SPECIFICATION

DAY ACTIVITIES AND OPPORTUNITIES FOR PEOPLE WITH MENTAL HEALTH NEEDS

August 2011

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2   INTRODUCTION

2.1   Service Summary

2.1.1   Slough Borough Council working jointly with Berkshire Healthcare NHS Foundation Trust is seeking to work in partnership with a Provider to develop a comprehensive and evolving range of activities and opportunities and provide a support service for people with mental health needs in the borough.

2.1.2   The new service provision will be in line with the principles of day service modernisation and personalisation. The Provider will:

- Deliver a high quality flexible service

2.1.3   Take the lead in co-ordinating services

- Support individuals, through partnership working with other service providers i.e. local colleges, housing, libraries, leisure, culture & faith groups etc

2.1.4   Slough has an ethnically diverse population, and deprivation indicators are above average in some wards. A re-designed service will need to ensure that the mental health needs of our local population are catered for effectively.

2.1.5   It is envisaged that the new service will consist of a combination of the following:

- Activity centre(s) provided in an accessible venue(s), with good access to inclusive activities

- Individualised support consisting of a range of activities

- Support to promote good mental and general health, manage symptoms and avoid relapse

- Individualised support service for those using personal budgets and direct payments

- Advice, guidance and signposting on resources in the community to meet individual outcomes

- Volunteering, employment, peer support and user led activities

2.1.6   The service objectives will be to:

- Promote recovery and provide support that enhances people's lifestyles and life chances and builds on the strengths and aspirations of the service user. The Provider will be expected to adopt a recovery model e.g. 'The Recovery Star Approach'. See Appendix 2.

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- Promote independence and wellbeing within the context of personalisation and self directed support. Maximise choice, self determination and individualised opportunities

- Ensure accessibility to services to all those who meet the eligibility criteria including those with complex mental health needs through active community mapping

- Promote social inclusion, skills and opportunities for recovery by enabling individuals to build and maintain meaningful relationships within their community

- Focus on community participation, minimising risks of discrimination and reducing isolation by encouraging users to build social networks outside of mental health community

- Promote access to lifelong learning and leisure activities

- Provide opportunities for mental health champions, peer support and user run services, and support service users in these aspects of the service

- Ensure user involvement in service design and delivery

- Provide tailored and appropriate levels of support to enable individuals to achieve their goals

- Be sensitive to the diverse needs of individuals and ensure age, health, gender, disability, race, language, culture and religion are taken into account in individual support planning

- The overarching aim is to make a positive difference to the quality of life of the service user through safe and accessible venue(s) with a focus on outcomes as indicated in Appendix 1

2.1.7   These objectives should not be viewed in isolation but read alongside the six mental health objectives in the Government mental health outcomes strategy *'No Health without Mental Health'*

- More people will have good mental health

- More people with mental health problems will recover

- More people with mental health problems will have good physical health

- More people will have a positive experience of care and support

- Fewer people will suffer avoidable harm

- Fewer people will experience stigma and discrimination

2.2   Background

2.2.1   The Department of Health document 'Putting People First: A Shared Vision and Commitment to Adult Social Care' outlines the context, vision and direction of how future adult social care is to be shaped. This is echoed by the objectives in *'Putting Me First'* – *Personalised Adult Social Care in Slough* and the guiding values and principles of '*No Health without Mental Health – A cross government mental health outcomes strategy for people of all ages*'

2.2.2   Personalisation, a key feature, is central to bringing about the changes needed to ensure individuals have capacity to live a full and meaningful life. It is therefore our intention to ensure that by working in partnership with the Provider, that mental health services are delivered in a way that reflects the aims of the personalisation agenda.

2.2.3   The commissioning process will take account of The DoH 'From Segregation to Inclusion: – *Commissioning guidance on Day Services for People with Mental Health'*

2.2.4   This service specification has been written following a major consultation of stakeholders, and a wide-ranging review of local and national policies including *Slough Borough Council Commissioning Strategy for Adult Social Care; and 'No Health without Mental Health'.* It aims to offer individuals a wider variety of support appropriate to their needs and focuses on outcomes.

It describes the key features of the services being bought, and should be read in conjunction with the Terms and Conditions.

2.2.5 The specification highlights good practice. It does not attempt to provide a precise definition of all aspects of the service, but it is expected that appropriate support in the fullest sense will be provided, as well as the application of good practice and striving to meet the strategic goals of the service as well as current legislation.

