

# SERVICE SPECIFICATION

for the provision of a

## Mental Health Employment Service

*'People's needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done'*

*New Economics Foundation – 'Right Here, Right Now – Taking co-production into the mainstream', July 2010*

### 1. INTRODUCTION

1.1 The Mental Health Commissioners in Kirklees (which consist of Kirklees Council the NHS Greater Huddersfield Clinical Commissioning Group and NHS North Kirklees Clinical Commissioning Groups – the 'Commissioning Partners') wish to commission a Mental Health Employment Service, for people living within the boundaries of Kirklees Council who experience a range of mental ill-health issues. This contract will be part of a range of services which offer support to people in Kirklees with mental ill health.

1.2 Kirklees Council is a metropolitan borough council in West Yorkshire and includes the towns of Huddersfield, Dewsbury, Batley, Cleckheaton, Heckmondwike, Mirfield and Holmfirth together with parts of the Pennine moorland. The geographical area covers 157 square miles.

Kirklees has a population of approximately 440,000, with approximately 272,000 people being of working age. 20% of the population are from an ethnic minority background. Approximately 57,000 people over 16 in Kirklees are likely to be experiencing some form of mental health problem. This figure is expected to increase by around 6% over the coming 10 years.

1.3 It is acknowledged that being in work is good for both general and physical health national policy *'No Health without Mental Health'*<sup>1</sup> recognises this and the importance of the workplace playing a major part in people building resilience, being part of social networks and being economically more secure. There are however stresses and strains that some people in work will also find will detrimentally affect their mental health and support to reduce and prevent workplace related mental health problems will equally play a major part

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

in building resilience and to continuing being part of social networks and being financially secure.

- 1.4 The NHS also recognise the need for people to be supported to get and stay in employment in the 2015 publication '*Five Year Forward View*'<sup>2</sup> which considers the steps that the NHS has to take to change for modern times to 2020. This recognises the costs of sickness absence to employers and taxpayers and that a healthier workplace will reduce the demand and lower the long term costs and will improve wellbeing and livelihoods.
- 1.5 In the context of this Service Specification the term 'mental ill-health' is inclusive of those with learning disabilities whose primary need is for mental health support, as well as those who may be experiencing dementia, autism, Asperger's and hidden disabilities such as dyslexia or poor literacy.
- 1.6 The Service will provide opportunities to access and/or remain in open employment and will include service provision for those who will benefit from preventative support around their employment issues
- 1.7 The Service will use an approach based on the principles and features of co-production, as described and promoted by the 'New Economics Foundation'<sup>3</sup>. The provision of the Service is seen as an important element of mental health service provision in the Kirklees area.
- 1.8 There is currently a provider led forum for organisations who offer support for people with mental ill-health in Kirklees. The forum is seen as key partner in the continued development of mental health provision in Kirklees, playing a key role in the Mental Health Partnership Board who's main aim is to bring about positive improvements for people with mental health problems and their carers in Kirklees and the Service Provider providing this employment service is encouraged to be a part of this forum.

## **2. AIMS OF THE EMPLOYMENT SERVICE**

- 2.1 The principal aim of the Service will be to enable people who experience mental ill-health to access and/or remain in open employment. This will be achieved by working co-productively with the individuals accessing the Service and recognising the assets of each individual.
- 2.2 In working co-productively the Service will recognise the key characteristics of co-production:
  - Recognising people as assets
  - Building on people's existing capabilities and resilience
  - Promoting mutuality and reciprocity

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>3</sup> <http://www.neweconomics.org/projects/co-production>

- Developing peer support networks
- Breaking down barriers between professionals and recipients
- Facilitating rather than delivering

2.3 In order to work towards the aims of the Service it is expected that the principles of Immediate Placement Support<sup>4</sup> (IPS) are adopted. The evidence is that people with mental health problems often want to be in work and that this supports their recovery towards better health, mentally and physically, and the IPS model of getting people into work with training and support provided whilst in the job is more effective than the 'train and place' approach more often adopted. The 8 principles are:

1. It aims to get people into competitive employment
2. It is open to all those who want to work
3. It tries to find jobs consistent with people's preferences
4. It works quickly
5. It brings employment specialists into clinical teams
6. Employment specialists develop relationships with employers based upon a person's work preferences
7. It provides time unlimited, individualised support for the person and their employer
8. Benefits counselling is included

2.4 Work alongside individuals to identify opportunities to make the journey into an ordinary working life, supporting them in seeking and attaining that employment.

