formalised through a Change Control process.

3.10. **Objective 2 - Single point of access**

- 3.11. The Service Provider(s) will operate as the “front door” for individuals and professionals to access core universal information and advice services, as well as provide a gateway to advocacy and support services.

- 3.12. Therefore, the Service Provider(s) will need to evidence that from the Contract Start Date they are working towards establishing this single point of access. The Council’s expectation is that by January 2021 at the latest, there is a single point of access (or referral point) for professionals and residents, including those that would not be sure as to how or where to access the right services.

- 3.13. It should be noted, that if this is a consortium arrangement, a no wrong door policy will also need be implemented across the range of partnering organisations. This means, that if there are a number of organisations delivering the services, residents should be able to access any of the organisations but through doing so they are accessing the same single point of access.

3.14. **Objective 3 - Coordinated Response**

- 3.15. Through accessing this service, residents will need to receive a coordinated response. This means that there will need to be an initial triage and assessment to identify the range of services that would benefit the individual.

- 3.16. If working as a consortium or partnership arrangement, the Service Provider(s) will need to coordinate activities across the range of organisations. This will ensure they form an integrated service network to provide individuals access to a wide range of support along the Information, advice, advocacy and support pathway.

- 3.17. A coordinated response may be achieved through a number of ways. For example, this may include:

- Booking appointments on behalf of the individual across the service / organisations,
- Community navigators (which could be similar / aligned to Social Prescribing) to help navigate and help people to access the right services;
- Adopting a lead professional around the individual (i.e. number of organisations / individuals are informing / advising and supporting the individual but only one individual / organisation is in contact with the individual).

- 3.18. Through this approach, emphasis will be on ensuring that Service Users are only having to tell their story once, if they are required to access a number of different offers or services.

3.19. **Objective 4 - Holistic approach**

- 3.20. The Service Provider(s) will need to take a holistic approach through the delivery of their services and functions. This means that the Service Provider(s) will need to consider the whole needs of the individual and look to explore and understand any underlying issues or concerns.

- 3.21. If working as a consortium or partnership arrangement, all organisations will have to ensure that they are considering the whole needs of the individual, not just those in relation to the service that they provide.
- 3.22. **Objective 5 - Equality of Access**
- 3.23. The Service Provider(s) will be responsible for ensuring safe, high quality non discriminatory information, advice, (independent unbiased) advocacy and support services appropriate to the diverse needs of Sutton's residents. (disability, race, culture, religion, sexuality, age and gender).
- 3.24. Therefore, while Key Cohorts have been identified, potential Service Users that would not be identified as a Key Cohort should not be excluded from accessing the service.
- 3.25. **Objective 6 - Proactive approach**
- 3.26. The Service Provider(s) shall ensure that through their delivery of services, there is a clear focus on preventative and proactive services - i.e. providing information to reduce the risk of future issues or needs arising (i.e. budgeting advice for Care Leavers, talks on preparing for retirement).
- 3.27. Through this proactive approach, this will need to include outreach work (i.e. providing services that are in the community for the relevant audience). Outreach work could include (but not be limited to):
- Using intelligence available on individuals accessing its own provision, as well as local intelligence, such as the Joint Strategic Needs Assessment, to plan the outreach;
  - Actively involving and encouraging under-represented groups to engage, which could include tailoring methods of outreach to meet the changing diversity needs within Sutton;
  - Undertaking information / educational promotional activities, working with particular groups of community agencies on the ground at a local level.
- 3.28. As part of the proactive approach, the Service Provider(s) would be required to produce an annual Plan detailing upcoming outreach activity and measuring outcome / impact.

## 4. General requirements

- 4.1. The following outlines the general requirements that would be expected from the Service Provider(s) in their delivery of services and approach.

### Service Structure

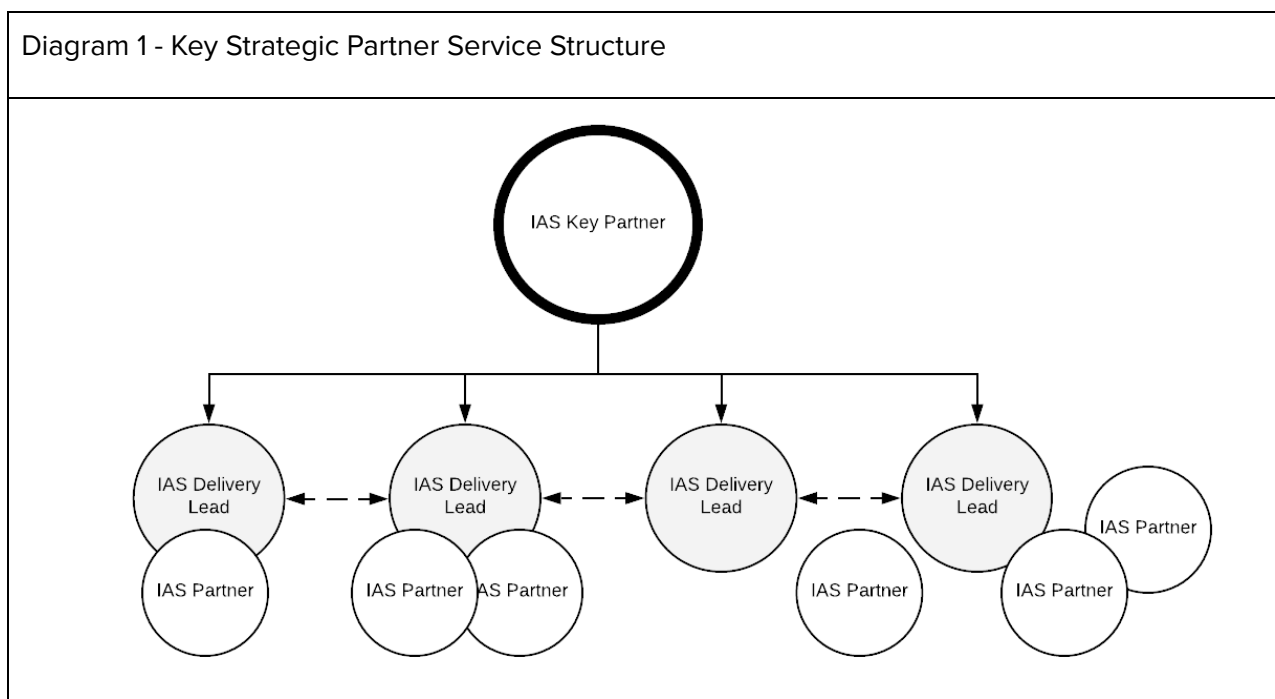
- 4.2. There are no prescribed entity requirements for the the Service Provider(s), as such the Service Provider(s) could operate in a number of forms. For example, it could be:
- Single organisation (with no sub-contracting) - One organisation may be able to deliver all the services and requirements without sub-contracting to any further organisations.
    - Within this structure, we would expect the single provider to develop a structure aligned to that outlined in Diagram 1. This will ensure that there are clear contact points and responsibilities.

- 
- Consortium arrangement - Groups of companies come together specifically for the purpose of bidding for appointment as the Service Provider and envisage that they will establish a special purpose vehicle as the prime contracting party with the Authority
    - Within this structure, we would expect the consortium arrangement to develop a structure that is aligned to that in Diagram 1. For example, the Special Purpose Vehicle could be the Key Strategic Partner and the other companies (that are part of the consortium) could be the Delivery Leads.
  - Subcontracting arrangement - Groups of companies come together specifically for the purpose of bidding for appointment as the Service Provider, but envisage that one of their number will be the Service Provider, the remaining members of that group will be subcontractors to the Service Provider.
    - Within this structure, the Lead Organisation would be the Key Partner role and they would have the responsibility for developing a structure and sub-contracting to the organisations. The Key Partner would have the responsibility of identifying which of the sub-contracted organisations would be the Delivery Leads.

4.3. The Service Provider(s) will be required to have the following roles and responsibilities:

- Key Strategic Partner - This role would be responsible for coordinating the different teams / partnership, leading on embedding of the Making Informed Choices Approach, developing and facilitating discussions across the wider partnership and promoting and managing any change. This role will also be the contract holder and will be accountable to the London Borough of Sutton.
- Delivery Leads - These role(s) would be responsible for the delivery of the universal and specialist information, advice, advocacy and support. This role will work with the Key Strategic Partner to share information and intelligence and be flexible and open to working differently. These roles would also be required to provide support and guidance to the wider partnership.
- IAS Partner - While not a role within the commissioning structure per se, the Service Provider(s) will need to work with the wider partnership within Sutton. Their involvement will help develop a wider understanding of Information, Advice, Advocacy and Support needs and would benefit from support and guidance from the Delivery Leads and Partner with the delivery of their services, etc.

4.4. The structure is summarised in the diagram 1:



### Work in Partnership with the Council

- 4.5. The Service Provider(s) and the Council will adopt a relationship based upon mutual respect and co-operation and both will commit to contributing to the continued positive performance and innovation of services.
- 4.6. The Service Provider(s) will work with the Council to review and embed any changes to improve information, advice, advocacy and support across the pathways to ensure services are accessible and joined up for the Key Cohorts.
- 4.7. The Service Provider(s) will work with the Council to proactively seek out new ideas to enhance services, and develop new ways of working.
- 4.8. The Service Provider(s) will need to ensure that they adopt a systematic approach to co-operative working and problem resolution which is based on:
- Achieving solutions for the benefit of clients and to achieve best value for each other;
  - Trust, fairness, mutual cooperation, dedication to agreed common goals and an understanding of each others expectations and values;
  - Seeking solutions without apportioning blame;
  - Delivering mutually beneficial outcomes (as set out in Paragraph 2.4);

- Treating others as equals at all times;
- A mutual acceptance that adversarial attitudes waste time and money.

### **Partnership working in the Local Area**

- 4.9. The Service Provider(s) will need to ensure that they work in partnership with all key partners and stakeholders in the borough to ensure individuals, professionals and networks have access to the right information and advice, at the right time, and reducing / delaying / preventing people's need from escalating and to remain independent and active.
- 4.10. Through their way of working, the Service Provider(s) will encourage and promote collaboration, sharing insights, best practice and innovation. They will also need to ensure that they are harnessing the skills and resources across the whole system.
- 4.11. For this to be successful, the Service Provider(s) will need to ensure that they have a detailed understanding and knowledge of the local market and assets in Sutton and build upon trusted alliances and partners to deliver services.
- 4.12. The Service Provider(s) will need to collaborate and develop relationships by proactively engaging with both statutory, voluntary and community networks and groups, with the aim of ensuring that individuals who approach other services and organisations are signposted to the commissioned service. As part of this, they will need to develop protocols with partners to offer opportunities to realise greater efficiencies and shared learning through joint working, such as cross referral and co-location of provision.

### **Co production and involvement**

- 4.13. The Service Provider(s) will need to demonstrate that Service Users are involved in shaping, developing and evaluating services throughout the lifetime of the contract. As part of this, they will be required to develop and implement a Service User Involvement Plan. This plan will need to include the following:
- The principles, approach and key objective for involvement and co-production;
  - A range of opportunities for Service Users to give views, make comments;
  - Opportunities for Service Users to participate appropriately in governance, staff recruitment, business planning, etc

### **Communications**

- 4.14. The Service Provider(s) will be required to work with the Council to develop a Communications Strategy and will be responsible for its delivery. This strategy will set out the plans for ensuring that the service and offer is effectively communicated with residents, Key Cohorts and partners. This Communications Strategy will need to be reviewed annually, to ensure that it is still effective and all Key Cohorts are being effectively identified and engaged.
- 4.15. The Council and the Service Provider(s) will each include information about the other and about the Services on their websites to further facilitate partnership working. For the Service Provider(s), they



will ensure that all documentation, signage, publicity, advertising, all promotional materials and information material used in the provision of the Service shall state that such service is provided in cooperation with and funded by Sutton Council. The phrasing will be mutually agreed during contract mobilisation, however the expectation is that it would remain simple and clear. For example “Sutton Information, Advice and Support Partner working in cooperation with Sutton Council to provide Information, Advice & Specialist Support to all residents in the borough”.

## 5. Service specific requirements

- 5.1. The following section sets out the service specific requirements that would be expected from the Service Provider(s).