2.2.6 It is expected that the service will be continually developing and evolving in response to changing needs, and the Provider will need to demonstrate flexibility and responsiveness to ensure the needs of individuals are met in creative ways.

2.3   The Vision

2.3.1 Slough Borough Council (SBC) and Berkshire Healthcare NHS Foundation Trust (BHFT) wish to work in partnership with a Provider to deliver a high quality, outcome-based service to its mental health service users.

2.3.2 It is expected that the day activities and opportunities service will be innovative, creative and provide support for those suffering from mental ill health

2.3.3 The service should include the establishment of mental health champions, encouraging users to take on roles which are supported, functional and add value.

2.3.4 The aim is to maximise the use of available resources within the borough and establishing longer-term relationships with appropriate organisations.

2.3.5 By signing up to a partnership approach, all Parties shall make a commitment to:

- ensure delivery of person-centred care

- share key objectives

- collaborate for the mutual benefit of the service user

- communicate with each other clearly and regularly

- be open and honest with each other

- share relevant information, expertise and plans

- avoid duplication wherever possible

- monitor performance

- seek to avoid conflicts, but where they arise, to resolve them quickly at a local level wherever possible

- strive for continuous improvement by using the available resources in better, more efficient ways

- share any potential risks in service development

- promote partnership working at all levels

- ensure an agreement which is flexible enough to reflect changing needs and priorities, lessons learned and encourages service user participation

- Prospective service providers should be guided by local and national policies which are aimed at improving the quality of life in the borough.

The Borough Council's objectives and commitment to improvement are documented in these policies, which may not be exhaustive. The Joint Strategic Needs Assessment - prepared jointly for the health and care authorities in Berkshire, provides a breakdown for each area, examines demographic changes, causes of morbidity and increasingly interventions to prevent inequalities http://berkshireobservatory.org/Health/JSNA

2.4 Core Principles

2.4.1 The following principles underpin the way in which the Borough Council commissions services. This set of principles should apply to all contact with service users and carers.

- to treat people as individuals and promote each person's dignity, privacy and independence

- to acknowledge and respect people's gender, sexual orientation, age, ability, race, religion, culture and lifestyle

- to maximise people's independence

- to recognise people's personal preferences

- to provide support for carers, whether relatives or friends, and recognise the rights of other family members

- to acknowledge that people have the right to take risks in their lives and to enjoy a normal lifestyle

- to provide protection to people who need it, including a safe environments

- to ensure that skilled and competent staff are provided that are appropriately trained for the client group they are working with

- to acknowledge it is a legal requirement to uphold service user's human rights in decisions concerning the business and in the delivery of service

3 SERVICE DESCRIPTION

3.1 Service Model

3.1.1 The service model is based on recovery, rehabilitation and re-enablement. There will be a commitment to ensuring that the needs of those most vulnerable, who meet the eligibility criteria, are met through the re-designed service. A service will only be provided to those with less complex needs where it is evidenced that the service is maintaining and progressing sustainable recovery.

3.1.2 There needs to be a comprehensive range of day service provision designed to promote recovery, social inclusion and self-determination and to decrease social isolation. The service should fulfil the four key functions as indicated in The DoH 'From Segregation to Inclusion – *Commissioning guidance on Day Services for People with Mental Health':*

   a) Provide opportunities for social contact and support

   b) Support people to retain existing social roles, relationships and existing social/leisure activities that they value

   c) Support people to access new roles, relationships and mainstream social/leisure opportunities of their choosing

   d) Provide opportunities for people with mental health problems to run their own services

3.1.3 The Provider will ensure the introduction of projects, particularly those which are service user led

3.1.4 The service model will:

   - be focussed on a personalised approach, in that each individual will have access to a range of different activities to meet individual social, employment, learning and leisure needs

   - prioritise the needs of those most vulnerable

   - be community based, integrating with other mental health services in the wider community

   - include access to advice and information and signposting to mainstream services

   - need to develop strong links with other services and resources within the borough such as employment, advisory services, education and lifelong learning, sport and leisure

   - provide a support service to those with personal budgets

3.1.5 It is anticipated that the Provider will seek additional sources of funding to support and enhance the service including encouraging any emerging social enterprises.

3.1.6 The service will support up to 200 service users and outcomes will be monitored using the Department of Health 2011/12 Adult Social Care Outcomes Framework. In measuring outcomes, the total number of users receiving an outcome based service will be more appropriate than a daily 'attendance' measure i.e. how many become volunteers, mental health champions, reductions of those in receipt of personal budgets, ability to manage independently.