2.5 Increase the numbers of people experiencing serious mental ill-health who access paid work, work preparation and work related activities

2.6 Increase the numbers of local employers offering work, work placement and volunteering opportunities for people with mental health problems

2.7 Support people with mental ill-health who are already in employment to retain that employment.

2.8 Provide access and support where a need for pre-vocational education/ training, mainstream education, volunteering or other preparatory work is required.

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<sup>4</sup> <https://www.centreformentalhealth.org.uk/individual-placement-and-support>

### **3. OBJECTIVES OF THE EMPLOYMENT SERVICE**

- 3.1 The main objective of the Service will be to provide a Service across the Kirklees Council area which works co-productively with individuals who are experiencing mental ill-health and who at the time of referral are of working age (18 – 64), which will:
- 3.1.1 Assess the training, learning and work needs of individuals referred to the Service in the context of the kind of life the individual would like to lead.
  - 3.1.2 Identify individual pathways towards work
  - 3.1.3 Facilitate job development, training and work placement, learning opportunities and provide coaching, mentoring, buddying and follow-up support
  - 3.1.4 Work reciprocally with local employers to set up appropriate employment opportunities and provide information, training and support to employers and their staff in order to maximise the employment and training opportunities of people using the Service
  - 3.1.5 Work with employers and individuals to maintain employment for those whose employment is affected or jeopardised by their mental health problems, including those who are admitted to hospital
  - 3.1.6 Support individuals in career development, to change jobs and to end jobs when appropriate
  - 3.1.7 To provide specific advice in relation to work related activity and benefits
  - 3.1.8 Provide advice, guidance and support to individuals who wish to access education / training, volunteering and other vocational pursuits and signposting / referring on where appropriate, focussing on access to mainstream services wherever possible.
  - 3.1.9 Personalisation issues will be recognised and for some people, access to SDS as they pursue their employment goals will be of added value. The Service Provider will be able to co-productively work with the participant and their care manager to access SDS.
- 3.2 The approach required will emphasise that people are active participants, having assets of value and expertise that they will bring to the Service and fellow participants and that continuous involvement should be sought wherever possible within the framework of the IPS model.

## 4. OUTCOMES

- 4.1 The Service is expected to work towards supporting people to achieve their goals so that they can live their lives to the full and work towards recovery from their mental ill-health. The principles of co-production will sit at the heart of the service offer, working together with individuals, employers, care co-ordinators, support networks etc. to reach the goals and achievements set at a pace which is appropriate to the individual.
- 4.2 The Service is expected to work towards outcomes that demonstrate and are associated with personal, community and economic outcomes such as:
- Ensuring that the right messages about the service are transmitted generically across Kirklees so that people benefit from and feel better about good quality information
  - Maximise employment opportunities
  - To plan co-produced outcomes
  - To maximise the potential for people to take control over their own lives and to minimise the need for state support with improved income opportunity and economic wellbeing
  - Reduce the stigma and discrimination associated with mental ill health and Dementia
  - Focus on recovery, hope, therapeutic optimism, personal responsibility, self-identity, and meaning in life
  - Improve health and wellbeing, increase personal resilience, sustain social inclusion, and develop valued social roles
  - Safeguard and ensure personal safety as required, irrespective of age
  - To 'Think Family'<sup>5</sup> as appropriate
  - Improved quality of life and wellbeing
  - To maximise opportunities for the use of self-directed support
  - Maintaining personal dignity and respect
  - Overall project sustainability
- 4.3 In working towards the outcomes the Service will:
- Adopt a socially inclusive, asset based approach
  - Focus on peer support
  - Establish effective liaison/information sharing with local Health, Social Care and Employment systems and other referring agents to shape referrals and support local support options

