

# **COMMISSIONED SUPPORT SERVICES**

**FOR CHILDREN AND YOUNG PEOPLE WITH  
SPECIAL EDUCATIONAL NEEDS and/or DISABILITIES  
(SEND)**

***Core Service Specification*  
2020 - 2023**

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# 1. *General Information*

## 1.1 Introduction

The London Borough of Newham (LBN) and its partners are collaborating on the development of a shared set of general standards for the delivery of specific support services for children and young people resident in Newham with special educational needs and/or disabilities (SEND).

Our vision is for children and young people with SEND to make the best possible progress in achieving positive outcomes in all aspects of their lives. More broadly, we want them to lead happy and fulfilled lives; for them to make consistently high rates of progress to achieve well in the early years, at school and in college. It is also crucial that they make a successful transition to further education, higher education, employment and adulthood including living independently. Our vision reflects a commitment to parental choice and the inclusive education and service provision for children and young people with SEND in Newham.

Parents have told us that providing the right support for their children and making sure that services work together in a coordinated way to deliver this support is vital if children and young people are to achieve their ambitions. Our vision is of education, health and social care services working together with children, young people and their families in delivering high quality support to meet local needs and achieve better outcomes.

This core specification describes the general standards required of prospective Providers to deliver the services that are outlined in section 2. These services are procured via a Dynamic Purchasing System (DPS). LBN have commissioned *adam* HTT Ltd to provide the DPS platform, known as SProc.

## 1.2 What is a DPS?

A Dynamic Purchasing System (DPS) is an electronic system used by a Contracting Authority (buyer) to purchase commonly used goods, works or services. Unlike a traditional framework, Providers can apply to join at any time. It is an 'open market' solution designed to provide buyers access to a pool of pre-qualified Providers.

A DPS is usually set up by central purchasing bodies, such as Newham Council. A DPS is often divided into categories of works, services or goods (referred to as Lots). Providers can apply to single or multiple lots within a DPS.

## 1.3 Benefits for Providers of being on a DPS

- Providers don't have to demonstrate suitability and capability every time they wish to compete for a public sector contract.
- A DPS is more accessible for SMEs.
- Award of individual tenders can be quicker than under some other procurement

procedures.

- A DPS remains open to new Providers throughout the period of the agreement. This enables Providers who may not be able to meet the selection criteria at the time a DPS is first established to review their processes, finances and capabilities and apply for acceptance onto the DPS at a later stage.
- A Provider who fails the application and enrolment stage can reapply later if circumstances have changed (for example if it gains new skills or experience).
- A Provider may apply for as many categories for which it is suitable.

#### **1.4 Newham - Local Context**

Newham remains one of the fastest-changing boroughs in London and the country, with a young and highly diverse population. This includes a population of children and young people aged 0-19 over 96,700 and growing. Newham's population has traditionally been transient. Approximately 50% of residents have lived in Newham for over 10 years, whereas around 15% have lived in the borough for 2 years or less.

Despite recent improvements and areas of fast-rising prosperity, Newham also remains one of the most deprived parts of Britain. Understanding the needs of our population is vital to the Council and our partners. We are committed to putting people at the heart of everything we do. In the 2015 Index of Multiple Deprivation (IMD), Newham was ranked the 25<sup>th</sup> most deprived local authority in England.

Nearly half of Newham residents are living in poverty after housing costs have been taken into consideration (49%). This is more than double the national level reported by the Joseph Rowntree Foundation in 2018 (22%). Newham's children are especially affected by poverty. The Newham Household Panel Survey estimates that 67% of Newham's children live in households in poverty after housing costs.

Newham is one of the best local authorities to live in for social mobility. In the most recent (2017), Social Mobility Commission published State of the Nation report, Newham was ranked 12<sup>th</sup> overall out of 324 local authorities. We performed well on indicators for Early Years (ranked 37<sup>th</sup>), Schools (ranked 4<sup>th</sup>) and Youth (ranked 7<sup>th</sup>).

The Borough has a diverse and vibrant community with a long and well regarded history of inclusive practice. Through a strong commitment between schools, partners and the Council, the great majority of our children with SEND are educated within our local mainstream schools. Over 90% of local area schools and education settings are rated good or outstanding, with all of our schools and partners committed to the Newham Inclusion ethos.