### Information Networks

- 5.2. Within the Making Informed Choices Approach (as detailed in the Prospectus), it has been identified that there is a need to develop an informal information and advice network to help ensure that people are being signposted to the correct source of information and advice at the right time.
- 5.3. The aim of the information networks would be to help facilitate the exchange of consistent, accurate and relevant information and to aid with the sharing of good practice locally.
- 5.4. Further objectives, requirements and monitoring requirements can be found in Appendix 2.

### Universal Information

- 5.5. The Universal Information service will provide residents the information they need on a range of topics or issues. This will provide residents with information for them to know what their options are and how to do more about their situation. The responsibility for taking any further action rests with the resident.
- 5.6. Further objectives, requirements and monitoring requirements can be found in Appendix 3.

### Targeted Information

- 5.7. The aim of the targeted information in Making Informed Choices Approach is to increase the chances of the Key Cohorts accessing and finding out about the right information, at the right time.
- 5.8. Further objectives, requirements and monitoring requirements can be found in Appendix 4.

### Advice Services

- 5.9. The Service Provider(s) will be responsible for providing individuals with advice and advice casework.
- 5.10. This includes the diagnosis of the enquiry, giving information, explaining options, identifying further actions the client can take and providing some assistance. The client could take responsibility for any further action or, if needed, the service can take action on behalf of the client and be responsible for follow-up work.

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- 5.11. The Service Provider(s) will be responsible for providing individuals with advice to address a range of identified issues and needs (for example Welfare benefits, community care, debt, education, employment, family, housing, crime).
- 5.12. Further objectives, requirements and monitoring requirements can be found in Appendix 5.

### **Advocacy**

- 5.13. The Service Provider(s) will take the necessary action to help people say what they want, secure their rights, represent their interests and views and obtain the services they need. This will be on behalf of the individual and for the key cohorts, as a whole.
- 5.14. As of the contract launch, this would be delivered through:
- Professional advocacy services (defined within the MIC Prospectus)
  - Participation which brings people with similar needs and issues together to support each other through Self Advocacy Groups. (defined within the MIC Prospectus)
  - Healthwatch duties
- 5.15. Further details regarding these, are set out below.

### **Advocacy Services**

- 5.16. The Service Provider(s) will deliver a coordinated independent and confidential professional advocacy service for children, young people and adults (including Carers of people with disabilities).
- 5.17. The service will be limited to independent advocacy that supports a child, young person and adult for a defined period of time to meet specific issues, goals and outcomes.
- 5.18. Through the delivery of this service, the Service Provider(s):
- Will adhere to Advocacy Principles set out in Appendix 6; and
  - Will receive and coordinate referrals from LB Sutton social care teams.<sup>1</sup>
- 5.19. The Service Provider(s) will need to ensure that the following independent advocacy services are provided in line with the legislative requirements:
- The provision of Care Act Advocates who are appropriately trained and supported to deliver services;
  - The provision of independent advocacy to facilitate the involvement of a Looked After Child/young person;
  - The provision of independent advocates for children subject to Child Protection proceedings;
  - The provision of trained and supported Independent Mental Capacity Advocates in line with the Deprivation of Liberty Code of Practice;

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<sup>1</sup> For Children and young people looked after or subject to child protection orders referrals will come from the Children First Contact Service.

- The provision of Independent Mental Health Advocates, in line with the Mental Health Act Code of Practice for those detained in Hospital;
- The provision of an independent service to support complaints against the NHS and Local Authority;
- The provision of out of borough advocacy in neighbouring authorities. Currently this includes the boroughs of Croydon, Kingston upon Thames, Merton and Richmond upon Thames, however the Council may wish to work with the Service Provider(s) to explore quality of provision where there is a need to provide advocacy to residents placed outside of the neighbouring authorities.

### **Healthwatch**

5.20. The Service Provider(s) will be responsible for:

- Promoting and supporting the involvement of local people in commissioning the provision and scrutiny of local care services;
- Enabling local people to monitor the standard of provision of local care services and how local care services could be improved;
- Obtaining the views of local people regarding their needs for, and experiences of local care services and make these views known;
- Producing reports and recommendations to commissioners and providers of care services, and people responsible for managing or scrutinising local care service and shared with healthwatch England about how local care services could or should be improved;
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations Healthwatch;
- Delivering the Healthwatch statutory duties and powers relating to entry view, and having representation on Health and Wellbeing Board.

### **Participation through self advocacy groups**

5.21. The Service Provider(s) will be required to deliver participation services to enable Key Cohorts to come together to have their say and influence service provision and developments. The Service Provider(s) will need to ensure that group advocacy focuses and supports those where there is greatest need, which would include children and young people with disabilities and adults with a learning disability (and or Autism).

5.22. The Service Provider(s) will be required to ensure the Key Cohorts are:

- Enabled to access opportunities to participate and connect (with peer groups) in a range of ways (and mediums);
- Consulted and engaged in determining service provision;

- Involved in providing feedback about their experiences of using services (which will form an integral element of monitoring quality of services);
- Empowered and supported to develop and lead their own peer led group networks.

5.23. Further objectives, requirements and monitoring requirements in relation to Advocacy (including Healthwatch) can be found in Appendix 6.

### Support Services

5.24. The Service Provider(s) will be responsible for providing support to enable our Key Cohorts to sustain the changes required.

5.25. This support will need to be focused on where there is greatest need. The analysis and engagement to date has identified that this would be in relation to providing support to Young and Adult Carers.

5.26. As of April 2021<sup>2</sup>, we would also expect this to include the mentoring service for Children in Care and Care Leavers, which would ensure that the Council would be meeting its key statutory requirements in relation to providing an independent visitor service.

5.27. Going forwards, the Council would expect to work with the Service Provider(s) to ensure that there is the range of support required to meet the needs of all the Key Cohorts. As a result, this may mean there are additional requirements or changes in the types of Support that the Service Provider(s) will be required to provide.

5.28. Across the Key Cohorts and Key Choice Pathways, the support could include:

- One to one support for individuals (including including whole family support);
- Support to build individuals local support networks and connections;
- Peer/ Group support;
- Mentoring;
- Breaks / time out / activities;
- Training.

5.29. Further objectives, requirements and monitoring requirements in relation to Support can be found in Appendix 7.

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<sup>2</sup> When the current contract comes to an end (31 March 2021)

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## 6. Access to service and eligibility

- 6.1. The following section of the Service Specification outlines the minimum requirements in relation to accessing and eligibility of the service.

### Accessing the service

- 6.2. The Service Provider(s) will need to ensure that it provides a point of entry through telephone (standard / low charge), online and face to face.
- 6.3. For face to face, the service will not necessarily operate from a physical building. Instead the focus will be on ensuring that services are accessible to the Key Cohorts. This could include community place-based working, utilising existing services to provide physical drop in points and working with partners to engage Key Cohorts. Through the delivery of all services, confidentiality and sensitivity to the needs and requirements of Service Users should remain paramount.
- 6.4. The service will be available during office hours, but will also be required to be flexible to meet the needs of the Key Cohorts. There is a requirement that some elements of the service are available outside of 'normal working hours' - for example, early evenings and weekends to accommodate Carers and those engaged in full-time/ part time employment etc.

### Eligibility for the Service

- 6.5. The Service Provider(s) will accept service users across the Key Cohorts (and residents) and those who meet the following criteria:
- Live in London borough of Sutton (Or care for someone in the London borough of Sutton or are in the care of Sutton);
  - Individuals / families referred by the Council.

### Referrals to the service

- 6.6. The Service Provider(s) will be expected to operate an open referral process to include self referrals and from professionals.
- 6.7. The Service Provider(s) will ensure that the referral mechanism includes a clear eligibility criteria and that this is made easily available to all. Referrals must follow a standard data collection process as detailed in Paragraph 6.9.
- 6.8. The Service Provider(s) shall risk assess individuals to ascertain their suitability for the service and urgency of their situation. For example, so that safeguarding concerns can be addressed urgently.
- 6.9. The Service Provider(s) will ensure that the referral process is consistent and;
- Is accessible and widely promoted.
  - A record is kept of all referrals received, issues raised and the action taken. This is to include any necessary signposting made.

- A process exists to ensure that when a referral is received the referee and /referrer informed of receipt and process to follow. This should be in a format that is appropriate to the individuals' communication needs and reasonable adjustments made if required.
- Is timely and ensures individuals are not waiting an unreasonable amount of time before contact is made, following receipt of a referral.
- The provider may hold a waiting list if required. The waiting list shall be prioritised based upon need.

### **Children's First Contact Service (CFCS)**

- 6.10. The Children's First Contact Service (CFCS) is the referral and assessment pathway to accessing support from Children's Social Care in Sutton. A single referral form provides access to the Multi-agency Safeguarding Hub, Early Help Request, Parenting Plus and Children with Disabilities provision.
- 6.11. The Service Provider(s) will ensure it prioritises referrals from the CFCS (however, the Service Provider(s) will be responsible for triaging against urgency and risk, as per 6.8). It will also ensure that where it has identified following assessment, the needs of parents/ families/ children and young people may have escalated and cannot be met through universal information, advice and support first, the Service Provider(s) will use the CFCS gateway to signpost and refer on for a statutory assessment of need.

### **Sutton Adult Social Care**

- 6.12. The Service Provider(s) shall work closely with Adult Social Care to ensure it delivers effective support to individuals to exercise their care choices to remain independent (e.g.access community care and or carers statutory assessments).
- 6.13. The Service Provider(s) will ensure it prioritises referrals from Adult Social Care (however, the Service Provider(s) will be responsible for triaging against urgency and risk, as per 6.8). It will also ensure that where it is identified following assessment, the needs of the individual cannot be met through universal information, advice and support first, the Service Provider(s) will use Referral Point to signpost and refer on for a statutory assessment of need.

### **Other Services and Partners**

- 6.14. The Service Provider(s) shall work closely and will establish a clear referral pathway with the following key service organisations/ departments/ providers, to look at where services can be mutually beneficial and avoid any overlap of provision.
- Sutton Council Contact Centre;
  - Encompass;
  - Sutton Welfare Reform Team;
  - Sutton Housing Partnership;

- 
- Sutton Health & Care;
  - Cognus - Education Services (including Sutton Information Advisory Service SIAS) & Therapies (Speech & Language, Children & Mental Health Services) Children with Special Educational Needs & Disabilities (SEND);
  - Family Information Service (FIS);
  - Schools;
  - Health Services including GPs, Mental Health Trust;
  - Domestic Abuse Services;
  - Public Health Services - smoking cessation, health checks, substance misuse provision;
  - Sexual Health Services & HIV support and advocacy;
  - Voluntary sector and community agencies and community groups and faith groups etc (including the Sutton Social Prescribing Service).

## 7. **Staffing**

### 7.1. The Service Provider(s) will:

- Maintain a suitably skilled, experienced and qualified workforce who can work with all the Key Cohorts, which will need to be from birth to end of life;
- Recruit paid staff and volunteers in compliance with relevant national and local guidelines relating to working with children, young people and vulnerable adults - with due consideration being given to Disclosure and Barring Service (DBS) Checks;
- Make available appropriate induction, supervision, training and personal development opportunities for staff and volunteers commensurate with their role;
- Report on training attended by staff;
- Support paid staff and volunteers to acquire professional qualifications, such as the Independent Advocacy qualification;
- Provide paid staff and volunteers with up-to-date policy and procedure manuals and review compliance;
- Have policies and mechanisms in place for supervision of paid staff and volunteers;
- Have a suitably qualified manager who will have responsibility for managing the integrated/coordinated service;

- Staffing levels are maintained at the level required as specified within the contract at all times.

## **8. Charges**

- 8.1. The Service Provider(s) will not charge clients for services provided under this contract.

## **9. Compliments, complaints and satisfaction**

- 9.1. The Service Provider(s) will have in place an accessible Compliments and Complaints procedure. As part of this procedure, it will need to include details and also evidence how complaints are followed up and lessons learned.
- 9.2. The Service Provider(s) will ensure an annual satisfaction survey is undertaken with Service Users and analysed to support continuous improvement and Key Performance Indicators.
- 9.3. The Service Provider(s) will also be required to have a whistleblowing policy in place.