4   OUTCOMES

4.1   Required Service Outcomes

4.1.1   All service users who receive support and or funding from the Council are required to have Support plans, which detail the service users agreed outcomes.

4.1.2   Support will be required at different levels but will focus on maximising service user independence and deliver a set of outcomes that enable service users to achieve or maintain independent living. There is an expectation that appropriate measures e.g. the Recovery Star tool will be adopted.

4.1.3   Outcome focussed services aim to achieve the goals and aspirations of the individuals they serve and are fundamentally person-centred in approach recognising that each individual is unique and will have different requirements.

4.1.4   Services will be more user-led and outcome focussed and will consist of the following:

- Service delivery to a wider population which meets the needs of more diverse groups

- Utilising existing service provision ensuring more added value

- Integration with other services and not operating as a stand alone service

- Wider service user inclusion to create momentum for forward progression

- Utilising service user led services which promote a progressive recovery focus

- Empowering service users to get involved in delivering services

- Individualised support consisting of a range of activities

- Individualised support, advice , guidance and signposting on resources for those using personal budgets and direct payments

- Support to promote good mental health, manage symptoms and avoid relapse

- Support for volunteering, employment and peer support

4.1.5   Outcome measures will include:

- Maintaining family and social life

- Contributing to community life and avoiding loneliness or isolation

- Opportunities to have the best mental health and wellbeing, avoiding relapse

- Ability to make safe lifestyle choices and be supported in doing so

- Enjoying physical safety and feeling secure

4.2   Adult Social Care Outcomes

4.2.1   Outcomes will also reflect those indicated in the Department of Health 2011/12 Adult Social Care Outcomes Framework outlined below.

Domain 1 – Enhancing quality of life for people with care and support needs:

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.

- Carers are supported so they can balance their caring roles and maintain their desired quality of life.

- People are able to maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

Domain 2 – Delaying and reducing the need for care and support:

- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their needs.

- Reablement means that people and their carers are less dependent on intensive services.

- Support received takes place in the most appropriate setting, and enables people to regain their independence.

- Domain 3 – Ensuring that people have a positive experience of care and support:

- People who use social care and their carers are satisfied with their experience of care and support services.

- Carers feel that they are respected as equal partners throughout the care process.

- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Domain 4 – Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm:

- Everyone enjoys physical safety and feels secure.

- People are free from physical and emotional abuse, harassment, neglect and self harm.

- People are protected as far as possible from avoidable harm, disease and injuries.

- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4.2.2   Utilising the new National Outcomes Framework will enable comparison with local statistics from the National Social Care Survey and the achievements in other service areas.

5   PERSONALISATION

5.1   Self Directed Support / Individual Personal Budgets

5.1.1   Self directed support is a key feature of Personalisation. Personal budgets also form part of self directed support where individuals can purchase the support as they want to. It means that individuals are in control of the support services they receive. They are able to develop their support plans with help if they need it.

5.1.2   The new Mental Health Day Service will operate in the developing context of personalisation and increasingly self directed support.   The prospective service Providers should be supportive of such initiatives and more person centred services generally.

5.1.3   A support plan will indicate how the Personal budget can be spent to meet eligible social care and support needs. The plan will identify what individuals want to achieve, the outcomes, and the support they need to realise them.

5.1.4   Individuals can then use their personal budgets to pay people or agencies to provide the support that helps them to achieve the outcomes they want. Arrangements can be made for them by the Council or through other independent brokerage services/agencies.

5.1.5   If a service user chooses not to manage their own budgets, they will still have control over the services they receive.

5.1.6   The fundamental principle is that with the right support service users are in control, making their choices and decisions.

6   SERVICE USERS GROUPS

6.1.1   Support services will be available to adults aged 18 and over, who live in the Borough and will include those who:

- Meet the Fair Access to Care Services (FACS) eligibility criteria and /or BHFT criteria for mental health services

- Have mental health needs

- Are willing to accept support and sign up to a 'Service Users Code of Conduct'

- Come from a diverse range of cultural, religious and ethnic backgrounds

6.2   Accessing the Service

6.2.1   Referral to the service will be through the Community Mental Heath Team and with the user's consent be accompanied by a needs & risk assessment and care programme approach plan.

6.2.2   Service users, who, through the process of their recovery no longer meet FACS eligibility criteria, may continue to use the service by agreement with the Community Mental Health Team. However, there needs to be a clear and specified recovery plan in place which enables positive outcomes and ensures access to other services.