#### **1.5 Relevant Legislation, Policies and National Standards**

As a minimum, services are expected to be provided in line with statutory duties, policies and standards relevant to each Lot. Examples include:

- Children and Families Act (2014)
- Children Act (1989)/Children Act (2004)
- Carer's Act (2015)
- Short Breaks for Carers of Disabled Children (2011)
- Equality Act (2010)
- Chronically Sick and Disabled Person's Act (1970)
- National Framework for Children and Young People's Continuing Care (2016)
- Special educational needs and disability code of practice (2015)
- NHSE Responsible Commissioner Guidance
- Local Authority Social Services and National Health Service Complaints Regulations (2009)
- Together for short lives ACT research reports and pathways included integrated, transition and neonatal palliative care pathways - [www.togetherforshortlives.org.uk](http://www.togetherforshortlives.org.uk)
- NICE guidelines relating to children with nursing and continuing care needs
- Working together to safeguard children (2018)
- Data protection Act (2018)
- General Data Protection Regulation (GDPR)

## 2. Service Types - Lots

There are five distinct Lots that form part of this DPS. Each Lot is broadly described below.

### 2.1 Lot 1 – Registered Care and Support

This Lot is for the provision of 1:1 care services in the home to help families with the care of children and young people with disabilities. It is intended to give parents free time, to enable them a rest, spend time with their other children or in an emergency.

These services may be arranged on a one off or a regular basis and are for short periods of time. 1:1 care and support is usually arranged on a planned basis, but may be required quickly in an emergency situation. Providers offering these services must be registered with the Care Quality Commission (CQC).

### 2.2 Lot 2 – Non-registered Support

This Lot is for the provision of 1:1 support services in and out of the home to help families with the support of children and young people with disabilities. It is intended to give parents free time, to enable them a rest, spend time with their other children or in an emergency.

These services may be arranged on a one off or a regular basis and are for short periods of time. 1:1 support is usually arranged on a planned basis, but may be required quickly in an emergency situation. Providers offering these services are not required to be registered with the CQC but are expected to deliver the services to an equally high standard as those that are.

### **2.3 Lot 3 – Continuing Care**

This Lot is for the provision of health care services for children and young people with very complex health needs, which may be the result of congenital conditions, long-term, life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury. These needs may be so complex that they cannot be met by services which are routinely available from GP practices, hospitals or in the community. A package of additional health support may be needed and this is usually known as continuing care.

The Provider must offer a service with the core aim of delivering packages of care within the child or young person's home whose needs cannot be met from the health services commissioned by Newham Clinical Commissioning Group or another NHS commissioning body.

Defined objectives include:

- Packages of care commissioned must be child-centred, family inclusive, and appropriate to the child or young person's assessed needs
- Children and young people are cared for safely and that they, and their families/carers are fully involved in managing their health care
- Needs are regularly monitored and reassessed
- All services delivered are able to adapt to a diverse population
- Packages of care are delivered in a coordinated way with families
- Staff delivering care packages share evidence of their assessed competencies to provide care for individual children

Care will be delivered as per agreed package, and could encompass any time in a 24 hour period. The Provider must ensure there is 24/7 on call nursing support for staff working in family homes with the purpose of:

- End of Life Care, including shared care arrangements with the Diana Team, hospital or hospice
- Nursing support available to provide guidance on admission to hospital and stepdown from hospital to home
- Emergency admissions to hospital
- Address any urgent care issues
- Being the first point of call in the event of clinical or safeguarding issues

### **2.4 Lot 4 – Group Based Short Breaks**

This Lot is for the provision of short break group opportunities for disabled children and young people and, where required, their siblings. They will deliver a broad range of opportunities. Activities may range from arts/crafts, drama, music, accessible sports, day trips, and sessions that build independence skills.

These services will deliver school holiday and out-of-hours provision for children and young people with SEND. Providers must ensure that the premises they deliver the services from are secure, safe, risk assessed and suitable to meet the needs of service users.

Providers are required to:

- Safely support disabled children and young people to take part in a range of varied, fun group activities in the school holidays.
- Provide positive experiences for disabled children and young people.
- Support parents/carers to have a break from their caring responsibilities.
- Reduce family stress.
- Provide peer group opportunities to develop social skills and friendships.

## **2.5 Lot 5 – Registered Overnight Respite**

This Lot is for the provision of overnight respite care for children and young people with disabilities in a residential setting. It is intended to give parents free time, to enable them a rest, spend time with their other children or in an emergency.