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<sup>5</sup> <http://www.scie.org.uk/publications/guides/guide30/introduction/thinkchild.asp>

- Maximise self-care and self-referral
- Deliver 'Making Every Contact Count'<sup>6</sup>
- Establish a detailed understanding of local resources relevant to supporting the focus on employment, recovery and prevention
- Optimise opportunities for joint working, where co-existing needs/additional vulnerabilities are more likely e.g. alcohol intervention/offender management
- Provide a culturally competent Service, including ready access to interpreter services for minority languages and British Sign Language
- Establish formal protocols with other agencies as required
- Assist commissioners with information about provider scope and performance, unmet need, and planning new services
- Capture information about quality, results and added value
- Work towards identifying social returns on investment (SROI)

4.4 The Service Provider will develop or use an already recognised method of outcome measurement, to the satisfaction of the Commissioning Partners, which will support people accessing the service (where they choose to use this method) to move towards successful co-produced outcomes.

4.5 The Service Provider will demonstrate the effectiveness of the Service on an individual and Service wide basis using the measured outcomes and in capturing the longer term outcomes of people moving on from the Service over a period of 12 months. This will form part of the contract monitoring process.

## 5. WHO IS THE SERVICE FOR?

5.1 The service is for people who are ordinarily resident in Kirklees and who are experiencing mental ill-health, as described in 1.5. The priority will be for those with severe mental ill-health and registered on the Care Programme Approach (CPA), however the Service is also for people who will benefit from preventative support as part of a more universal offer. This will include people who are not in touch with formal Mental Health Services.

5.2 Whilst the Service will be primarily aimed at those of working age (18 – 64) there will be an expectation that the Service Provider will be flexible in the support offered where people over the age of 64 continue to choose to seek work opportunities, including voluntary work.

5.3 The Service Provider will respond appropriately to any changes in the definition of 'working age', where this is a recognised change from the Government, in agreement with the commissioners of the Service.

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<sup>6</sup> <http://www.makingeverycontactcount.co.uk/>

**6. DESCRIPTION OF THE SERVICE TO BE PROVIDED**

- 6.1 The hours of Service will be provided flexibly, dependent on the identified need of individuals accessing the Service. This will include evenings and weekends.
- 6.2 In meeting the demands of flexibility the Service Provider will also utilise a range of locations which will be easily accessible to individuals throughout the Kirklees area.
- 6.3 The Service will be expected to offer participants a range of opportunities which will include work placement and volunteering opportunities, work preparation support, support to sustain and retain current employment, support to access further education, training and apprenticeships and to gain paid work of 16 hours or over. In realising this the Service Provider will be expected to support in each 12 month period a minimum of:
  - 600 work placement and preparation opportunities
  - 50 volunteering placements
  - 35 people to sustain and retain their employment
  - 150 people into further education, training or apprenticeships
  - 50 people into paid work of 16 hours or over
- 6.4 The Service Provider will provide elements of the Service which meet the features of co-production and which will serve to ensure that the Service will provide support through the reciprocal engagement of the individual. The elements of the Service which will meet the features of co-production will be, but not exhaustively:

<p><u>Recognising people as assets</u> Individuals as equal partners in the design and delivery of services</p>	<ul style="list-style-type: none"> <li>• People’s strengths are recognised from the outset. The question is asked “what kind of life do you want to lead “rather than “what needs do you have”.</li> <li>• Participants co-produce the outcomes they want alongside the support needed to achieve them</li> <li>• Participants share in the development of possible choices and work to design their own solutions.</li> <li>• Employment Support Plans (ESP) developed co-productively between the participant and the provider will be asset based and positively constructed.</li> </ul>
<p><u>Building on people’s existing capabilities</u> Providing opportunities to recognise and grow people’s capabilities and actively support them to put these to use</p>	<ul style="list-style-type: none"> <li>• The ethos of support is to collaboratively recognise individual potential and levels of resilience.</li> <li>• The core of the support function is to ensure fidelity to the IPS principles as they have the strongest evidence base.</li> <li>• It is recognised that capacity for change varies and that</li> </ul>

	<p>different support is needed at different times.</p> <ul style="list-style-type: none"> <li>• Participants will have skills and experience they can share with others</li> </ul>
<p><u>Mutuality and reciprocity</u> Incentives to engage where there are mutual responsibilities and expectations</p>	<ul style="list-style-type: none"> <li>• The overall approach of the service will be to ensure that participants are equal partners in their individual outcome planning.</li> <li>• Participants will be clear about the benefits of the Service and the level of personal responsibility they have.</li> <li>• SDS is integral, and over time, the number of participants accessing personal budgets to pursue their goals will increase.</li> </ul>
<p><u>Peer support networks</u> Engaging peer and personal networks alongside professionals</p>	<ul style="list-style-type: none"> <li>• This Service has the potential to develop peer support at all stages of the IPS approach. There will be particular benefits at the actual employment stage where peer support might supplement project worker support.</li> <li>• The Service will also want to build in mutual support for participants. This might take the form of a post-employment support group for example.</li> <li>• The Service will ensure that participants have opportunities to engage with other sources of support outside the employment Service.</li> </ul>
<p><u>Breaking down barriers</u> Blurring the distinction between professionals and recipients</p>	<ul style="list-style-type: none"> <li>• The development of the ESP will be co-produced. This, of itself puts relationships on a more equal footing.</li> <li>• Service employees are likely to have experienced mental health issues themselves.</li> <li>• Some practical steps can be taken together. Appointments might require a joint approach.</li> <li>• The Service will involve people who use it in planning and design</li> </ul>
<p><u>Facilitating rather than delivering</u> Becoming catalysts and facilitators of change</p>	<ul style="list-style-type: none"> <li>• The Service is in place to “get things done” but only in partnership with the participant.</li> <li>• The relationship will be about assets, choices, and possibilities. Solutions will be jointly agreed.</li> <li>• The outcome star is based on change theory and is personal to the participant.</li> </ul>

6.5 A variety of services and functions will be provided by the Service Provider in order to meet the requirements of this specification and the needs and agreed outcomes of individuals, these will include:



Education and training opportunities - this will allow people to access a range of discrete and integrated provision, either to update their skills, or to enable career development. This will be provided by supporting individuals to access mainstream paid employment opportunities and apprenticeships.

Partnership work – this will be developed with all relevant agencies that enable volunteering to enable individuals to gain voluntary work experience in a variety of settings, as a way of preparing them for employment and by working co-productively with other employment support providers to establish such opportunities.

Employment opportunities pathway – this will be established to support individuals to access work opportunities. The pathway will provide:

- Work preparation programmes (this may include literacy and numeracy)
- Work Placements and Taster Sessions
- Job Introduction Scheme enabling people a ‘chance to try out a job’
- Supported Employment for those unable to work in open employment
- Practical support and equipment to enable individuals to work
- Support to independently travel to interviews, work or work placements where this is an identified need in their Employment Support Plan (ESP)
- Support into self-employment
- Training

Specialist Employment Coach – to employ adequate and experienced specialist employment coaching hours to:

- Meet the needs of those with dementia, autism, Asperger’s and hidden disabilities.
- Provide advice and guidance to employers on employing people with dementia, autism, Asperger’s and hidden disabilities, breaking down barriers and helping the employer support the employee in their role.

Information and Guidance – to provide people with a range of employment related information and guidance that will include careers guidance and information, other local and national employment support options, current job vacancy information (including volunteer and work placement options) and IT based guidance.