6.2.3   The new service model will focus on recovery and wellbeing. There will be clear pathways to accessing and exiting the service, ensuring close working with the BHFT Next Generation Care model.

7   SERVICE MANAGEMENT

7.1   Hours of Service

7.1.1   The service will operate daily, for fifty-two weeks per year.

7.2   Service Flexibility

7.2.1   Services need to be flexible in meeting the needs of service users. There will be an expectation that access to weekend, bank holidays and evening activities will be made available as appropriate.

7.2.2   Details of the service provision will be agreed and recorded in Individual Support plans.

7.3   Support Planning

7.3.1   On referral to the service, the Provider will:

- Make initial contact with a potential user within seven calendar days of receiving a referral

- Provide a service within 14 days of receiving the referral (or advise of waiting list if appropriate)

- Provide access to a range of activities from which users can choose, in line with their identified objectives

7.3.2   Following acceptance into the service, Providers may wish to carry out a more in-depth support plan. Support plans must:

- Be driven by the service user

- Include individual service user outcomes so that the qualitative aspects of the service can be effectively measured

- Provide a consistent record to ensure fair treatment of all service users

- Be signed and dated by the service user, advocate or other support worker

- Be copied to the Service User within five working days of preparation.

7.4   Referral to other Statutory services

7.4.1   Where a change in need has been identified, the Provider will discuss this with the Community Mental Health Team. The Provider will not initiate referral to other services without discussion with the Community Mental Health Team.

7.5   Risk Assessment

7.5.1   The aim of a risk assessment is to ensure the safety of the service user / carer / support worker. This will include of the following:

- Identify risk issues for each service user, and hazards from each risk issue, determining who is at risk and the possible harm

- Decide on any appropriate action in priority order

- Have access to information and pass the information on to others if necessary, having regard to issues of data protection and confidentiality.

- Be clear about responsibilities

- Develop and review strategies to reduce risk whilst allowing service user as much independence as possible

7.6 Support Plan Reviews

7.6.1 Service users will have an individually tailored support /recovery plan which will be agreed jointly and owned by the service user.

7.6.2 Staff will be required to liaise with support co-ordinators for those service users on CPA (Care Programme Approach), and outcome-focussed day activities plans will be linked to overall recovery plans.

7.6.3 The support plan should be updated to take account of any significant changes and reviewed at least 6 monthly. A review process, based on CPA where applicable, needs to be agreed between the Provider and CMHT and service users will be central to the process of any review. Carers will also be included where appropriate and with the agreement of service users.

7.6.4 A review will include some or all of the following:

- A record of the agreed outcomes in the support plan since the previous review and any changes to the support plan

- A record of service users outcomes achieved, using the appropriate outcome measure e.g. Recovery Star

- Details of risks assessments

- Details of change of key worker since the previous review

- Details of any incidents involving the user and the outcome of such incidents

- Complaints made by the user, relative or advocate, how it has been dealt with, and key outcomes and actions resulting from the enquiry in relation to the particular complaint

- Dates for next review

7.6.5 The Provider must notify the Council if it believes the service user's needs have changed to the extent that the support plan needs to be changed.

7.6.6 Where there is an indication that services provided will go beyond the personal budget agreed for that service user, the Provider must notify CMHT

7.6.7 The Provider will take responsibility to ensure that services offer best value as agreed by Slough Borough Council/Berkshire Healthcare

7.6.8 The Provider shall not change, suspend or terminate any part of the service without consultation or agreement with the Council

8   QUALITY, PERFORMANCE AND COMPLIANCE

8.1   Quality Assurance

8.1.1   To ensure that services provided are of the standard and quality required, Providers must:

- Have quality assurance and quality control systems/procedures in place which monitors their performance against this specification

- Provide the Council with clear evidence of its quality assurance system

- Have internal mechanisms in place that make them directly accountable to each of their service users for the delivery and quality of care and support being given

- Have procedures for consulting with service users and their carers in order to obtain their views and feedback on the quality of service provided by the Provider

- Ensure that employees are aware of the standard of service they are required to provide and are able to meet that standard

- Conduct routine monitoring of performance and of adherence to these standards ensuring that remedial action is taken, where necessary

8.2   Service Performance / Monitoring

8.2.1   Performance monitoring will focus principally on Outcomes as described in Appendix 1 – OUTCOMES BASED APPROACH and in the 2011/12 Adult Social Care Framework.