These services may be arranged on a one off or a regular basis and are for short periods of time. Overnight respite care is usually arranged on a planned basis, but may be required quickly in an emergency situation. Providers offering these services must be registered with Ofsted.

# **3. *Outcomes***

There is an expectation that services, of any type, should support any child or young person to achieve general and individual positive outcomes alongside any other partner organisation including Education, Health and Social Care provision. The following information outlines some of these expectations, which form part of the performance and contract monitoring framework.

## **3.1 What are Outcomes?**

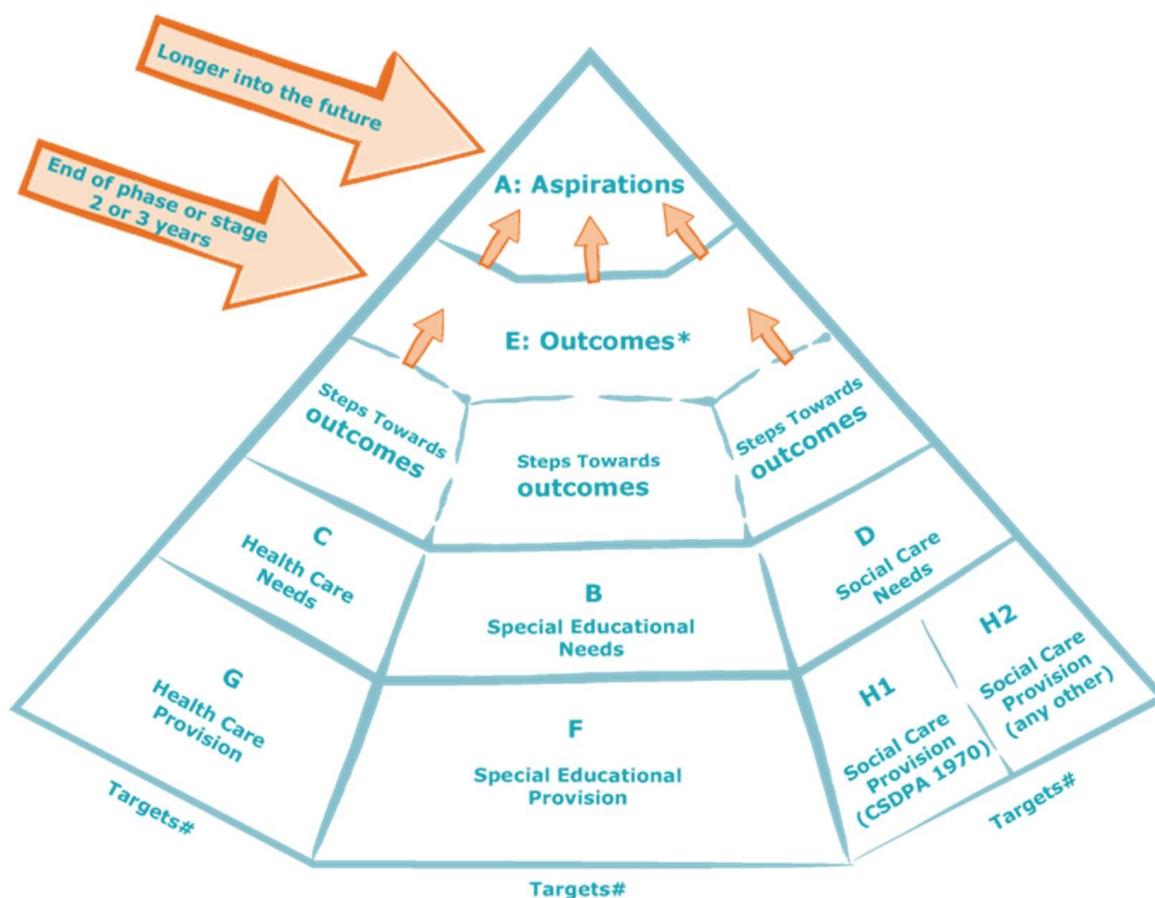
Outcomes can be defined as the changes we can see being made with an individual, based on something we have done to create that change and is not solely related to academic achievement and progress. The SEND code of practice makes it clear that all children should be empowered to achieve the best possible educational and other outcomes.