## **10. Safeguarding**

- 10.1. Sutton Council is committed to promoting the welfare of all residents and ensuring that children, young people and vulnerable adults are kept safe from harm.
- 10.2. As a minimum requirement, arrangements must be in place for safe recruitment and selection of staff and volunteers. All staff, including agency staff and volunteers, employed by the Service Provider(s) throughout the contract period, that are working with Children and Young People and Vulnerable Adults must have enhanced DBS clearance certificates prior to commencement of employment and have undertaken appropriate safeguarding training
- 10.3. The Service Provider(s) will also need to ensure that there are regular updates and review safeguarding awareness, through management and support of staff and volunteers.

## **11. Contract Period and value**

- 11.1. The contract term will be for five years plus with a further two years possible extension periods (of 12 month intervals).
- 11.2. The approx contract value for the Key Strategic Partner would be: £1 - 2 m per annum. It will initially not exceed £1.1m per annum. Further details can be found in the Commercial Workbook.
- 11.3. The varying contract value is to provide the flexibility that if through the review of the pathways or other emerging issues / needs, there is the potential to temporarily or more permanently modify the responsibilities, services and functions of the service.



## 12. Modification of the Services

- 12.1. The Authority shall be entitled to require a change under the Change Control Procedure in particular to allow the Authority to amend or add additional functions and services to the Services which may include but not be limited to amendments that may be required under clause 9.6 of the agreement, in order to achieve the required outcomes identified in the Specification for residents in the borough of Sutton.

### Scope and nature of possible modifications

- 12.2. The modification to the contract may apply after September 2020 and will be ongoing after this date, depending on the outcome of reviews of the Services and the Specification. This will be when the London Borough of Sutton has implemented the new service contract and ongoing as the Council reviews the options for future delivery of services.
- 12.3. The scope of the modifications may include elements in relation to how the Council provides information, advice, advocacy and support services for residents, from birth to end of life.
- 12.4. The potential modifications allow the Authority to use the specification published at the start of the procurement, with amendments made solely to take account of the modification of the services and functions.
- 12.5. The contract price will be reviewed in order to take account of the additional volume of the modifications to the service and function so added. This will be agreed with the supplier through the Change Control Procedure.

### Conditions under which they may be used

- 12.6. The Authority may seek to incorporate a Change in the agreement (but shall not be bound to do so) after September 2020 if the following conditions are met:
- If through a review of customer pathways in relation to the contracted service and other Authority funded services, a potential for more integrated ways of delivering services are identified;
  - If through the Annual review of the contract, a significant change in local needs is identified that will impact the ability of the identified outcomes to be achieved;
  - The Service Provider has evidenced progress against the current contract Key Performance Indicators
- 12.7. Any Change will be discussed and agreed with the successful provider through the Change Control Procedure.

### 13. Performance Monitoring and quality assurance

- 13.1. The following outlines the performance monitoring, quality assurance and contract management requirements that the Service Provider(s) will be responsible for delivering.
- 13.2. The aim of the performance monitoring and quality assurance is to ensure that residents are able to access the highest quality services, services are safe, are delivered in line with the specification, delivers value for money and, most importantly, achieving the outcomes for the key cohorts.
- 13.3. The Performance monitoring and quality assurance cycle will be reviewed annually to ensure that it is fit for purpose and meeting requirements.

#### Performance monitoring

- 13.4. The Service Provider(s) shall be responsible for managing and reporting all performance data for this contract. This includes performance monitoring for any subcontracted arrangements with other providers/partners.
- 13.5. The Performance Monitoring reports will be submitted every two months, however, not all indicators will need to be submitted with this frequency.
- 13.6. The Performance Monitoring will be made up of three key categories. The following outlines these three categories, with a description and examples:
  - **Quality and impact** - These indicators will aim to monitor the quality of service delivered and the impact the service has on individuals accessing the service. The quality and impact will be measured through feedback from Service Users and progress tracking. It will be a requirement that the same customer feedback questions and tracking of progress are used across the service. The Performance and Quality Framework outlines the proposed use of 'I Statements' to measure satisfaction and progress. A number of quality indicators will also be required to measure the performance of services.
  - **Activity** - This is providing detail on the demand for the service and the needs and details of the Service Users. This will need to include demographics, services provided, areas of need, etc.
  - **Management** - The management indicators will be in relation to accreditations, staff, staff training, service plans, etc.
- 13.7. The Performance and Quality Assurance Framework sets out the draft indicators for each of the above categories.

#### Quality Assurance

- 13.8. Quality assurance visits will be undertaken by the Council to identify and assure the quality of the service delivered and to ensure the service we have commissioned is being provided.
- 13.9. These visits do not aim to replace regulatory body inspections and Safeguarding investigations by Social Workers or other Partner Agencies.

- 13.10. To ensure there is a consistent and robust approach to the quality assurance process, we will use a Quality Assurance Checklist. We will work with the Service Provider(s) to develop this checklist and it will be reviewed annually to ensure that it is meeting the necessary requirements.

### **Contract Management**

- 13.11. Throughout the lifetime of the contract the Council will hold contract monitoring meetings with the Service Provider(s). These meetings will take place every two months (or more frequently if the council decides), and will be chaired by a Council's Commissioning Lead.
- 13.12. For the first six months, Contract Management meetings will take place monthly to address issues early, identify risks, discuss and action early opportunities and to develop a positive working relationship.
- 13.13. The Contract Management Meetings will provide the opportunity to discuss:
- Performance;
  - Quality of service;
  - Any arising issues or risks;
  - Potential opportunities for the future;
  - Direction of travel;
  - Business Continuity Plans.
- 13.14. There may be occasions when the Service Provider(s) may be required to meet with Sutton Council on a more regular basis, this may be due to concerns regarding performance or due to arising matters.

### **Annual risk rating**

- 13.15.
- 13.16. An annual risk rating exercise will be completed in August of each year the contract is operational. This exercise aims to ascertain the risk of the future viability of the Service Provider(s). This information is assessed on market level risk and provider level of risk, including strategic, finance, regulatory, financial and safeguarding. The Provider will be rated as High, Medium or Low level risk.
- 13.17. The risk rating would then be used to develop and set our contract management approach for the coming year.

### **Annual Review**

- 13.18. An annual review will be led by the Provider, in partnership with Commissioners. The aim of this review is to:
- Summarise the performance to date;
  - Identify the strengths and weakness of the performance to date;

- Identify any trends;
- Identify and discuss opportunities, priorities for the future and any potential threats;
- Collate and share feedback from Service Users, Clients and partner agencies;
- Review and assess the wider impact of the service;
- Review the overarching progress towards achieving the outcome.

# Appendix

## Appendix Item 1 - Key Strategic Partner

### 14. **Aim**

- 14.1. The Key Strategic Partner will be responsible and accountable for ensuring there are the services in place and are delivering to a high quality to achieve the sub-outcomes and outcome (of Making Informed Choices) for the Key Cohorts.

### **Key requirements**

- 14.2. The role will be required to have a number of key responsibilities:
- **Accountable** - The Key Strategic Partner will be accountable for delivering against all aspects of the Service Specification and Terms and Conditions;
  - **Face of the service** - The Key Strategic Partner will be the face of the service, and will ensure that they are known and working with the Partners in Sutton to build awareness and trust;
  - **Partnerships** - This role will be responsible for development and coordination of partnerships, including ensuring that there are a range of partners supporting the delivery of the Choice Pathways;
  - **Reviewing the Choice Pathways** - Working with the Council to review the Choice Pathways, to ensure that there is a coordinated and seamless pathway for all Key Cohorts;
  - **Managing change** - The role will be responsible for ensuring that any changes in function, delivery or services are managed effectively to ensure continuity for Service Users and residents;
  - **Outreach** - Maintaining a good level of knowledge and understanding of the local landscape and market (including newly established community groups/forums) to develop and implement the outreach opportunities;
  - **Demand management** - Establishing unified information management systems across the service to understand and monitor demand;
  - **Influencing change and practice** - Using the data and knowledge to bring about changes and the practice delivered by the Service and across the borough;
  - **Continuous improvement** - Exploring innovation opportunities, based on evidence, keeping abreast of social policy, relevant initiatives and making effective use of the analysis of data and monitoring information to be able to represent and give a voice to service users on any emerging issues;

- Quality assurance - Assuring the quality of the service provided to residents and ensuring unified quality standards across the service
- Embedding coproduction - Ensuring that Service Users are shaping, informing and developing the service.

## **Quality and Performance Standards**

14.3. The quality and performance standards for the Key Strategic Partner are:

- Maintaining a Business Continuity Plan for the service and ensuring that is fit for purpose;
- Developing an Exit Plan for the service(s) ahead of any planned contract ends or terminations;
- Development and ongoing reviewing of an Improvement Plan;
- Development and ongoing review of the Service Change Plan;
- Development and ongoing review of Service User Engagement Plan;
- Development and ongoing review of a Service Communications Plan;
- Staff training programme;
- Evidence of Social Value.

## Appendix Two - Information networks

### 15. **Aim**

- 15.1. The aim of the information networks are to help facilitate the exchange of consistent, accurate and relevant information and to aid with the sharing of good practice locally.

### **Objectives**

- 15.2. It is anticipated that this aim would be achieved through the following objectives:
- Providing the opportunity on a regular basis for professionals to share knowledge and best practice;
  - Work with community representatives to improve their knowledge and understanding of local services to improve signposting and identify gaps and opportunities early.

### **Key requirements**

- 15.3. The information networks should be about movement, change and creating new opportunities - they should not remain static.
- 15.4. This is a new developmental area and therefore we have deliberately not prescribed how we want the networks to develop and evolve. This is an opportunity for the Service Provider(s) to highlight in their tender response their ideas on how their proposed approach will:
- Achieve innovative and sustainable networks;
  - Create new opportunities for networks to continue to grow and evolve;
  - Build on and harness the wealth of assets within the borough, existing structures and mechanisms to create new opportunities and develop joint approaches.
- 15.5. For example, Information Networks could include; meet and greet events; professional coffee mornings; sharing learning, case studies and best practice (virtual/ face to face using technology and social media).

### **Key Performance Indicators**

- 15.6. The following outlines the proposed performance indicators. These indicators will be reviewed with the Service Provider(s) during contract mobilisation:
- Number of activities / events completed in the last reporting period;
  - Number of Attendees/ Demographic profile / satisfaction of participants;
  - Number of activities / events planned for the next reporting period;
  - Number of new community representatives / groups engaged in the last reporting period;
  - Summary of opportunities identified.

## Appendix 3 - Universal Information

### 16. **Aim**

- 16.1. The Information service will provide residents the information they need on a range of topics or issues. This will provide residents with information for them to know what their options are and how to do more about their situation. The responsibility for taking any further action rests with the resident.

### **Objectives**

- 16.2. It is anticipated that this aim would be achieved through the following objectives:
- Resolve at first point of contact - It is expected, that where possible, the Service Provider(s) will look to resolve questions / issues at the point of contact through the provision of the necessary information.
  - Accessible - The service will be fully accessible to all residents.

### 16.3. **Key requirements**

- 16.4. This information will be available to all residents, with particular priority on the Key Cohorts.
- 16.5. The provision of information services could be through:
- Providing general information – e.g. leaflets or an information kiosk provided in a reception or waiting area. Residents select the information they want themselves and there is no direct guidance by a receptionist or other staff member
  - Signposting – e.g. providing factual information about the role of another organisation or how to find or contact that organisation;
  - Assisting residents to find information that relates to their enquiry – e.g. providing clients with leaflets, website addresses or other details which will help them contact other organisations, such as the Department for Work and Pensions (DWP)
- 16.6. The range of information to be provided must include, but is not limited to:
- Care Choices
    - Accessing social care
    - Self funding care services
    - Support to remain independent
    - Housing Adaptations
    - Technology and assistive technology options
    - Start or intensification of caring roles
    - Receipt of Needs Assessment or Carer Assessment
    - Contact with care organisations
    - Organising power of attorney



- Health and wellbeing Choices
  - Hospital admissions and discharges
  - Diagnosis of a condition
  - Recreation and leisure activities
  - Staying connected
  - Healthy lifestyles
- Finance and welfare Choices
  - Housing issues
  - Accessing / applying for Benefits (including understanding entitlement)
  - Finance including money management and debt
  - Employment, unemployment and training
  - Retirement (and preparing for)
  - Education

16.7. The range of information provided must provide or signpost people to information to help them make choices about health and care services, as this would be delivering on the Healthwatch function duty as set out in Appendix 6F (paragraph 24.18).