8.2.2   The Provider must maintain all the records required for the efficient running of the business for the requisite length of time. Records must be kept secure, in accordance with the Data Protection Act 1988 as amended, up to date and in good order.

8.2.3   In addition to the collection and presentation of information required for the measurement of Outcomes, the Provider must maintain records and operate processes in respect of Quality Assurance and Complaints and Compliments.

8.2.4   Monitoring will take into account all levels of outcomes. The Provider will be required to produce on a quarterly basis, evidence in relation to performance, and at a minimum, details of the following:

- Number of placements including details of ethnicity, age, disability, gender etc

- Number of new referrals to the service

- Number of complaints and compliments

- Staff turnover

- Details of staff training undertaken

- Absence rates of staff through sickness

- Service user involvement in shaping and running services

- Service user satisfaction survey and outcomes

8.2.5   The Provider shall ensure at all times that it maintains the standards required and notifies the Borough Council where changes occur

8.2.6   The Provider must be able to demonstrate that it has office systems that can accommodate the minimum requirements of the Borough Council.

8.2.7 The Provider will be invited on a quarterly basis to a Service Review (contract monitoring) meeting to be held by a Service Management Review Group chaired by a Slough Borough Council nominated officer, which will also be attended by:

- The Locality Manager, BHFT

- Community Services Manager, BHFT

- Joint Commissioning Team representative, SBC

- The Contracts Manager, SBC

- Service User Representative/Advocate

- The Provider's Representative

8.2.8 Ten working days prior to the Service Review meeting, the Provider shall present a written report evidencing achievements / activities in relation to the performance targets / indicators stated in the specification.

8.2.9 The Borough Council will be permitted reasonable access to the Day Service to monitor service activity, quality and progress. This shall include meeting with service users, examining service users records including their Day Activities Plan and reviewing the Providers policies and procedures.

8.2.10 The Borough Council Contracts Manager, a member of the Commissioning Team or BHFT Managers, may at any time interview any employee of the Provider in connection with the monitoring programme

8.2.11 In addition to the quarterly reviews and to ensure positive working partnerships, the Provider may be required, on occasion, to meet with a Community Mental Health Team Liaison Officer to discuss and resolve any mutual areas of concern

8.2.12 The Borough Council may require the Provider to supply financial information concerning their continuing financial viability. The Borough Council shall treat this information in the strictest confidence and shall use it only for the purpose it was requested. Any concerns arising from the information shall be fully discussed between both Parties.

8.3 Compliance

8.3.1 The Provider shall ensure at all times that it maintains the standards required under the eventual Contract and Final Specification. The Provider must be able to demonstrate that it has office processes and systems that will meet the requirements of the Specification and Contract. The Council must be informed at the earliest opportunity where changes are required.

8.3.2 A list of the Policies and Procedures required of the Provider is given in Appendix 3 – Policies and Procedures

8.3.3 Where the standard of the service falls below the acceptable standard, the Borough Council will produce an action plan with the Service Provider with agreed timescales in order to make the necessary improvements. If the agreed action plan is not complied with this will be classified as a breach of contract and will be treated as a default. See clause "Defaults" in the terms and conditions.

8.4   Complaints

8.4.1   The Provider must have a Complaints Policy which is included as part of their information pack. The Policy should be available to the Borough Council in responding to this tender and in the future upon request.

8.4.2   The Provider must maintain a complaints procedure that is available to service users and their carers.

8.4.3   The Provider must maintain a clear written procedure for handling complaints

8.4.4   Positive action should be taken to publicise their complaints procedure and enable service users to make a complaint.

8.4.5   The Provider must operate a complaints procedure that is in line with the Borough Council's Complaints Procedure. The procedure must set out a clear investigative process, ensuring that all complaints are thoroughly followed through.

8.4.6   The Provider must make clear that the service user will not jeopardise their entitlement to a service by making a complaint.

9   HUMAN RESOURCES

9.1   Staffing

9.1.1   Staffing levels should be sufficient to provide appropriate support to service users, including supporting individuals to engage in social and recreational activities.

9.1.2   The Provider will ensure that staff are aware of the cultural backgrounds of various local ethnic minority groups using the service and that principles of good practice regards diversity are applied.

9.1.3   Staff should be recruited in accordance with an Equal Opportunities Policy and appointments made solely on the criterion of who is the person best equipped to do the job. People should not be discriminated against on grounds of race, religion, gender, disability, age or sexual orientation.