Providing real and meaningful engagement of children and young people and their parents is of paramount importance. This can be achieved through person-centred working, as well as taking a partnership approach with the help of all those involved in all aspects of a child or young person's life to determine positive outcomes. Promoting service user independence and choice is at the heart of this so Providers are expected to:

- Support the child or young person to make choices and have as much control over their life and independence as possible.
- Engage in Shared Decision-Making.
- Give the Service User information about health and safety risks so that they can make informed choices.

A good outcome is created by building on something that has been working well, then working to change aspects of a strategy that doesn't work well, addressing the needs of that person in order to support/direct them towards their future aspirations. If the outcome that is being sought does not address this fundamental aspect of a child or young person's future, then that is not the ideal outcome.

The EHC outcomes pyramid has been developed by CDC as a tool to help professionals and parents identify outcomes for children and young people with special educational needs<sup>1</sup>.



### 3.2 Shared Outcomes Framework for all Children and Young People

Newham Council and its partners are establishing a shared focus between children and young people, their families, and the early years settings, schools, colleges and services that support them. An outcomes framework for the work of the SEND local area system is being developed.

The framework will serve as a 'golden thread' and will link the elements of the local SEND system that will underpin the work of all local partners. Overall progress against these outcomes will be monitored by the SEND Improvement Board.

<sup>1</sup> <https://councilfordisabledchildren.org.uk/help-resources/resources/ehc-outcomes-pyramid>

Specific to the implementation of this DPS, key areas of focus for the outcomes framework, from an organisational perspective, are:

- Children and young people are well prepared for the next stages of their education, employment and training.
- Leadership across all partners is joined up and there is a shared commitment, single vision, strategy and actions from education, health and care providers.
- Children and young people receive inclusive and enabling services.
- Outcomes for children in the local area are consistently good.
- The academic outcomes of pupils with SEND are good. Aspirations are high.
- Joint commissioning is positive and effective. There are no delays in children accessing resources due to weaknesses in commissioning.

In general, the shared vision is that all children and young people in Newham will:

1. Grow up happy, healthy, and safe
2. Flourish in our schools
3. Benefit from employment, skills and training opportunities
4. Play an active role in the community

### **3.3 Individual Outcomes**

More importantly than the shared organisational outcomes described above, each service that is purchased via the DPS is expected to support children and young people in meeting their individual outcomes described in service requirements published via Sproc.

The ability to promote these outcomes is measured as part of the ongoing performance and contract management of all Provider relationships. Provider quality is judged against ongoing compliance with the accreditation, enrolment and general performance criteria, as well as the evidential ability to support CYP in meeting their defined individual outcomes.

The methods by which individual outcome progress can be measured is described in the service requirements published via Sproc and will be linked to Education, Health and Care Plans where present.

## **4. *Performance and Contract Management***

Performance monitoring and contract management is in line with the provisions contained within the Council's DPS system framework agreement and associated documentation.

As a minimum, the following monitoring compliance standards are expected.

### **4.1 Quality Assurance**

The Provider shall have appropriate mechanisms in place to:

- Monitor adherence to the Provider's policies and procedures.
- Monitor the effectiveness and quality of Service provided (both at an organisational level and at an individual Customer level).
- Meet the requirements of this core specification and any current or future appendices.

Concerns/issues identified or received by the Council about the quality of the Service will be logged and investigated by the Council and its partners in line with the Council's Escalation Procedure.

## **4.2 Performance Monitoring and Review**

The Provider shall:

- Have formal mechanisms in place to obtain Customer feedback and to monitor and evaluate the Service, including, but not limited to a six (6) month visit by a Trusted Assessor; an annual Satisfaction Survey; and a Customer exit interview with those leaving the Service to establish their views on the Service they have received.
- Provide the Council with an analysis, on an annual basis (August), of the Customer feedback obtained, themes identified and action, if any, taken to develop the Service (this shall include case studies).
- Provide the Council with statistical data at regular intervals, as determined by the Council, to enable its activity and performance to be monitored.
- Meet with the Council on a quarterly basis to discuss the content of the above data and other information as required.
- Meet with the Council, other Providers appointed to the DPS and Health and Social Care professionals on a quarterly basis to review the Service objectives.
- Meet with the Council on an annual basis to conduct an Annual Performance Review; and evidence the data supplied by the Provider.
- In addition to the above, meet with the Council and/or provide the Council with additional information upon request.