16.8. The list of information topics will be reviewed annually in partnership with the Service Provider(s) to ensure this is meeting the key needs of the borough and is aligned to the Key Cohorts and Choice Pathways.

#### 16.9. **Service delivery**

16.10. The Service Provider(s) will need to ensure the service provides the following:

- **Face to face service:**
  - Physical offices are fully accessible and in line with all equality legislation and policy;
  - Opening times are able to meet the needs of the Key Cohorts, i.e. early morning / evening / weekends;
  - There is access across the borough and potential to be focused on the areas of greatest need
- **Telephone service**
  - Telephone numbers are low rate or free to call
  - Opening times are able to meet the needs of the Key Cohorts, i.e. early morning / evening / weekends.
- **Digital Universal Information Offer** (See 15.11 for further details)
  - Updating the Digital Information Offer with details of new services
  - Reviewing existing entries to ensure they are still available and all information is up to date.
  - Working with the Council to identify new and innovative ways to enhance the Digital Information Offer (i.e. web chat, triaging, developing personalised action plans / support plans).

### **Digital Information Offer**

- 16.11. As part of the Digital Information Offer, Sutton Council will be developing a single digital platform. This will bring together a number of existing web directories maintained by the Council and to provide information where there are gaps in current provision.
- 16.12. The Service Provider(s) will be expected to be part of the process to develop and implement the Digital information Offer.
- 16.13. Once the Digital Information Offer is live, Service Provider(s) will need to have a dedicated resource for the updating, oversight and management of this service. Additional funding will be provided to the Service Provider(s) for this function.
- 16.14. This function / role will need to ensure that they work closely with the Council and other services (including the Social Prescribing Service) to ensure that the digital platform is up to date and includes the range of services being used and required.

### **Referrals**

- 16.15. Individuals can self refer to the service. Referrals can also be made by professionals, agencies working with individuals (see paragraph 6.6-6.14).

### **Staffing requirements**

- 16.16. The Service Provider(s) will need to ensure that all staff (including volunteers) meet the staffing requirements outlined in the Terms and Conditions.

### **Quality standards**

- 16.17. Whereby more specialist information is required, it is preferable that the Service Provider(s) holds the Advice Quality Standard for the delivery of this information service.

### **Key Performance Indicators**

- 16.18. The following outlines the Key Performance Indicators for the Universal Information service. Through the tender process, we would expect the Service Provider(s) to identify further potential Key Performance Indicators. However, as a minimum standard, this would need to include:
- Opening hours;
  - Accreditations / Quality Standards;
  - Number of residents that accessed service (if a consortium, this will need to include details on the organisation that was accessed);
  - Result of individuals that accessed the service (i.e. appointments, signposted, resolved, etc);
  - Driver for information (categories / subjects / topics) to be determined through discussions during mobilisation.

MUST be read alongside Making Informed Choices Prospectus

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- Demographics of residents accessing provision.
- Residents experience/ feedback

## 17. **Appendix 4 - Targeted Information**

### **Aim**

- 17.1. The aim of the targeted information in Making Informed Choices Approach is to help increase the chances of the appropriate cohorts accessing and finding out about the right information, at the right time.

### **Objectives**

- 17.2. It is anticipated that this would be achieved through the following objectives:
- **Education** - Using a range of methods and tools to provide information to Key Cohorts to reduce the risk of issues or concerns arising. For example, providing budgeting and benefits advice to Care Leavers through talks or 'preparing for retirement' talks with residents aged 60 plus.
  - **Signposting** - Using communications and campaigns to inform and signpost residents to the services and their entitlements.
  - **Outreach working** - Providing tailored information to the specific cohorts in the parts of the borough and locations that would have the greatest impact.

### **Key Service Requirements**

- 17.3. As with the Information Networks, the targeted information is a new developmental area and therefore we have deliberately not prescribed how we want this to develop and evolve. This is an opportunity for the Service Provider(s) to highlight in their tender response their ideas on how their proposed approach will meet the aim and objectives.
- 17.4. The tender response will need to consider the existing services in the borough, and look to build on and develop - not duplicate.

### **Key Performance Indicators**

- 17.5. The following outlines the proposed key performance indicators. These will be reviewed and refined following the award of the contract, to ensure that they are aligned to the Service Provider(s) model and intentions:
- Number of outreach sessions hosted;
  - Number of residents that attended outreach sessions, by location;
  - Number of activities planned for the next quarter and number completed in the last quarter.

## 18. **Appendix 5 - Advice and Advice Casework**

### **Aim**

- 18.1. The Service Provider(s) will be responsible for providing individuals with advice and casework. This will include the diagnosis of the enquiry, giving information, explaining options, identifying further actions the individual can take and providing some assistance. The individual could take responsibility for any further action or, if needed, the service can take action on behalf of them and be responsible for follow-up work.

### 18.2. **Key Service Requirements**

- 18.3. The following outlines the Key Service requirements in relation to the advice service:
- Diagnosis of the problem / issue / concern;
  - Discussion and consideration of the individuals holistic needs (i.e. the wider needs or issues that may be causing issues or concerns);
  - Giving information and explanation of the options available;
  - Identifying further action that could be taken;
  - Providing practical proactive assistance to ensure issues are being taken forward - for example, fill in forms and draft letters; and contact other organisations for further information if necessary
  - There is likely to be ongoing engagement with the resident over a period of time.
- 18.4. In some cases, the Service Provider(s) may also undertake Casework. This would include:
- Taking action on an individual's behalf;
  - Put / negotiate the case by telephone, by letter or face to face;
  - If required, speaking at formal proceedings on an individual's behalf, for example at some tribunals.
- 18.5. Through the delivery of the advice, the Service Provider(s) will be required to provide advice and advice casework on a range of topics, which may include, but not limited to:
- Legal problems;
  - Realise an individual entitlements
  - Challenging decisions;
  - Debt advice.

### **Referrals**

- 18.6. Individuals can self refer to the service. Referrals can also be made by professionals, agencies working with individuals.

### **Staffing requirements**

- 18.7. The Service Provider(s) will need to ensure that all staff (including volunteers) meet the general Service Specification requirements and hold any specific qualification required for the advice they are providing.

### **Quality standards**

- 18.8. Through the delivery of the advice, the Service Provider(s) will be required to have the necessary Accreditations and Quality Marks, which will include the Advice Quality Standard accreditation (AQS).
- 18.9. The Service Provider(s) will need to ensure that they are providing advice in relation to the regulations. For example, debt advice can only be provided by those that are authorised and regulated by the FCA and immigration advice can only be provided when registered and regulated by the Office of the Immigration Services Commissioner (OISC).

### **Key Performance Indicators**

- 18.10. The following outlines the proposed key performance indicators for this service. These will be reviewed and refined following the award of the contract, to ensure that they are aligned to the Service Provider(s) model and intentions:
- Service availability (including hours and locations)
  - Quality Marks and accreditations
  - Outcome of advice (including casework) (including, amount gained through benefits checking, debt written off, etc)
  - Number of residents accessing service, level of service provided, demographics, outcomes.
- 18.11. It should be noted that over the length of the contract it is our intention to work with the Service Provider(s) to ensure that the service is providing the advice services to achieve the intended outcomes for the Key Cohorts. As a result, this may mean there are additional requirements or changes in the types of advice that the Service Provider(s) will be required to provide.

## 19. **Appendix 6 - Advocacy - General requirements**

### **Aim**

- 19.1. The Service Provider(s) will take the necessary action to help people say what they want, secure their rights, represent their interests and views and obtain the services they need. This will be on behalf of the individual and for the key cohorts, as a whole.
- 19.2. This will need to be through delivering an integrated independent unbiased Advocacy service (for individuals requiring professional advocacy support).

### **Key Service Requirements**

- 19.3. The Service Provider(s) will need to ensure that the service adheres to the Advocacy Principles, set out below:
  - The overall service and approach should support the principles of equity and fairness;
  - Service Users should be central to the process (and where possible depending on the issue, be able to choose the type of advocacy they want);
  - Advocacy should enable people with support needs to be in a position of being more able to advocate for themselves; and to make informed choices.
- 19.4. The Service Provider(s) will need to demonstrate a proven track record in the delivery of:
  - Professional Advocacy services to local authorities;
  - Providing a service for both children and adult services;
  - Providing Participation through self advocacy groups;
  - Providing Healthwatch functions;
  - Partnership working;
  - Recognise and respond to a complexity of individuals needs requiring different types of advocacy at different times or in some cases at the same time.
- 19.5. The Service Provider(s) will be required to hold the Advocacy Quality Performance Mark (QPM) at all times.
- 19.6. The advocacy provision will need to be integrated. The benefit of the integrated Advocacy service is whatever the presenting need for specialist advocacy, this will be determined at first point of contact and either met within the scope of this contract or signposted to the relevant agency (if the specialist advocacy required is outside the scope of this contract).
- 19.7. The Service Provider(s) will be responsible for both understanding the statutory duties applicable to the particular advocacy service; how they apply in an operational context; and be up-to-date in understanding relevant case law and changes to legislation.
- 19.8. The Service Provider(s) will need to:

- Deliver Professional Independent advocacy service that is time limited for a defined period of time to meet specific issues, goals and outcomes;
- Support a range of needs (including non verbal) and make reasonable adjustments (Makaton/Talking MATs, other forms of technology) to ensure individuals can access support.
- Develop an integrated service with the ability to manage demand for the different types of advocacy.
- Where possible, the same advocate should provide the advocacy to avoid the need for a person to retell their story to different advocates (assuming the advocate is appropriately trained and qualified in both roles). This could be achieved by a multi-skilled workforce, with the ability, if necessary to work across different advocacy elements and possibly children and adult boundaries.

- 19.9. The Service Provider(s) will also need to explore how it will work with other agencies delivering other forms of advocacy, which may be outside the scope of this contract, to enable individuals access to a more unified and joined up advocacy service, such as advocacy for parents with children subject to child protection plans.
- 19.10. The Service Provider(s) will also need to explore through working with the Council the potential for other forms of advocacy. For example Citizens Advocates, who are trained volunteers who provide one-to-one support to help people tackle the issues they are facing.
- 19.11. The Service Provider(s) will ensure that insights and emerging themes from the advocacy service are shared, with key partners such as the Health and Wellbeing Board and Clinical Commissioning Groups.
- 19.12. To ensure that there is an awareness of advocacy services in the borough, the Service Provider(s) will need to deliver advocacy awareness training sessions to Council staff and agencies, prioritising those making referrals into the service.
- 19.13. It should be noted that over the length of the contract it is our intention to work with the Service Provider(s) to ensure that the service is providing the advice services to achieve the intended outcomes for the Key Cohorts. As a result, this may mean there are additional requirements or changes in the types of advocacy that the Service Provider(s) will be required to provide.

### **Staffing Requirements**

- 19.14. The Service Provider(s) will need to ensure that all staff (including volunteers) delivering the specific advocacy services have the relevant advocacy qualifications or have suitable relevant experience in working with vulnerable children, young people and adults.

### **Quality Standards**

- 19.15. The Service Provider(s) will operate a recognised quality management system which specifies standards of work and procedures against which practice can be assessed.
- 19.16. The provider will be required to comply with the relevant national regulations, quality standards, charters and codes of practice which include, but are not limited to;



- Advocacy Charter and Code of Practice;
- 2002 National standards for the provision of Children's Advocacy services;
- Local Authority Social Services and National Health Service complaints (England) regulations 2009;
- Code of Practice for Mental Capacity Act;
- Code of Practice for Deprivation of Liberty;
- Office for Standards in Education, Children's Services and Skills (OFSTED). The Provider will be required to contribute to and comply with OFSTED inspections and requirements;
- Care Quality Commission (CQC) The provider will be required to contribute to and comply with CQC inspections;
- Standards associated with Healthwatch England;
- The Delivery Standards and the Department of Health (Healthwatch functions).