Transitional Work Placements – will be developed with local employers where individuals can gain work experience, build skills and work habits and a job record. This will also develop self-confidence and prepare people for a move to permanent employment. Where necessary the placements will be supported by the Service Provider’s staff to meet the needs of the individual.

Supported Job Search – to enable individuals to develop the confidence and skills to apply for jobs and will include:

- Access to Information Technology solutions to aid job search and other related areas
- Interview Techniques
- Self-presentation
- Structuring job searches
- Designing a CV
- Coping with rejection
- Positive thinking and building resilience
- Understanding mental ill health
- Warning signs of stress and coping with stress in the workplace

The job search process will take place at the pace of the individual, but normally within one month according to IPS principles.

- 6.6 The Service Provider will also provide continuing support to people to enable them to sustain and retain their employment by working in addressing issues that arise in the job and by offering continual support. Peer support will have an important role to play in this area. Support will also be offered to employers in supporting the person to maintain their employment.
- 6.7 The Service Provider will develop links with key local contacts and agencies in order to develop opportunities that meet the needs of the individuals accessing the Service.
- 6.8 Where additional support is required to meet the diverse needs of the population additional specialist support should be sought by linking with such specialist providers in the area, or utilising volunteers.
- 6.9 Where the development of the Service creates new activities, locations and elements of the Service the Service Provider shall prepare or amend its written information and undertake such training / awareness raising sessions as appropriate.
- 6.10 To support the access to and understanding of the Service, information on the Service and how it can support individuals will be prepared and widely distributed in mental health services, primary care settings, libraries etc. within Kirklees and will be available in a variety of community languages, as required by those using or enquiring about the Service where their first language is not English. Additionally where people use other forms of communication alternative means will be provided as required for that individual.
- 6.11 The Service Provider will maintain a website for the Service which will support the access and understanding of the service as described in 6.10 and will offer an on-line resource to

support people's employment needs. The Service Provider will also make use of other existing and newly emerging technology including text and appropriate social media opportunities.

- 6.12 Referrals to this Service will be made following assessment of needs by other providers where individuals have identified mental health problems and have been assessed for the possibility of work as a part of their care plan, and will include any relevant risk assessments and care plans. In addition individuals will be able to self-refer, however the Service will be required to establish the individuals mental health need in order to access the Service. This may be via a GP or other mental health professional, including other voluntary service providers as well as directly through contact with that individual.
- 6.13 The Service Provider will be responsible for the development of a method of referral which will be electronic and used by mental health professionals and self-referrers, however a paper option for those requiring this should also be available. Where the referral is a self-referral it should also be used by the Service Provider to establish eligibility for the Service. This will include the consent of the individual to share information about them, where appropriate, and will have due regard to their capacity to consent.
- 6.14 On receipt of the referral of an individual, contact will be made with them within 3 working days in order to set up an initial meeting which will take place within 10 working days.
- 6.15 The Service Provider will assess the suitability of the individual for the Service using the co-productive approach. The assessment will be used to identify the needs of the person including their life skills, work related skills, hopes and aspirations, learning and training needs, relevant risk assessment etc. The assessment will be used to identify the needs of the individual in relation to the range of services offered through the Mental Health Employment Service and in setting an 'Employment Support Plan' (ESP) to identify realistic goals. The ESP will be reviewed on a six monthly basis, or more frequently if required and as identified by either the individual or the Service Provider. The 'Mental Wellbeing Checklist'<sup>7</sup> developed by the National Mental Health Development Unit offers helpful advice with this approach.
- 6.16 On occasions contact with individuals accessing the Service may be difficult. This may be due to fluctuations in their mental and / or physical health, or a choice made by the individual not to continue to access the Service. Where this occurs the Service Provider will attempt to maintain contact with the individual, usually by telephone, for a period of up to 3 months to establish their continued involvement with the Service.
- Where contact is made and the individual indicates that they no longer wish to access the Service, their involvement with the Service will be ended. This will be recorded in

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<sup>7</sup> <http://www.nmhd.org.uk/news/mental-wellbeing-checklist-available-to-download/?keywords=wellbeing+checklist>

the individuals file and for monitoring purposes. The Service Provider will also notify the relevant Care Manager and / or GP if known.