The Provider shall allow the Council, with or without notice, to:

- Inspect the Provider's premises, policies and procedures and/or Service related files.
- Interview its employees or Customers at any time during the DPS Period to monitor the Service and wellbeing of Customers; and demonstrate the Provider's ability to continue to meet the terms of the DPS.

The Council shall from time to time organise Provider Forums. These Forums are an opportunity to take forward partnership working and share information; highlighting good working practice and identifying areas for improvement. In addition, such events address the need to continually improve and maintain the quality of the Service to Customers and their Carers. The Provider shall attend these events.

## 5. Risk Assessment

Risk assessments aim to identify all of the possible hazards within the workplace and to subsequently protect employees, work associates and customers from these hazards through implementing control measures. Risk assessments tend to be the responsibility of the management team within a business. Sometimes this means the employees are isolated from this process and are not aware of what has been identified in the risk assessment. This adds risk to a process which is fundamentally meant to reduce risk in the interest of safety. For a risk assessment to meet all of its goals and to be truly effective, the risk assessment and health and safety procedures in place must be circulated around the organisation.

If a risk assessment is not carried out appropriately in a health and social care environment, the consequences can be severe. This industry is caring for individuals who are already vulnerable, so their safety and health is of even more importance. Consequently, risk assessments must be conducted properly.

Individual risk assessments must be carried in all cases across all five Lots of this DPS.

## 6. Partnership Working

The promotion of positive outcomes and seamless pathways requires the development of effective relationships and interfaces with referrers, other Providers and agencies at each stage as well as with children, young people and their families/carers. The list that follows demonstrates the range of commissioners and provision across the children's social and continuing health care pathway. Providers are expected to work in transparent and professional collaboration with a range of partners as appropriate to the individual child or young person's needs including:

- Education settings.
- Early Years settings.
- Barts Health NHS Trust, consisting of Royal London, Newham and Whipps Cross Hospitals.
- Local Acute Wards - Rainbow Ward and Neonatal Unit at Newham University Hospital.
- ELFT Children's Community Nursing Services.
- Acute and community paediatric services (Barts Health and ELFT).
- Newham Children's social care (Safeguarding, Children in Need, Disabled children's team, Transition and LAC Teams).
- Safeguarding Children's Team (ELFT) and Local Safeguarding Children Board (LBN).
- Voluntary and Third Sector organisations (including Richard House Children's Hospice).
- Tertiary hospital services (e.g. Great Ormond Street Hospital).
- Paediatric therapy services.
- Patient transport including Children's Acute Transport Service (CATS).

- Advocacy.
- Portage workers.
- Short break staff/respite services.

## 7. Staffing

### 6.1 Qualifications

The Provider will ensure key staff within the service have a minimum of NVQ Level 2 Health and Social Care accreditation or similar and will demonstrate that staff are working towards this. Lead members/supervisory staff will have demonstrable experience of/qualification in working with young people with SEND and hold NVQ Level 3 as a minimum, or a recognised childcare qualification, including but not limited to, diplomas in Social Care, and/or Child Development, recognised Youth Work Qualification.

Other specific qualifications will be required according to the individual service Lot specifications.

### 6.2 Training

The Provider will have a relevant and robust training and development plan in place for staff, and must demonstrate that staff have the relevant skills to deliver the service Lots for which they are accredited. Examples of key knowledge and skills include:

- Disability awareness training
- Safeguarding training
- Managing Challenging behaviour
- Awareness of disabilities and specific conditions, such as Autistic Spectrum Disorder, epilepsy, learning disabilities, and associated conditions
- Moving and Handling training
- Basic First Aid training
- Communication training, including augmentative communication skills such as Makaton, Pecs
- Other training as appropriate (e.g. BSL/Intensive Interaction/Epilepsy Awareness)

### 6.3 Vetting

All staff working within the service will be appropriately vetted and any staff working directly with children and young people must have undertaken a valid Enhanced DBS check, to be reviewed and updated at least every two years.

### 6.4 Staff Records

The Provider will maintain up-to-date individual records on all staff. Staff records will contain as a minimum:

- Enhanced DBS check certificate
- Training Log
- Copy of qualifications
- Annual Leave, sickness, absence records
- Disciplinary action records/grievance policy/procedures
- Evidence of right to work in the UK
- Signed contract of employment
- Supervision notes/appraisal records

This information should be made available to commissioners on request and when service visits are undertaken.