## Minimum Service Requirements

19.17. Minimum service requirements for the following provision is set out in the subsections detailed below:

- NHS Independent Complaints Advocacy (Appendix 6a)
- independent Advocacy for Children and Young People looked after or subject to a Child Protection Order. ( Appendix 6b)
- Independent Mental Capacity Advocacy, (Appendix 6c)
- Independent Care Act Advocacy, (Appendix 6d)
- Independent Mental Health Advocacy, (Appendix 6e)
- Healthwatch (Appendix 6F)
- Participation (Self Advocacy Groups (Appendix 6G)

## 20. **Appendix 6a - Independent Complaints Advocacy (ICAS)**

### **Aim**

- 20.1. The Independent Complaints Advocacy Service (ICAS) will provide free independent advocacy support which empowers and assists people go through the NHS Complaints procedure and will provide practical support and direction to support individuals to find a resolution to their complaint about health and social (where relevant) services.

### **Key requirements**

- 20.2. The Service Provider(s) shall deliver an Independent Complaints Advocacy in accordance to the following legislation:
- Health and Social Care Act (2012)
  - Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- 20.3. The NHS provision includes:
- All NHS Trusts and Bodies
  - Primary Care Health Services provided by GP's Dentists, Opticians and Pharmacists
  - Clinical Commissioning Groups
  - Private healthcare treatment which has been commissioned by the NHS
  - All other services commissioned by the NHS.
- 20.4. The Service Provider(s) will provide support to people permanently and temporarily resident in the London Borough of Sutton, including holiday makers, students and gypsies and travellers.
- 20.5. The Service Provider(s) will make appropriate reciprocal arrangements with similar providers in other Local Authority areas to ensure the wishes of the Client are respected in terms of which locality the compliant wishes to pursue their cases and all referrals are handled appropriately.
- 20.6. The Service Provider(s) will provide and promote awareness of self-help resources that support Clients to take complaints forward independently wherever possible.
- 20.7. Provide independent advocacy support to people at each stage of NHS Complaints procedure, with these stages being:
- Identify what are the available options and outcomes are, and deciding which option to pursue
  - Making the complaint to the relevant NHS service provider
  - Deciding how to proceed after receipt of the service providers response
  - Complete the local resolution stage by attending meetings or entering into correspondence
  - Making a complaint to the Health Service Ombudsman
  - Understanding the Ombudsman's final decision.

- 
- 20.8. The Service Provider(s) will outline the options available and support people to pursue their chosen course of action.
- 20.9. The Service Provider(s) will meet the needs of all people living within the London Borough of Sutton, and utilise the most effective means of communication for disabled people and minority groups including:
- Having access to appropriate language translation services including braille
  - Having access to easy read literature (and use of other technology)
  - Making reasonable adjustments as necessary and required
- 20.10. The Service Provider(s) will also:
- Raise awareness of the Independent NHS Complaints Advocacy Service with statutory and voluntary sector organisations within the London Borough of Sutton;
  - Work in partnership with similar services across England - this may entail supporting local residents to make complaints against health organisations outside the area covered by this contract, or working with other ICAS services to best utilise resources.
- 20.11. Through the delivery of this service, the Service Provider(s) will be required to present a summary annual report to the Health & Wellbeing Board (as part of Healthwatch function requirements), which will include sharing insights and updates.
- 20.12. The Service Provider(s) will also work with the following agencies to make referrals, where appropriate, to PALS, General Medical Council and to specialist support such as bereavement support.
- 20.13. The ICAS Service will not:
- Investigate complaints, or offer legal or medical advice
  - Provide on-going advocacy for the Client outside other health related complaint, where appropriate
- 20.14. If both Health and Social Care issues form part of the complaint, the ICAS advocate will provide support in both elements to ensure continuity for the service user. The benefit of the integrated Advocacy service is whatever the presenting need for specialist advocacy, this will be determined at first point of contact and either met within the scope of this contract or signposted to the relevant agency (if the specialist advocacy required is outside the scope of this contract).

### **Service Availability**

- 20.15. The ICAS will meet the demands of people seeking independent advocacy support Monday -Friday (excluding Bank Holidays), between the hours of 9am-5pm. An answerphone service will be provided outside the core hours.

## Referrals

- 20.16. Referrals can be made by individuals or professionals.
- 20.17. The Service Provider(s) will deal with each referral made for independent advocacy within 5 working days.

## Quality Assurance

- 20.18. The Standards of Service include, but not limited to, those incorporated within:
- The standards associated with the Healthwatch England and Care Quality Commission (CQC)
  - The delivery standards and terms of the Department of Health require
- 20.19. The Service Provider(s) will be required to fully participate with information and data requests made by relevant bodies, such as:
- Healthwatch England
  - Government Inspection and Audit Bodies
  - Government Departments

## Key Performance Indicators

- 20.20. The following outlines the proposed key performance indicators. These will be reviewed and refined following the award of the contract, to ensure that they are aligned to the Service Provider(s) model and intentions:
- Source of referral/ issues raised
  - Demographic profile of people supported through the service
  - Response and waiting times for access to the service within agreed limits
  - Number of people supported to pursue complaints independently following receipt of information and guidance
  - User Feedback/experience/satisfaction (particularly in relation to impact and access) obtained throughout the year via different mediums

## 21. **Appendix 6b - Independent Advocacy for Looked After Children and Care Leavers**

### **Aim**

- 21.1. The Service Provider(s) shall provide independent advocacy for looked after children and care leavers and children subject to a Child Protection Plan.
- 21.2. It is not a statutory requirement for children subject to a Child Protection Plan to have access to independent advocacy but it is widely recognised as good practice and forms part of the Ofsted framework. In addition, the London Child Protection Procedures (2013) states that if a child attends all or part of the conference, it is essential that they are prepared by the social worker or independent advocate who can help them prepare a report or rehearse any particular points that the child wishes to make.
- 21.3. Article 12 of the UN convention on the rights of the child states : 'Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
- 21.4. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law'.

### **Service Requirements**

- 21.5. The Service Provider(s) will:
  - Fully comply with the 2002 National Standards for the provision of children's advocacy;
  - Ensure Independent Advocacy is available to any Sutton looked after child, care leaver or child subject to a child protection (or likely to be at an initial child protection conference) plan aged 8+;
  - Deliver a service that is child led, enabling children to be on a more equal footing with professionals;
  - Advocate on behalf of the child or young person and to support them to understand processes and to be understood;
  - Ensure their views and wishes are listened to by the professionals that make decisions about them;
  - Promote the further participation of children and young people in decisions that affect their lives.
- 21.6. Advocates will:

- 
- Act exclusively on behalf of the child or young person and are independent of the Local Authority.
  - Ensure all the necessary actions are taken to ensure the child's views are heard and their rights upheld. More specifically the Advocate will ensure Children and Young People:
    - Are able to fully participate in initial, and ongoing, LAC reviews if they so wish;
    - Are able to fully participate in initial, and ongoing, child protection conferences if they so wish;
    - Are given the necessary information before an initial child protection conference or Looked after Child review so that they better understand the process and the service they are able to provide;
    - Are listened to and the Social Worker has the information needed for their views to be incorporated within plans;
    - Questions are answered and issues are resolved where possible.
    - Understand the reasons behind decisions that are made.
  - Proactive in making looked after children, care leavers and children subject to a child protection plan aware of the service and how to access it;
  - Proactive in advertising its services to Looked After Children, Care Leavers and children subject to a child protection plan, using all reasonable avenues to make sure children and young people are aware of the service. This may include, but not limited to:
    - Attending team meetings;
    - Producing and distributing leaflets;
    - Deliver meet and greet sessions.
  - Ensure children and young people will be offered a range of meaningful opportunities to engage in the governance, delivery, monitoring and improvements of the independent advocacy service.

## Staffing

- 21.7. Staff and or volunteers delivering the service will have an advocacy qualification or a suitable relevant experience in working with vulnerable children and young people. This information should be available on request to the London Borough of Sutton.

## Referrals

- 21.8. The priority for the service will be given to:
- Priority 1. Any looked after child or care leaver requiring an independent advocate
  - Priority 2. Children who have an initial conference and 1st review meeting

- Priority 3. Children who have been subject to a child protection plan for 18 months or more
- Priority 4. Other children subject to a child protection plan.

## Referral Processes

- 21.9. It will be the responsibility of Children's Services to notify the provider when there is a child 8+ who is going to be subject to an initial child protection conference or an initial looked after child review.
- 21.10. The provider will be expected to make contact within 48 hours of the notification to ascertain whether the child or young person requires the support of an advocate.
- 21.11. Where the service is required, the provider is expected to visit the child or young person within 5 days of the initial referral.
- 21.12. For all other referrals, initial contact should be made within 48 hours, with face-to-face contact made within 7 days.
- 21.13. If there are younger children (7 and under) who the Independent Reviewing Officer or social worker believes would benefit from an Independent Advocate the referral will be made directly to the provider.
- 21.14. The Service Provider(s) is also expected to provide limited information to Looked after Children who are placed in Sutton by other Local Authorities. This limited information will not mean these children and young people will receive advocacy. It means they will be signposted to potential referral points and solutions which may help them either resolve the situation they find themselves in, or identify the relevant advocacy service they are able to access.

## Service Availability

- 21.15. The service should be available during office hours Monday to Friday 9am-5pm, but may also operate outside those hours to meet the needs of children and young people.

## Quality Standards

- 21.16. The service is expected to fully comply with the 2002 National Standards for the provision of children's advocacy. These are the core principles that children and young people can expect from advocacy services.

## Key Performance Information

- 21.17. The following outlines the proposed key performance indicators. These will be reviewed and refined following the award of the contract, to ensure that they are aligned to the Service Provider(s) model and intentions
- Children and young people report satisfaction with the advocacy service and the impact that advocacy has had on their current and future situation.
  - Response Times/ initial referral/ initial contact
    - % of service users contacted within 48 hours for initial CP/LAC

- % of service users met within 5 days of consent for initial CP/LAC
  - % of service users met within 7 days prior to other advocacy meetings
  - % of cases closed within 90 days
- Demographic/profile information of children and young people accessing the service
- Staffing qualifications evidence of ongoing training
- Records of any serious incidents, complaints or compliments made regarding the Service.



## 22. **Appendix 6c - Independent Mental Capacity Advocacy (IMCA)**

### **Aim**

- 22.1. The Service Provider(s) will provide a specialist generic Independent Mental Capacity Advocacy (IMCA) service to people and situations covered by the Mental Capacity Act 2005 & 2019, in accordance with such regulations and guidelines issued by the Department of Health as are current at the time, including the Deprivation of Liberty Code of Practice.

### **Service Requirements**

- 22.2. The Service Provider(s) will have experience in this form of advocacy and deliver a specialist service, for a wide variety of service users, including (but not restricted to) people with learning disabilities, dementia, mental health needs, acquired brain injury and informal carers requiring support, in line with the Deprivation of Liberty Code of Practice (as are current at the time).
- 22.3. The Service Provider(s) shall:
- Be independent of the local authority and health services;
  - Provide non-instructed advocacy - for people with a variety of communication needs;
  - Represent the views of service users whose mental capacity is impaired and who have no appropriate relative or close friend to represent their views or who are involved in adult Safeguarding Adults procedures or care reviews;
  - Shall at the request of the supervisory body provide a Relevant Paid Person's Representative (RPR) where no unpaid representative (family or friends) is available who shall:
    - Assist in seeking resolutions that maintain the best interests of the service users where this relates to a serious medical condition, change of accommodation, safeguarding or care review;
    - Shall provide advocacy support in respect of a care plan review where there is an unauthorised deprivation of Liberty.
    - Seek to conclude issues with written reports within appropriate time scales;
    - Provide Instructed advocacy to support the relevant person and their unpaid representative "relevant person's representatives" with an application to the Court of Protection and or provide support to trigger a review, where necessary;
    - Maintain regular contact with the Relevant Person, this being no less than every 8 weeks (the presumption is that this role will be undertaken by volunteers recruited by the IMCA service).

- Have skills in communicating in nonstandard ways, for example with people who have no spoken language. It requires a holistic approach to working with people, not relying on their 'instructions' but on an assessment of their rights and needs.
- Recognise that individuals' needs can change over time and respond accordingly.
- Work in partnership with other agencies: statutory, independent and voluntary across the borough. This shall include hospital discharge staff, doctors, nurses, social workers, care managers, managers of care homes, Approved Mental Health Professionals and Best Interest Assessors.
- Assist staff and service managers who are likely to refer their patients, and service users, to understand the role of the Independent Mental Capacity Advocate and know how and when to access the service.
- Meet all statutory standards that might apply to it at any given time and shall be able to evidence this, including in written policy statements.