- Where the Service Provider has on 2 occasions attempted to make contact with the individual and this has not been possible, their involvement with the Service will be ended. This will be recorded in the individuals file and for monitoring purposes. The Service Provider will also notify the relevant Care Manager and / or GP if known.

6.17 The Service Provider shall provide training / awareness raising sessions for other mental health provider staff anticipated to be providing the referrals, prior to the commencement of the Service, in order to assist such staff to understand the role of the Service and how to access it. Where on-going monitoring of service activity identifies inappropriate referral activity or an absence of referrals then the Service Provider will undertake further training / awareness raising following consultation and agreement with the Commissioning Partners.

6.18 The Service Provider will develop links and relationships with other mental health services in order to ensure ongoing support around the individuals continuing mental health needs. This will include attendance at reviews / meetings as requested and agreed with the individual, and in liaising with mental health professionals where the Service Provider has concerns regarding the person's mental health.

6.19 The responsibility for care planning and care plan commissioning will remain the responsibility of health and / or statutory services, where this is relevant.

6.20 The Service Provider is encouraged to use volunteer and peer support but may only do so in accordance with the 'Investing in Volunteers Quality Standard'<sup>8</sup> provided by 'Investing in Volunteers'. The role of a volunteer is essentially to supplement the work of the Service Provider's paid employees or to enable people to share their experience for the good of others. Volunteers will receive regular in-house training which will be kept up-to-date to enable them to have the necessary mental health knowledge and understanding, listening skills, information giving, support and referral skills to provide a quality and appropriate service.

6.21 The Service Provider will be expected to promote and encourage opportunities for employment within their own organisation and as part of this will offer opportunity for apprenticeships, although these will not be limited to those experiencing mental ill-health and will be open to the wider population.

## **7. MONITORING & EVALUATION**

7.1 The Service Provider will be responsible for the setting up and development of consultation forums whose function will be to oversee the performance and innovation of the Service in

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<sup>8</sup> [http://iiv.investinginvolunteers.org.uk/images/stories/iiv\\_standard\\_revised\\_jan\\_2014.pdf](http://iiv.investinginvolunteers.org.uk/images/stories/iiv_standard_revised_jan_2014.pdf)

line with the expected outcomes. People who may be part of these opportunities could include:

- Service Provider Manager and staff
- Kirklees Council
- Kirklees Primary Care staff
- People who have used or are using the Service (this will be a 50% representation)
- Secondary Services
- Any others as identified as relevant

7.2 Monitoring meetings with the Commissioning Partners of the Service will take place on a quarterly basis and will focus on the performance and accomplishments of the Service.

7.3 The Service Provider will submit electronically quarterly monitoring reports, in a format provided by the Commissioning Partners, to the authorised officers of the Commissioning Partners 10 working days after the end of each quarter<sup>9</sup> and these will be made available for the monitoring meetings.

7.4 The quarterly monitoring reports will provide information on, but not limited to:

The main indicators showing outcome achieved:

- **Number of people in a placement (volunteer and work based)**
- **Number of people in a work experience placement**
- **Number of people who benefit from training / learning experiences**
- **Number of people who have moved into paid employment**
- **Number of people supported to retain their employment**
- **Number of people supported to change their jobs**

Additional measures:

- Number of people using the Service (active and inactive), with people subject to CPA being identified.
- Number of the people leaving the service
- Number of people waiting for a service and time waiting
- Age data

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<sup>9</sup> Quarter 1 - 1 April to 30 June  
 Quarter 2 - 1 July to 30 September  
 Quarter 3 - 1 October to 31 December  
 Quarter 4 - 1 January to 31 March