9.1.4   The Provider will ensure that all matters relating to the appointment, management and termination of employment of staff are conducted in an appropriate manner to ensure that requirements relating to equal opportunities are met and that confidentiality is maintained.

9.1.5   Staff should be provided with regular supervision and have opportunities for personal development and relevant training. There should be a written procedure regarding grievance and disciplinary matters.

9.2   Training and Workforce Development

9.2.1   The Provider will ensure that staff delivering the service are appropriately experienced and trained and able to fulfil the requirements of the organisation and this service specification.

9.2.2   The Provider will ensure there is a structured induction process and training.

9.2.3   The Provider will ensure emphasis is given to staff's continued professional development relevant to their role and in particular to any specialist training required.

10   SAFEGUARDING AND SAFETY

10.1   Safeguarding – Specific Issues

10.1.1 The Provider will maintain an awareness of all relevant safeguarding policies and procedures. The Provider shall comply with and apply the Berkshire Safeguarding Adults Policy and Procedure and Slough Borough Councils local procedures. A copy of the relevant policies can be obtained from the Community Social Work Team on 01753 690400.

10.1.2 The Provider should ensure that their managers, staff and volunteers are trained in safeguarding procedures and issues adequately (see 10.2 Safeguarding – Competence Framework).

10.1.3 The Provider shall accept that preventing, recognising and reporting abuse is the duty of all staff in all organisations and agencies. Providers should act on any concerns that they have, reporting such concerns and raising alerts at the earliest time.

10.1.4 Safeguarding requires a thorough view of the service user and their wellbeing, which may include:

- Safeguarding issues which arise in relation to those associated with the service user and may include children;

- Whilst the personalisation of social care and personal budgets introduce new freedoms to choose, there may be instances where the service user is abused in new ways (e.g. increases in financial abuse).

10.1.5 The Provider should be alerted to any form of abuse and report it to the Borough Council without delay.

10.2 Safeguarding – Competence Framework

10.2.1 A National Competence Framework for Safeguarding Adults is currently being developed. The framework will establish consistent safeguarding practices across the country and will provide a baseline for standards of competence.

10.2.2 There are currently four levels of competency for all those working with vulnerable adults. The Provider needs to ensure that all staff are competent in the first five competencies. Beyond this will be dependent on the occupational role and level of responsibilities. The competencies are as follows:

10.2.3 The management of the Day Activities Service should:

- Ensure that all managers, staff and volunteers are competent in Group A

- Managers should also be competent in the first three points listed in Group B

10.2.4 Staff Group A:

Including but not limited to: volunteers, day service staff, support workers, personal assistants, housing officers, leisure and recreation centre staff, drivers and transport staff, church/faith workers are required to:

- Understand what Safeguarding is and their role in Safeguarding Adults

- Recognise an adult potentially in need of Safeguarding and take action

- Understand the procedures for making a 'Safeguarding Alert'

- Understand dignity and respect when working with individuals

- Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity

10.2.5 Staff Group B:

Qualified Professionals in health and social care and all frontline Managers (including staff who may act as the senior staff on duty) who manage or supervise staff providing services directly to the public. Including but not limited to: Voluntary and Independent Sector Managers, Health and Social Care Provider Service Managers etc,

- Demonstrate skills and knowledge to contribute effectively to the Safeguarding process

- Have awareness and application of a range of local and national policy and procedural frameworks when undertaking Safeguarding activity

- Ensure service users / carers are supported appropriately to understand Safeguarding issues to maximise their decision making

- Understand how best evidence is achieved

- Understand when to use emergency systems to Safeguard adults

- Maintain accurate, complete and up-to-date records

- Demonstrate required level of skills and knowledge to undertake a Safeguarding Adults investigation

10.2.6 Further details regarding the framework and competencies can be obtained from the following link www.learntocare.org.uk/index.aspx?o=1942

10.3 Health and Safety

10.3.1 The Provider will be aware of relevant legislation and regulations and ensure the operation of safe working practices.

10.3.2 The Provider will ensure that all staff are provided with appropriate training to carry out the service safely and in line with regulations and legislation.

10.3.3 Any incidences of serious injury or death of a service user must be notified by the Provider to Slough Borough Council immediately by telephone and in writing with 24hours.

11.1 Service User Records

11.1.1 The Provider shall ensure that information held in relation to a service user is made available to staff authorised by Slough Borough Council and Berkshire Healthcare in accordance with the legislation of the Data Protection Act.