## Eligibility

### 22.4. IMCA Instructions Covered

22.5. All individuals staying at the time of instruction within the borough, regardless of the person's ordinary residence or funding authority. Staying includes temporary living within the local authority and being an inpatient of a hospital in the area.

22.6. Where a person is staying may change to a different local authority after the instruction of an IMCA and before decisions are made. For example:

- A person who has an IMCA instructed for a Serious Medical Treatment decision may be admitted into hospital before final decisions have been made about their treatment;
- A person who has an IMCA instructed for a safeguarding adult's decision may be moved temporarily during the investigation process;
- A person who has an IMCA instructed for an accommodation decision may need to move into temporary accommodation.

22.7. Where this occurs the originally instructed IMCA service should continue to support and represent the person, unless the IMCA service where the person is newly resident is instructed. The decision to involve a different IMCA service sits with the instructor, and should be made after discussion with the original IMCA service.

## Referral to the Service

22.8. Referral to the Service will be made from an authorised person, a social care or health professional only. These will include:

- Doctors, dentists, therapists and nurses providing serious medical treatment for people who lack mental capacity for the specific decision;
- Additionally referrals will be made by Social Workers arranging hospital discharges, as well as Social Workers and care managers planning long-term moves for people with learning disabilities, people with dementia and others;
- Supervisory Bodies making assessments and authorisations under the Deprivation of Liberty Safeguards.

22.9. The Service Provider(s) shall check:

- Whether the person is authorised to make the instruction;
- That the reason for the instruction falls within the scope of the Mental Capacity Act.
- Whether the authorised instructions could include instructions which need to be forwarded to another IMCA provider because of the location of the person/decision.

22.10. The Service Provider(s) will have referral guidelines in place and publicised to inform referrers of the process to follow; and the operation of the Service is made available including:

- Quality standards and principles of service operation;
- Timescales for response;
- Procedures for responding and reporting on findings;
- Policy for feedback and formal complaints;

22.11. Referrals shall be taken by telephone or email. Regardless of the referral method, the Service Provider(s) must ensure that confidentiality is maintained.

22.12. The Service Provider(s) shall deal with all urgent cases as promptly as possible and in a timely way to ensure statutory timescales, as set out in the Deprivation of Liberty Code of Practice, can be met by the Supervisory Body.

22.13. On initial contact, the Service Provider(s) shall consider each applicant and establish priority, as referrals will need to be prioritised by the following:

- Serious medical treatment – responded within 1 working day
- 39A IMCA role under DOLS:
  - Respond within 1 working day for Urgent Authorisation
  - Respond within 2 working days for Standard Authorisation
  - Hospital Discharge – respond within 2 working days
  - Long term placement – respond within 2 working days

22.14. All the above will have higher priority over Care Reviews and Adult Safeguarding when the service is operating at maximum capacity.

## Out of Borough

- 22.15. The Council retains responsibility for individuals who may be placed / residing out of the borough. The Service Provider(s) will be expected, where required, to provide a Relevant Paid Person Representative (RPRs) to individuals placed outside of Sutton in neighbouring boroughs (i.e Croydon, Kingston upon Thames, Merton, Wandsworth and Richmond upon Thames).
- 22.16. There is an expectation that further discussions with the Service Provider(s) will take place to discuss potential expansion of the contract to consider the provision of RPRs to individuals outside of the neighbouring boroughs.

## Service Availability

- 22.17. The Service should be available during office hours (9.00am to 5.00pm), every weekday (except public holidays). It may also be available by appointment outside of office hours (in the evenings and at weekends) to meet the needs of the Service, ensuring fair access to the Service and to meet statutory timescales. An answer-machine service should be available outside these hours to facilitate contact with the Service.
- 22.18. Arrangements need to be in place to ensure continuity of service, for example during annual leave and staff sickness. A combination of part time IMCA advocates (who may combine the specialist IMCA role with other forms of advocacy) and full time IMCA advocates may provide a more flexible service than just full time IMCA advocates.

## Staffing

- 22.19. The Service Provider(s) must ensure that each IMCA has met the following requirements before they undertake the IMCA Role:
- Two written references, including, where applicable, a reference relating to the IMCA's last period of employment, which involved work with children or vulnerable adults, of not less than three months' duration.
  - Where a person has previously worked in a position which involved contact with children or vulnerable adults, written verification should be obtained of the reason why he/she ceased to work in that position unless it is not reasonably practicable to obtain such verification.
  - An enhanced criminal record certificate issued pursuant to section 113B of the Police Act 1997. This should be sought a minimum of every three years for existing IMCA's.
  - Attended training to undertake the role. This is either the four-day IMCA training originally provided by Action for Advocacy or all of the training/ taught components of unit 305 of the national advocacy qualification available through City & Guilds.
  - Has successfully completed the assessment of unit 305 within one year of undertaking the IMCA training identified above.
  - Has had Safeguarding Vulnerable Adults and basic awareness level 1 training.

- The Service Provider(s) may seek an extension for completing the qualification for an individual IMCA because of maternity leave, long-term sickness or other similar absences. This needs to be discussed with and agreed with the Council before the IMCA continues to provide the service after the deadlines above.

#### 22.20. **IMCA DoLS Role**

- 22.21. The Service Provider(s) must ensure that before undertaking any of the IMCA DoLS roles (39A, 39C, 39D) the following additional requirement must be met for each IMCA:
- The IMCA must have acted as an IMCA for at least three months or worked on at least three cases.
  - The IMCA has attended training to undertake this role. This is either the two-day IMCA DoLS training originally provided by Action for Advocacy or all of the training/ taught components of unit 310 of the national advocacy qualification.
  - The IMCA has successfully completed the assessment of unit 310 within six months of undertaking the DOLS IMCA roles.
- 22.22. The Service Provider(s) may seek an extension for completing the qualification for an individual IMCA because of maternity leave, long-term sickness or other similar absences. An extension may also be requested here if the IMCA has not had an adequate case load to demonstrate their competencies for the unit 310 qualification. Potential extensions need to be discussed with and agreed with the Council before the IMCA continues to undertake IMCA DoLS roles after the deadline above.
- 22.23. The Service Provider(s) will ensure that each IMCA has the opportunity to attend appropriate further training opportunities. This may include, but should not be limited to, work towards the certificate or diploma in independent advocacy, and participation in the regional IMCA networks. The minimum requirement is 14 hours per year.

### **Key Performance Indicators**

- 22.24. The following outlines the proposed key performance indicators. These will be reviewed and refined following the award of the contract, to ensure that they are aligned to the Service Provider(s) model and intentions:
- Decision type/IMCA role i.e. accommodation, Serious Medical Treatment, safeguarding adult, care review, 39A, 39C, 39D;
  - Total numbers and sources of IMCA and DoLS referrals;
  - Number and sources of referrals accepted, broken down by age, gender, ethnicity and mental impairment (using DH categories) of service user;
  - Number and sources of referrals refused with reasons, broken down by age, gender, ethnicity and mental impairment of service users;

- Response time to acknowledge referral within 24 hours;
- Number of “live” cases at the end of the quarter, broken down by case type and age, gender, ethnicity and mental impairment of service users;
- Number of cases closed, broken down by case type, showing average number of hours spent, with summary of outcomes;
- Emerging patterns of referrals (e.g. by type of intervention, type of issue(s) involved, or place referral made from);
- Record of time taken on individual cases, split between direct advocacy and travel time. The advocacy time should include time spent gaining support and supervision in relation to the specific instruction. The supervisor’s time should also be included here;
- Outcome of instruction: concluded, withdrawn or not included, broken down by reason (i.e. withdrawn as person has either capacity or someone appropriate to consult, client died, out of area, other);
- Evidence of sample case studies, showing how the service made a real difference to service users’ outcomes.

## 23. **Appendix 6D - Care Act Advocacy**

### **Aim**

23.1. The Service Provider(s) will deliver independent advocacy to people covered under the Care Act (2014) who need support to be involved in care and support processes (who would otherwise have substantial difficulty in being involved with their assessment) listed below:

- Needs Assessments;
- Carer's Assessments;
- The preparation of care and support plans;
- Reviews of care and support plans;
- Child's Needs Assessments;
- Young Carers Assessments;
- An appeal against a local authority decision under Part 1 of the Care Act;
- A Safeguarding Adult's Enquiry;
- A Safeguarding Adult's Review;

### **Key Service Requirements**

23.2. The Service Provider(s) will provide high quality non-instructed advocacy for people with a variety of communication needs and support to both the relevant representatives of people without capacity in providing IMCA interventions; and groups of people who may have substantial difficulty in engaging with care and support processes.

23.3. The Service Provider(s) must be able to:

- Assist people to understand the assessment, care and support planning and review processes.
- Assist people to communicate their views, wishes and feelings to the staff who are carrying out an assessment, developing a care and support plan or reviewing an existing plan.
- Assist a person to understand how their needs can be met by the Council or otherwise.
- Assist the person to make decisions about their care and support arrangements – assisting them to weigh up various care and support options and choose the ones that best meet the person's needs and wishes.
- Support and represent an adult who is involved in a safeguarding enquiry or review.

- Challenge decisions made where a person does not have capacity, or are otherwise unable to challenge a decision, and the advocate believes the decision taken is inconsistent with the local authority's duty to promote the individual's well-being.
- Raise concerns in writing to the Council where the advocate has concerns about the degree to which a person has been fully involved in a care and support process, and/or about the decision taken or outcome proposed.

## Referrals

- 23.4. Referrals to the service will be made by an LBS social care professional. The Service Provider(s) is required to ensure that the reason for the instruction falls within the scope of the Care Act 2014.
- 23.5. The Service Provider(s) shall work with the Council to ensure written referral guidelines are in place and publicised to inform referrers of the process to follow for referral. These referral guidelines should clearly set out the distinction in process for IMCA and Care Act Advocacy.

## Out of Borough

- 23.6. The Council retains responsibility for individuals who may be placed out of the borough. The Service Provider(s) will be expected to provide Independent Advocacy to individuals placed in the neighbouring boroughs of Sutton (i.e Croydon, Kingston upon Thames, Merton, Wandsworth, Richmond upon Thames and Surrey).

## Service Availability

- 23.7. The Service should be available during office hours (9.00am to 5.00pm), every weekday, except public holidays. It may also be available by appointment outside of office hours (in the evenings and at weekends) to meet the needs of the Service.

## Staffing Requirements

- 23.8. Staff and or volunteers delivering the service will have an advocacy qualification or a suitable relevant experience in working with vulnerable adults. This information should be available on request to the London Borough of Sutton.