## 8. *Child Protection and Safeguarding*

The Provider has a responsibility to safeguard children & young people. The Provider's policies and procedures for identifying and dealing with the safeguarding children and young people must adhere to:

- London Child Protection Procedures and Working Together to Safeguard Children: A guide to interagency working & promote the welfare of children (2018)
- Providers should also follow additional guidelines set out by London Borough of Newham Safeguarding Board

### 7.1 **The Provider will:**

- Comply at all times with the Children Act 1989, Working Together to Safeguard Children 2018 and comply with relevant statutory guidance.
- Appoint a senior board level lead (or Senior Lead for Safeguarding) with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements.
- Have in place a designated safeguarding lead (DSL). Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated Lead roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.
- Develop a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- Have clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- Have arrangements which set out clearly the processes for sharing information,

with other practitioners and with safeguarding partners

- Create a culture of safety, equality and protection within the services they provide
- Ensure staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- Ensure regular reviews of their own staff's practice to ensure they have knowledge, skills and expertise that improve over time
- Have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.
- Liaise with the relevant CYPS or MASH (and the relevant LADO where applicable), when any child protection/safeguarding incident is suspected or occurs, or when abuse is reported. This includes (but is not limited to):
  - a) Any accident or incident involving the attendance of emergency services must be notified as soon as reasonably practicable by the Provider to LBN and, in any case, within 24 hours after said accident/incident.
  - b) Any incident of a child / young person going missing as soon as reasonably practicable
- Inform the relevant LADO and Newham Commissioning Team when allegations of abuse are made against staff or volunteers in line with Chapter 7 of the London Child Protection procedures.
- Have in place a Safeguarding Policy that complies with Working Together to Safeguard Children 2018 and includes contact details for their DSL and Senior Lead for Safeguarding.
- Have in place a Whistleblowing Policy including relevant contact details. This may be incorporated in to the Safeguarding Policy.
- Have in Place a policy on the management of allegations that is compliant with Chapter 7 of the London Child Protection procedures including relevant contact details. This may be incorporated in to the Safeguarding Policy.
- Have in Place a policy on safe recruitment practices and ongoing safe working practices for individuals whom the organisation permit to work regularly with children, including procedures on when to obtain a criminal record check. This may be incorporated in to the Safeguarding Policy.
- Give Staff a mandatory induction, which includes familiarisation with their safeguarding responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare.
- Take account of changes to safeguarding practice with respect to the provision of services for children and young people.
- Have appropriate supervision and support for staff, including undertaking safeguarding training that is relevant to their role.
- Update its staff training and development policy annually, issuing an updated version to LBN Commissioning Team.
- Have a risk assessment process in place, which includes safeguarding issues;
- Ensure the welfare of children and young people are protected by having such procedures in place (i.e. a photograph identification policy) that protects their welfare.

## 9. *Compliments, Complaints and Allegations*

All feedback should be viewed as a means of improving service quality. The Provider will have a complaints procedure for complaints from children, young people, their families/carers and any other parties involved with the services. The Provider will have in place procedures for dealing with compliments, complaints and allegations made by service users. The policies and procedures will be known to and understood by service users and staff.

From date of service commencement, the Provider will provide the Authorised Officer with a copy of the Procedure (ensuring the Authorised Officer is advised of any amendments/ revisions, as and when made prior to implementation). The Provider will ensure that the Authorised Officer is informed of any serious complaint or allegation immediately; for example, safeguarding issues and/or alleged criminal activity.

Complaints received by LBN about the Provider, its employees, volunteers and/or the service will be logged and investigated under the Corporate Complaint Procedure (depending on its nature). To assist the investigation, the Provider will provide the Authorised Officer with all required information within the requested timescales.

As part of the complaints procedure, the Provider will maintain a complaints log. The complaints log will be completed as necessary and shared with LBN as required. Serious complaints must be reported to LBN as they occur.

## 10. *Social Value*

LBN is committed to ensuring that, where possible, community benefits and additional gains are realised through all its commissioning programmes. Through the service procured via the DPS, it is expected that the following Community Benefits could be achieved:

- Local job opportunities - new vacancies that may arise during the contract as part of the service must be targeted at local residents wherever suitable.
- Local training opportunities - to promote skill development and training for volunteering in this sector
- Sub-contracting opportunities - directly commission local organisations to provide wider/alternative positive activities as identified through consultation with disabled young people and their families, and discussion with the commissioners.