11.1.2 The Provider will share information with CMHT on any event where a change of service may be needed e.g. changing level of need or risk

11.1.3 The following records (at a minimum) shall be kept by the Provider in relation to the Service User:

- Full name, date of birth, home address, next of kin, gender, contact details of each service user enrolled in the service, including the relevant Care Co-ordinator and the service user's General Practitioner

- Information about the service user's health, risk assessment and risk management, and up to date reviews and move-on's

- Details of any professional staff involved with the service user

- Written care / support plans in accordance with this specification

- Records of any serious incidents relating to client health care and safety, and associated outcomes and actions

11.2 Finance

11.2.1 The Provider must have appropriate governance arrangements in place to ensure that they are able to manage and control their finances for internal efficiency and to enable the organisation to respond readily to external scrutiny.

11.2.2 The Provider must:

- Ensure Service Users to manage their own financial affairs

- Ensure that staff do not accept cash, gratuities or gifts from Service Users

- Ensure that staff are issued with a copy of the written policy on the acceptance of cash or gifts from a Service User

11.3 Confidentiality

11.3.1 The Provider, Slough Borough Council and Berkshire Healthcare will integrate care-planning information where appropriate. The Provider will make available a copy of the day service support plan and any other relevant information

11.3.2 The Community Mental Health Team will share relevant information with the Provider

11.3.3 The agreement for information to be shared between the Provider and the Community Mental Health Team is to be made explicit to service users when they register with the day service, and their written consent is to be obtained

11.3.4 Service user's views and consent should always be sought and documented before information is shared with a carer or other party

11.3.5 The Community Mental Health Team will convene Care Programme Approach reviews in line with national standards and requirements. The

Provider will be invited to attend Care Programme Approach reviews for users whose care plan includes attendance at the Day Service, with the consent of the service user

11.3.6 Service users information held by the Provider will be held securely and will be made available to service users on request

12   APPENDIX 1 - OUTCOMES BASED APPROACH

The outcomes shown below are by no means exhaustive. Service delivery will be expected to be driven by the outcomes identified by each individual. Individuals are unique and their outcomes will be specified in their individual care / support plans. Slough Borough Council will monitor providers in line with the Adult Social Care Outcomes Framework 2011/12.

Adult Social Care Outcomes

Domain 1	Outcome Indicators
Enhancing quality of life for people with care and support needs	**National** • The proportion of people who use services who have control over their daily life **Local** • Number of new referrals to the service • Number of locations / venues where the Provider has enabled access to services and the extent of the service provision • Elapsed time between access to services and service delivery • Follow-up research on the views (qualitative) of those who have used the mental health day service • Notable brief case studies, demonstrating high quality outcomes and enhanced quality of life for the service user; • Number of complaints and compliments for the mental health day service. •

Domain 2	Outcome Indicators
Delaying and reducing the need for care and support	**National** • Effectiveness of prevention/preventative services • Effectiveness of early, intervention and reablement: avoiding hospital admissions • Effectiveness of reablement: regaining independence

Domain 3	**Outcome Indicators**
Ensuring that people have a positive experience of care and support	**National** - Overall satisfaction, of people who use services, with their care and support - Overall satisfaction of carers with social services - The proportion of carers who report that they have been included or consulted in discussions about the person they care for - The proportion of people, who use services and carers, who find it easy to find information about support **Local** - Follow-up research on the views (qualitative) of those who have used the Service - Number of complaints and compliments for the Service.

Domain 4	**Outcome Indicators**
Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	**National** - The proportion of people, who use services, who say that those services have made them feel safe and secure - Effectiveness of safeguarding services **Local** - Number of new referrals to the service, processed where the outcome contributes to reducing the vulnerability of the service user, and / or made them feels safer - Number of alerts and analysis of action taken - Follow-up research on the views (qualitative) of those who have used mental health day service - Measures to raise awareness of safeguarding issues and processes - Number of volunteers / staff members trained in safeguarding - Notable brief case studies, demonstrating high quality outcomes and enhanced quality of life for the service user, by increasing the protection afforded to the vulnerable