## Key Performance Indicators

- 23.9. The following outlines the proposed key performance indicators. These will be reviewed and refined following the award of the contract, to ensure that they are aligned to the Service Provider(s) model and intentions:
- Number of referrals received
  - Meeting Response Times within required timescales -
    - Referrals acknowledged within 48 hours
    - First contact within 10 days
    - 50% case completed required timescale
    - Compliments/Complaints/safeguarding
    - Emerging patterns of referrals



- Feedback /User satisfaction /outcomes delivered -
  - Individuals are fully able to participate
  - Have a voice are listened to:
  - Have their view and wishes understood
  - User satisfaction/experience/feedback of accessing service

## 24. **Appendix 6E - Independent Mental Health Advocacy**

### **Aim**

- 24.1. The Service Provider(s) will deliver Independent Mental Health Advocacy service to qualifying patients in accordance with the Mental Health Act 1983 This includes patients who are:
- Detained under the Act;
  - Conditionally discharged restricted patients;
  - People who are subject to guardianship;
  - Supervised community treatment patients;
  - Informal patients considered for treatment under s57; and
  - Patients under 18 year of age being considered for ECT or any other treatment to which s.58A applies

### **Service Requirements**

- 24.2. The Service Provider(s), in accordance with s130B of the Mental Health Act, will provide advocacy support and representation to patients as set out in section 23.2 receiving treatment at Springfield and Tolworth sites run by South West London and St George's Mental Health Trust.
- 24.3. The following outlines the service specific requirements for the Service Provider(s),
- 24.4. **Working with patients**
- 24.5. The service will enable individuals to take an active role in determining their own care and treatment.
- 24.6. The Service Provider(s) will ensure that advocates work in such a way that adheres to the patient's wishes, empowers the patient and remains issue-focused. The Advocates will work to a broadly circular process:
- Listen
  - Discuss options
  - Agree action
  - Research and gather information
  - Review options in light of information
  - Confirm action
  - Provide support through the action requested
  - Review outcome
  - Try other option of outcomes (if necessary)
  - Close case issue

- 
- 24.7. **Understanding rights**
- 24.8. The Service Provider(s) shall ensure that qualifying patients will have access to help from an Independent Mental Health Advocate (IMHA) in order to support them to understand and exercise their legal rights;
- 24.9. The Service Provider(s) will support patients in obtaining information and an understanding of their rights under the Act and how they can be exercised and in relation to:
- Conditions of their restrictions to which they are subject (e.g. as a condition of leave of absence from hospital, as a condition of a community treatment order, or as a condition of conditional discharge);
  - Medical treatment that they are receiving, or might be given, the reasons for the treatment (or proposed treatment), the legal authority for providing the treatment, and the safeguards and other requirements of the Act which would apply to that treatment (as well in relation to the giving of treatment).
- 24.10. The Service Provider(s) will help qualifying patients understand the legal provisions that they are subject to under the Mental Health Act 1983, and the rights and safeguards to which they are entitled. This may include assistance in obtaining information about any of the following:
- The provisions of the legislation under which s/he qualifies for an IMHA;
  - Any conditions or restrictions s/he is subject to;
  - The medical treatment being given, proposed or being discussed and the legal authority under which this would be given and the requirements that would apply;
  - His/her rights under the Act and how those rights can be exercised.
- 24.11. The Service Provider(s) will ensure that any help made available to a patient is independent of any person who is professionally concerned with the patient's medical treatment;
- 24.12. The Service Provider(s) will need to evidence how any views that are expressed as representing people's best interests have been determined.
- 24.13. **Young People**
- 24.14. With regards to Young People under the age of 18 years old, the Service Provider(s) will need to:
- Ensure due consideration will be given to the young person's capacity to give valid consent to engaging with the advocacy service as set out in the guidance provided in the Mental Health Act 1983;
  - Ensure consent will be obtained from a person with parental responsibility where required;
  - Ensure information and records relating to young people using the service are not given, or shown, to anyone without their permission, unless the conditions for disclosing the information are met.

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24.15. **Issues based**

24.16. The Service Provider(s) will deliver an issue based (casework) service. Once the issue has been resolved, or it has been agreed with the service user that there is nothing further the advocate can do to, the case will be closed. All cases still open will be reviewed once there have been 6 meetings between the IMHA and service user.

24.17. **Working with the wards and units**

24.18. The Service Provider(s) will negotiate an appropriate mechanism for advocates to visit individual wards and units, including the forensic unit, whether this is by advanced warning or by open access and have in place procedures for advocates so that:

- When an IMHA enters a ward s/he will inform a senior member of the ward staff and will also inform them when they leave the ward;
- IMHAs will ask the ward staff if there is anything they should be aware of concerning issues of safety or risk. Subject to patient confidentiality, IMHAs will respond appropriately to information or requests by ward staff concerning matters of safety or risk;
- If the IMHA wishes to see a particular patient, then, they will ask a member of the ward staff to inform the patient that the IMHA is there to see them;
- IMHAs will see patients in private in a designated interview room, where they think it is considered appropriate. If it is not possible for IMHAs to meet the patient in private due to the patient being under observation, in seclusion or because they pose a risk to the advocate, then the IMHA will speak with the patient in the presence of a member of the ward staff, as long as the patient agrees to this;
- IMHAs will make themselves known to qualifying patients on the ward or unit, abiding by any local protocols in place to provide routine introductions where consent has been given.

24.19. **Risk Assessments**

24.20. The Service Provider(s) will have in place policies and procedures for risk assessment and management. Any serious incidents involving advocates or witnessed by advocates will be reported verbally and backed up in writing as soon as possible or within 24 hours of the occurrence to the appropriate manager and service manager of the ward, unit or service, following SWL & St George's Serious and Untoward Incident reporting requirements.

24.21. The Service Provider(s) will be expected to participate in any post-incident review that is deemed necessary, and will otherwise be expected to conduct its own in-service review.

24.22. This will then be subject to discussion at the monitoring meetings, unless the incident is of such magnitude that the continued delivery of the IMHA service is compromised in which case the the Service Provider(s) will call an extraordinary meeting. Lessons learned from this review should be incorporated into future advocacy training.

24.23. The Service Provider(s) service will also have a policy regarding meeting patients in the community, which will include issues about lone-working. The IMHA will arrange to meet patients in the community in a way that fits into the patient's lifestyle and treatment plan and takes their view into

account in regard to the location of the meeting. Issues of accessibility, practicality, suitability, patient agreement and the safety of the IMHA will all be considered. IMHAs will ask the care team if there is anything they should be aware of concerning issues of safety or risk. Subject to patient confidentiality, IMHAs will respond appropriately to information or requests by the care team concerning matters of safety or risk.

24.24. The Service Provider(s) will need to follow the children and young people and adults safeguarding procedures

24.25. **Raise awareness of the role of the IMHA service**

24.26. The Service Provider(s) will also be required to raise awareness of the role of the IMHA service, such as through:

- Developing relationships with ward staff, attending meetings on the ward, regularly visiting patients to introduce the service, and providing training.
- Make regular visits to all the wards to promote the availability of IMHA for qualifying patients, including those receiving treatment on the specialist wards;
- Work closely with the South West London and St George's Mental Health Trust in producing leaflets/ posters on the service on the Springfield and Tolworth hospital sites, and have IMHA information included on/linked between their websites.

## Referrals

24.27. Referrals to the IMHA service will be made by qualifying patients directly, or through a third party (for example, hospital managers, the responsible clinician, approved mental health professional or the local social services authority).

24.28. An initial response will be made to all referrals within 3 working days of receipt. All urgent cases will be dealt with as promptly as possible.

24.29. The Service Provider(s) reserves the right to not provide, or to withdraw, advocacy support from a patient, if:

- An IMHA is threatened either verbally or physically by the patient;
- The support requested by the patient could be more appropriately carried out by another agency;
- The support requested falls outside the scope of work the service undertakes.

24.30. The Service Provider(s) will make available a copy of their referral policy on request, which will include how the service prioritises responses to referrals.

24.31. The Service Provider(s) shall work closely with other advocacy agencies commissioned by other authorities to provide IMHA services at Springfield and Tolworth hospital in order that patients and staff clearly understand where to refer patients and that patients receive a seamless service.

## Service Availability

- 24.32. Provide a service throughout office hours 9.00am until 5.00pm, Monday to Friday (excluding bank holidays). There may be a need for out of hours working when the year includes long Bank Holiday weekends (Easter and Christmas). Some flexibility will be needed to take into account weekly routines and times should be negotiated with qualifying patients and staff.

## Staffing

- 24.33. It is the responsibility of the Service Provider(s) to check that any individual made available to act as an advocate meets the legal appointment requirements on training, clearance checks and independence. The failure to do so will be regarded as a breach of agreement, and will be subject to immediate review, which could result in the withdrawal or suspension of the IMHA service.
- 24.34. It is expected that all IMHAs will be skilled and competent for the task, and will be willing to undertake further training and development. The Service Provider(s) is responsible for ensuring IMHAs successfully complete the National Advocacy Qualification for IMHA's within required timescales. Documentary evidence of this will form part of the monitoring arrangements or be requested by the service commissioner when required.
- 24.35. In addition, all IMHAs will have adequate training in matters relating to mental health and the legal and social implications for someone with a mental health condition. The IMHA provider will be fully aware of current best practice in skills and competencies for mental health advocacy and the IMHA role including, where appropriate, any specialist knowledge of the Mental Health Act.
- 24.36. All IMHAs will have undergone the necessary clearance checks, including enhanced Disclosure and Barring Service (DBS) check or a DBS check and POCA checks where applicable. They will also have undergone any other checks required under legislation in future. Documentary evidence of this may be requested by the Commissioner.
- 24.37. The Service Provider(s) will only make persons available to act as an advocate if they believe them to be of integrity and good character. If the Commissioned Provide (s) subsequently knows or suspects of any actions on the part of the advocate that could compromise their suitability to act in their role, that person should not be allowed to act as an advocate until these concerns have been resolved.

## Key Performance Indicators

- 24.38. The following outlines the proposed key performance indicators. These will be reviewed and refined following the award of the contract, to ensure that they are aligned to the Service Provider(s) model and intentions.
- Number of patients accessing the service
  - Patients were able to see an IMHA within the agreed timescales;
  - Patients were able to meet with the IMHA in private
  - Patients felt that their issues were effectively dealt with;
  - Patients felt that they were appropriately supported at meetings;

MUST be read alongside Making Informed Choices Prospectus

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- Patients understand their legal rights and how these can be exercised
- Demographic /profile information of patients accessing the service
- Complaints/Safeguarding

## 25. **Appendix 6F - Healthwatch**

### **Aim**

- 25.1. The aim of the Healthwatch service is to gather and collate people's views and feedback about the health and care system and to use this evidence to influence the commissioning, scrutiny and provision of services in their patch.

### **Key Service Requirements**

- 25.2. The Service Provider(s) will have a responsibility to ensure that the Council is meeting its statutory functions in relation to a Local Healthwatch.
- 25.3. **Obtain the views of people about their needs and experiences**
- 25.4. The Local Healthwatch will obtain the views of people about their needs and experience of local health and social care services. They will make these views known to those involved in the commissioning and scrutiny of care services.
- 25.5. As part of the delivery of this service, the Service Provider(s) will need to ensure that they are using a wide range of creative and innovative engagement techniques to gather the views and experiences of local people. They will also need to consider how they are engaging with those that are seldom heard or harder to engage (including those that may not be able to travel and those with profound or multiple disabilities).
- 25.6. Through the delivery of this function, the Service Provider(s) will be required to utilise the Group Advocacy function, to ensure that the information, feedback and comments from these Service Users voices are listened to and acted upon.
- 25.7. The Service Provider(s) shall also consider how the activity data, outcome monitoring and customer feedback from this commissioned service could help to understand the needs and experiences of residents in Sutton.
- 25.8. **Make people's views known**
- 25.9. The Local Healthwatch will make reports and recommendations about how those services could or should be improved.
- 25.10. Through this, the Service Provider(s) will need to represent local people's views at the Health and Wellbeing Board
- 25.11. The Service Provider(s) will need to consider how the reports and recommendation can be shared through the information networks, to ensure that the reports and recommendations have the widest reach and impact across the local area.
- 25.12. **Involve people**
- 25.13. The Service Provider(s) will promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.



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- 25.14. Again, the Service Provider(s) shall consider how the Group Advocacy services can be involved through the delivery of this function.
- 25.15. **Provide information and advice**
- 25.16. The Service Provider(s) shall ensure that the function to provide information and advice to the public about accessing health and social care services and the options available to them is delivered through the universal information offer, as outlined in Appendix 2.
- 25.17. **Views and experiences known to Healthwatch England**
- 25.18. Make the views and experiences of people known to Healthwatch England, helping them to carry out their role as national champion.
- 25.19. Through the delivery of this function, the Service Provider(s) will need to ensure that urgent concerns relating to safeguarding of individuals are escalated appropriately in accordance with local and regional policy (i.e. Sutton Council Safeguarding, CQC and OFSTED regulations).
- 25.20. **Make recommendations to Healthwatch England**
- 25.21. Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.
- 25.22. Through the delivery of this function, the Service Provider(s) will need to ensure information requirements of Healthwatch England (HWE) are met and that local intelligence gathering systems complement those established by Healthwatch England
- 25.23. **Independent Complaints Advocacy Service**
- 25.24. The Independent Complaints Advocacy Service (ICAS) will form part of the Advocacy service (as outlined in Appendix 6a). However close liaison will be required between these functions.
- 25.25. **Independence**
- 25.26. The Service Provider(s) will need to ensure that they have a level of independence, and able to scrutinise services.
- 25.27. The Service Provider(s) will need to ensure that they provide impartial decision making to direct the priorities and activities that are independent from other interests and prevents undue influence from any other organisation (including statutory bodies) or individual. This includes influence from within the Service Provider(s) (and any consortium arrangements).
- 25.28. The Service Provider(s) will need to ensure that they have the following governance procedures in place in relation to:
- The involvement of lay members and volunteers
  - Its primary purpose is not political
  - It holds meetings in public (except where there are legitimate reasons to meet in private on specific occasions)
  - It makes demonstrable efforts to ensure involvement of people from across the Sutton population, including under-represented groups

- It uses the intelligence it gathers to inform future priorities
- It publishes and updates its priorities/action plan not less than once a year

25.29. **Organisational entity**

25.30. The Service Provider(s) will be required to ensure that the Local Healthwatch service is meeting the Health and Social Care Act 2012 requirements in relation to the service being a social enterprise. There is no prescribed model under which they are required to function, as result it could be delivered through a number of different models, including community interest companies (CIC) and charities.