- Number of ex-service personnel the Service is supporting, where 'ex-service' is considered to be:
  - Anyone who has received a weeks' pay in any of the British Armed Services, including the Territorial Army and Reservists, the wife, husband, partner, full time Carer, widower and Dependents (up to the age of 25 if they are in education). This also includes dependents over the age of 25 if they have health conditions and/or a disability and are dependent on the parent.
- Number of people who have dementia, and/or autistic spectrum disorder, and/or hidden disabilities
- Ethnicity data
- Number of referrals and where from
- Number of people waiting for a service and time waiting
- Number of people leaving before meeting the goals of their plan and reasons
- New employers approached during the quarter
- Employers agreeing to work with people accessing the Service
- Total employers continuing to work with people accessing the Service
- Work placements available
- Volunteer opportunities
- Job opportunities found
- Support hours provided to gain and retain employment
- Information on the reasons for individuals not being accepted into the Service
- Unmet needs
- Complaints and Compliments
- Outcomes reporting – based on the agreed method of outcomes measurement as described in 4.4 and which will additionally include:
  - Service Impact – providing tracked outcomes demonstrating individuals' journey beyond the Service's intervention. The target for this will be set by the Commissioning Partners as a proportion of those accessing the Service
  - Social Value – providing social value outcomes for the Service that demonstrate its impact on people's lives and demonstrates the economic benefit. The process for this will be agreed with the Commissioning Partners
- Testimony

7.5 The Service Provider will submit with each of the quarters monitoring returns a budget report for that quarter.

- 7.6 The Service Provider will submit electronically to the authorised officers of the Commissioning Partners, on an annual basis at the end of the first quarter, a completed 'self-assessment' document. This will enable the Service Provider to provide information on the overall compliance with the requirements of the Contract, and outstanding issues will be discussed in the monitoring meetings with the Commissioning Partners where action will be agreed. The format for the 'self-assessment' will be provided by the Commissioning Partners.
- 7.7 The Service Provider will seek additional funding to enable the further development of the Service to the benefit of those using the Service, providing 'added value'. This will be reported at the quarterly monitoring meetings.
- 7.8 The Service Provider will gain the views of individuals about the Service by way of an annual questionnaire and 'exit' interviews.
- 7.9 The Service Provider will hold an annual review meeting incorporating individuals who have participated in the consultation opportunities, and other interested people, as is felt appropriate.
- 7.10 The Service Provider will produce an annual report on the progress of the Service and submit this to the Commissioning Partners on a date set by the Commissioning Partners. This will also identify future co-produced developments and an 'Equality Impact Assessment', as set out by the Commissioning Partners, on each of the identified developments will be undertaken with an improvement plan for the forthcoming year being put in place by the Service Provider. Progress of the improvement plan will be monitored through the regular contract monitoring meetings.
- 7.11 The Service Provider will, in their role as employers, work towards the aspirations of initiatives such as 'Mindful Employer'<sup>10</sup> and the 'Employer Pledge'<sup>11</sup> or other emerging initiatives. The Service Provider will demonstrate how they work towards such initiatives.
- 7.12 The Service's continuing development will be monitored by the Service Provider's manager using an appropriate process, and compliance to all quality standards indicated in the Contract will be managed and monitored on a regular basis by the manager.
- 7.13 Operational processes and procedures will be reviewed and improved, where required, on a regular basis by the Service Provider. Where changes are felt necessary and they affect individuals accessing the Service, the Service Provider will consult with people using the Service through the forums, as described in 7.1.

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<sup>10</sup> <http://www.mindfulemployer.net/>

<sup>11</sup> <http://www.time-to-change.org.uk/get-involved/get-your-workplace-involved/employer-pledge>

7.14 The Commissioning Partners reserve the right to change the performance monitoring requirements, where changing related health and social care circumstances may direct this.