13 APPENDIX 2 – RECOVERY STAR APPROACH
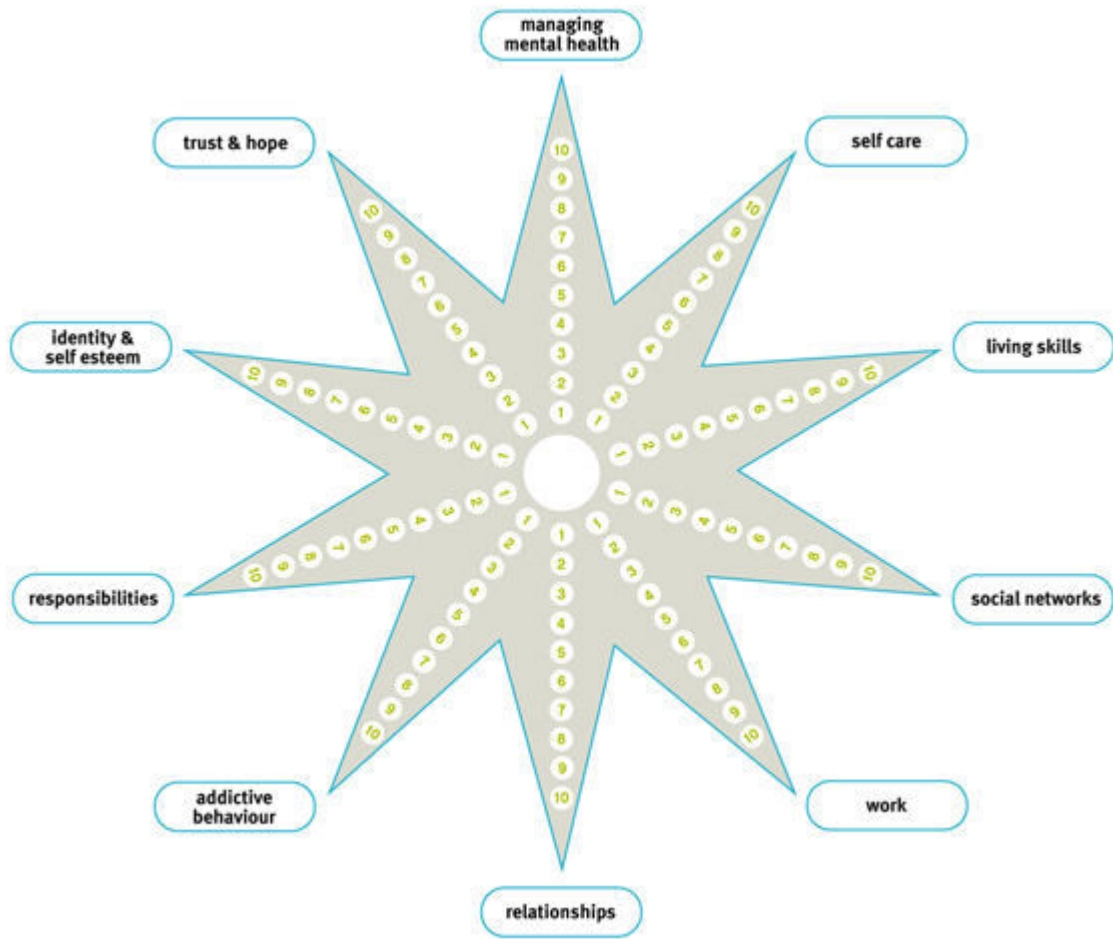
Reference: www.mhpf.org.uk/recoveryStarApproach.asp

14   APPENDIX 3 – POLICIES AND PROCEDURES

- The Provider is required to have the following and any other appropriate documented Operational policies and procedures in place:

- Access to carers and advocates

- Access to records

- Bullying and harassment

- Care Planning and Review policy

- Code of conduct

- Complaints and compliments procedures

- Consultation and Involvement Policy

- Dealing with Violence and Aggression

- Dignity and Respect

- Disciplinary and grievance policies and procedures

- Equal Opportunities policy and non-discriminatory practices

- First Aid

- Food preparation and general kitchen hygiene

- Health and Safety policy

- Incident and accident recording, including management procedures

- Induction and ongoing training policy

- Managing Finance Policy and Procedures

- Managing Risk

- Medicines (if appropriate)

- Off site activities – including escorting users to external activities

- Quality assurance systems and guidance, including self-audit information

- Recording/Data Protection and confidentiality of information

- Referral and assessment guidance

- Safeguarding Vulnerable Adults

- Sexual or racial harassment

- Staff recruitment and retention policy

- Supply and Use of Equipment Policy

- Team meeting framework

- Terms and Conditions of Employment

- Training and Staff development

- Use of information technology guidelines

- Whistle blowing