**Staffing**

25.31. It will be led by people with the appropriate skills, knowledge and professional experience.

**Key Performance Indicators**

25.32. The following will be used to measure the performance of the delivery of the Healthwatch function:

- Annual Engagement Plan
- Annual Healthwatch report

## 26. **Appendix 6G - Participation**

### **Aim**

- 26.1. In line with the Council's Statutory duties, the Service Provider(s) is required to support the involvement and empowerment of children and young people with disabilities (including autism) (and /or their parents) and vulnerable adults in the decision making process. This is to ensure their voices are heard and influence decisions that affect their lives and the support and services that they receive. This collaborative approach recognises individuals own strengths and assets as well as their wider networks and community.

### **Key Requirements**

- 26.2. The Service Provider(s) will need to have a proven track record in providing services that support the participation of disabled children and young people, and vulnerable adults with a focus on adults with learning disability (but could include other Key Cohorts over time as needs change).
- 26.3. The following outlines the key requirements for this service:
- 26.4. **Growth and development of Self Advocacy Groups**
- 26.5. The Service Provider(s) will be expected to support the continued growth and development of Self Advocacy Groups in Sutton which currently include:
- Speak Up Sutton (SUS) (or recognised equivalent) - SUS are a Self Advocacy Group for Adults with Learning Disabilities (including Autism) who have a long history in the borough of self advocating for equality and improving services; and
  - Action Voices (or recognised equivalent) - Action Voices Self Advocacy Group for children and young people with disabilities in the borough.
- 26.6. The Service Provider(s) will be required to support the groups to recognise and utilise their experience, skills and knowledge to attract new members, to support them in developing their campaigns and advocating for people with learning disabilities.
- 26.7. The form and duration of participation may be short or long term depending on the purpose of the involvement.
- 26.8. **Continued development**
- 26.9. The Service Provider(s) will identify the training/ developmental needs of the groups and provide relevant support. Through the training/ information sessions, the Service Provider(s) will need to equip the groups (and individuals) with a wide range of skills to participate in different ways. For example contributing to reviews of services such as through mystery shopping, surveys, developing questionnaires, interviewing skills. The training and development of new skills should also:
- Develop People's ability and confidence to effectively challenge decision
  - Develop people's ability to self advocate and provide peer advocacy

**26.10. Engagement and user involvement**

- 26.11. The Service Provider(s) participation services must be inclusive and accessible and develop innovative ways for people with a range of disabilities, including people with profound and multiple needs, who may find attending events/ groups challenging (for example they may find travelling or being in a social group difficult, and/ or are non verbal) to take part and ensure their views are fully represented. The Service Provider(s) will also support the development of their social networks.
- 26.12. The Service Provider(s) will need to set out in its tender response how it will adopt new ways to encourage and develop groups, particularly highlighting the use of social media and technology to remove barriers and widen access.
- 26.13. The Service Provider(s) will need to develop an engagement and communication plan that will be reviewed quarterly.
- 26.14. Through the engagement, the Service Provider(s) shall support positive risk taking and have a clear and up to date risk management policy for the service.

**26.15. Work in Partnership**

- 26.16. The Service Provider(s) will also need to work in partnership and collaborate with a wide range of agencies, such as schools, colleges, and Carers;
- 26.17. Increase opportunities for involvement in the procurement and quality assurance of commissioned services, aligning the participation with delivering the Service Provider(s) Healthwatch function, in ensuring that individuals views and experiences about services are raised within Key strategic bodies.
- 26.18. Successfully negotiate the priorities of service users with multiple stakeholders.

**Staffing**

- 26.19. The Service Provider(s) will ensure a high level of experience, skills and ability to meet the service aims. There is an expectation that staff will work flexibly across a full week including occasional evenings and weekends as required and according to the needs of the service.
- 26.20. The Service Provider(s) will ensure staff have the required skills and experience delivering user led services. This includes, but not limited to:
- Staff have comprehensive understanding of health and social care policies and priorities;
  - Experience of supporting people to start, develop and or sustain self advocacy groups;
  - A range of communication skills (for example makaton, BSL DeafBlind manual etc).

**Referral and eligibility**

- 26.21. Referrals to the service will come from professionals, Carers, and self referrals.
- 26.22. There will be open access to the relevant client group participation groups.
- 26.23. The Service Provider(s) will be expected to promote the service to ensure there referrals to the service.

## **Service Availability**

- 26.24. The service will be available to people with disabilities that live (and where appropriate, study or work) in Sutton. The service will operate Monday to Friday, weekend and at evenings, to meet the needs of the service.

## **Key Performance Indicators**

- 26.25. The Key Performance Indicators will be looking to evidence that children and young people with a disability and vulnerable adults:
- Will be regularly consulted and have a say in shaping services
  - Are given opportunities to meet and feedback regularly on issues that affect their lives
  - Where appropriate, involved in decision making processes
  - Become more knowledgeable and confident and are increasingly able to advocate for themselves and or themselves
- 26.26. The measures of performance will be in relation to:
- Increase in the number of people involved and participating SUS /Action Voices
  - Number of events/activities to promote engage people
  - Demographic/profile information
  - Evidence of Impact of involvement

## 27. **Appendix 7 - Support**

### **Aim**

- 27.1. The Service Provider(s) will be responsible for providing support to enable our Key Cohorts to promote their wellbeing (as defined within the Care Act 2014) and to sustain the changes required.
- 27.2. This support will need to be focused on where there is greatest need. The analysis and engagement to date has identified that this would currently be in relation to support for Young and Adult Carers.
- 27.3. The Children and Families Act 2014 and the Care Act 2014 defines Carers (and Young Carers) and sets out their rights under legislation. In line with the Acts the Service Provider(s) will need to ensure where a child is identified as a Young Carer the needs of the person they care for and the whole family should be considered.
- 27.4. As of April 2021, we would also expect this to include the mentoring service for Children in Care and Care Leavers, which would ensure that the Council would be meeting its key statutory requirements in relation to providing an independent visitor service.
- 27.5. Going forwards, the Council would expect to work with the Service Provider(s) to ensure that there is the range of support required to meet the needs of all the Key Cohorts. As a result, this may mean there are additional requirements or changes in the types of support that the Service Provider(s) will be required to provide.
- 27.6. Across the Key Cohorts and Key Choice Pathways, the support could include:
- Provide one to one support for individuals (including including therapeutic and whole family support);
  - Support to build individuals local support networks and connections;
  - Peer / Befriending/Group support;
  - Mentoring;
  - Breaks / time out / activities;
  - Training.

### **Key Service Requirements**

- 27.7. The Service Provider(s) will need to provide a range of services to support individuals to sustain changes. This will need to include:
- 27.8. **Support Planning**
- 27.9. The Service Provider(s) will
- Build upon information gathered during initial referral to help understand and address individual issues in a holistic way;
  - Develop (with the individual) a support plan, which should be shared with the individual in a format that is accessible and meaningful to them;

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- Use the support plan to review the outcomes and track the journey of the individual. This will require making any follow up calls or conversations with the individual to check on their situation at least once quarter or relevant to their needs.
  - Where appropriate, such as when the level of need of the individual has reduced, maintain contact with individuals. This could include updates about the service (for example, via a quarterly newsletter about upcoming events).
- 27.10. The Service Provider(s) will be responsible for developing and maintaining information on the customer journey to evidence impact, reach and better able to target provision. This will need to include a person-centred outcomes tool to evidence the impact of the support.
- 27.11. **Focus on building sustainable and lasting networks**
- 27.12. As part of the Support, the Service Provider(s) will act as a navigator, and consider all of the resources and support that the individual can be connected to within their family, community and wider networks;
- 27.13. Where the individual may not appear able or confident enough to approach someone or access the resources independently, then the Commissioned Provider(s) will be expected to provide guidance to enable the individual to take action. For example, this may include contacting an organisation or service on their behalf or attending a new activity for the first time with them.
- 27.14. **Screening Stage and referrals to statutory Assessments**
- 27.15. The Service Provider(s) will support the Council's statutory obligations by:
- Identifying and supporting Carers early and where appropriate (i.e. needs have escalated) referring Carers to the Council for a statutory carers assessment or acting as a Trusted Assessor by the council.
  - Identifying and supporting Young Carers before they turn 18 (as they are transitioning), so that they have the information they need to plan for their future. Where appropriate referring to the Council for a transition assessment or acting as a Trusted Assessor by the council.
- 27.16. **Independent Visitor Service**
- 27.17. The independent visitor service for Looked after Children and Care Leavers would be required to:
- Befriend the child;
  - Give advice and assistance as appropriate with the aim of promoting the child's development and social, emotional, educational, religious and cultural needs;
  - Encourage the child to exercise their rights and participate in decisions which will affect them;
  - Support the care plan for the child;
  - Compliment the activities of the Carers.

**27.18. Provide support in a range of formats to meet needs**

27.19. The Service Provider(s) will need to provide a range of services that will support individuals and Key Cohorts to meet their needs and sustain the changes and achieve the outcome. These services may include:

- **One to one Support**

- Where needed, the Service Provider(s) may need to provide one-to-one support. This one-to-one including emotional (therapeutic support) support will need to be with appropriately trained and qualified staff.

- **Peer / group supports**

- Develop and administer/facilitate peer support groups where there is a clearly identified need.
- The Service Provider(s) should explore and look to develop Peer support groups to run independently, while maintaining clear links to ensure all groups benefit from consistent information.
- The Service Provider(s) should also encourage alternative peer-led approaches and different formats of interaction and communication (i.e on-line communities)

- **Mentoring**

- The Service Provider(s) should ensure there are mentoring schemes in place. This will be a requirement for Children and Young People Leaving Care where it would be beneficial to the child or young person and they are willing and wanting to engage (as of April 2021 onwards).
- The Service Provider(s) will need to ensure that any mentors are independent from the Service or Social Care Services, and are appropriately matched.
- Through this, the Service Provider(s) will need to ensure that the mentors are effectively supported in their role and receive the necessary training. The Service Provider(s) will also need to ensure that there are the necessary safeguards and risk assessments in place, in relation to the recruitment and coordination of the mentors, the activities that are undertaken and locations visited.

- **Breaks / Time out / Activities**

- The Service Provider(s) shall deliver a range of activities and events based on the identified needs to enable the Key Cohorts to develop new interests, skills and to have a break.

- **Training**

- The Service Provider(s) may need to provide training. As part of this the Service Provider(s) will be required to:
  - Facilitate training, which should focus on empowering and confidence building.



- Develop a Training Programme, which should be based on feedback from Key Cohorts, Professionals, Partners or identified needs
- Work with other organisations to identify training gaps (statutory and non statutory)

### **Referrals to the service**

- 27.20. Referrals will be made by the Council, Schools, Health, Voluntary and Community partners, self referrals from individuals themselves.

### **Staffing**

- 27.21. The Service Provider(s) will ensure all staff have a high level of experience, skills and ability to meet the service aims and outcomes of the Key Cohorts.
- 27.22. The Service Provider(s) will ensure all staff working with the Children, Young People and Adults are able to understand the needs of those they are supporting, listen carefully, are able to communicate effectively and are willing to work creatively to ensure those they are supporting are fully engaged.

### **Key Performance Indicators**

- 27.23. The performance of the service will be measured against Outcome Performance Indicators, including:
- Number of training sessions undertaken
  - Case Study demonstrating impact of services provided
  - Number of activities/breaks/events held
  - Evidence of Outreach undertaken and impact
  - Demographic breakdown of clients accessing support provision and impact