



# Public Health Commissioning

**Resilience and Essential Needs Support Scheme  
Service Specification**



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# 1. Introduction and Background

## 1.1. Introduction

- 1.1.1. Lancashire County Council ('the Authority') has a core purpose to ensure that the services it commissions not only reduce poverty, discrimination, and inequality, but also improve the quality of life for Lancashire's residents.
- 1.1.2. Building a better Lancashire where everyone can live their best life through stronger communities, a growing economy and high-quality public services is the central vision of the Authority.
- 1.1.3. This vision is underpinned by the following values:
  - 1.1.3.1. We are supportive of our customers and colleagues, recognising their contributions and making the best of their strengths to enable our communities to flourish.
  - 1.1.3.2. We deliver the best services we possibly can, always looking for creative ways to do things better, putting the customer at the heart of our thinking, and being ambitious and focused on how we can deliver the best services now and in the future.
  - 1.1.3.3. We treat colleagues, customers and partners with respect, listening to their views, empathising and valuing their diverse needs and perspectives, to be fair, open and honest in all that we do.
  - 1.1.3.4. We listen to, engage with, learn from and work with colleagues, partners and customers to help achieve the best outcomes for everyone.
- 1.1.5 The Provider is required to deliver the Service in line with these values, and with the ultimate goal of advancing the Authority's vision for the county.
- 1.1.6 The Provider is also required to support the objectives of the Authority's Public Health Service by actively promoting prevention and wellbeing<sup>1</sup> through service delivery.

## 1.2. Background

### 1.2.1. Local Overview

- 1.2.3.1 Lancashire is a complex county with 12 districts and many diverse communities. As such, the Provider must take an equitable, flexible,

<sup>1</sup> :Lancashire County Council Public Health Strategy 2024 – 2030:  
<https://council.lancashire.gov.uk/documents/s235970/Appendix%20A.pdf>



innovative, and proactive approach to the development and delivery of the Service.

- 1.2.3.2 The Director of Public Health's Annual Report (2023/24)<sup>2</sup> outlines the current health status of the county, highlighting some of the main demographic and socioeconomic statistics for Lancashire.
- 1.2.3.3 Key statistics include:
  - 12.3.3 An ethnic minority population of 11%.
  - 12.3.4 A slightly lower proportion of working-age residents and a higher proportion of older adults compared to regional and national averages.
  - 12.3.5 24.5% of the population living in the most deprived Lower Super Output Areas (LSOAs) in England.
  - 12.3.6 22.7% of children living in relative low-income families, compared to 19.9% nationally.
  - 12.3.7 Single-person households projected to rise to 34.9% of all households by 2043.
  - 12.3.8 A gap in life expectancy of 10.6 years for men and 8.3 years for women between the most and least deprived areas.
  - 12.3.9 An employment rate of 74.7%, which is statistically lower than the England average of 75.8% (year to September 2023).

### **1.2.2. Essential Living Needs**

- 1.2.2.1 Alongside fuel and food, furniture poverty reflects the lived consequences of poverty as they impact the individual every day<sup>3</sup>.
- 1.2.2.1 According to Maslow's Hierarchy of Needs, immediate priorities such as food, warmth, and safe shelter often take precedence over furniture. However, once these fundamental needs are met, providing essential furniture and appliances becomes important to enabling individuals to engage fully in society and reach their full potential<sup>4</sup>.
- 1.2.2.2 Furniture poverty is defined as the inability to afford or access the basic furniture, appliances and furnishings that provide a household with a socially acceptable standard of living. People are classed as experiencing furniture poverty when they are missing one or more essential items<sup>4</sup>.

<sup>2</sup> Lancashire County Council, 2024. Annual report of the Director of Public Health 2023 – 2024. Available at: <https://www.lancashire.gov.uk/council/strategies-policies-plans/public-health/public-health-annual-report/>

<sup>3</sup> NFS, 2020. The value of furniture. Available at: <https://www.nfsfurniture.org.uk/wp-content/uploads/2020/12/NFS-The-Value-of-Furniture-Report.pdf>

<sup>4</sup> End Furniture Poverty, 2023. The Extent of Furniture Poverty. Available at: <https://endfurniturepoverty.org/research-campaigns/understanding-furniture-poverty/research-the-extent-of-furniture-poverty/>



- 1.2.2.3 It is estimated that 4.8 million adults (aged 18+ years) in the UK are living in furniture poverty - alongside at least 9% of children (aged 0 – 17 years) - with over one million adults classed as living in 'deep furniture poverty'<sup>5</sup>.
- 1.2.2.4 Research suggests that furniture poverty disproportionately impacts low-income households, those who are disabled, those in social housing, and ethnic minorities<sup>4</sup>.
- 1.2.2.5 Furniture poverty can also have a profound impact on an individual's physical and mental health and wellbeing, with those living without essential household items recording lower wellbeing scores than the national average<sup>6</sup>.
- 1.2.2.6 Living without essential appliances can, for example, limit an individual's ability to consume nutritious food, vital for good health<sup>4</sup>.
- 1.2.2.7 The lack of a safe and supportive place to sleep can also, as an example, lead to a range of health problems, including heart and kidney disease, high blood pressure, diabetes, strokes, obesity, and depression<sup>7</sup>.
- 1.2.2.8 For children and young people, inadequate sleep can negatively affect their development, including academic performance, which in turn may impact their future life chances.
- 1.2.2.1 Evidence also suggests that growing up and living in a cold home has a direct and detrimental effect on health<sup>8</sup>.
- 1.2.2.2 The indirect health effects of fuel poverty are also concerning as households spend a greater share of their budgets to heat their homes they have less to spend on food and other necessities vital for health. Having to decide whether to heat or eat results in poorer nutrition, which can in turn lead to cognitive impairment, growth and development issues and a weakened immune system.
- 1.2.2.3 Recent insights gained from partners and individuals with lived experience across the county has highlighted the need for a localised service that provides holistic support to address essential living needs, inclusive of immediate priorities aligned to food and warmth, as well as wider needs aligned to the provision of household items. This ensures people in financial

<sup>5</sup>defined as lacking three or more essential furniture items: <https://endfurniturepoverty.org/research-campaigns/understanding-furniture-poverty/research-the-extent-of-furniture-poverty/https://endfurniturepoverty.org/research-campaigns/understanding-furniture-poverty/research-the-extent-of-furniture-poverty/>

<sup>6</sup> Turn2us, 2019. 'Living Without: The scale and impact of appliance poverty'.

<sup>7</sup> National Heart Lung and Blood Institute, 2023. What Are Sleep Deprivation and Deficiency? Available at: <https://www.nhlbi.nih.gov/health/sleep-deprivation#:~:text=Sleep%20deficiency%20is%20linked%20to,adults%2C%20teens%2C%20and%00children>

<sup>8</sup> University College London, Marmot Review Team, Friends of the Earth. The health impacts of cold homes and fuel poverty, 2011.



crisis receive adequate help with their essential needs before efforts to build long-term resilience and independence can begin.

### 1.2.3. Local Context

1.2.3.1 Whilst there is an absence of evidence concerning the prevalence and patterns of furniture poverty across Lancashire, data from the previous commissioned service ('Essential Household Goods Support Scheme') provide valuable insights into the extent and nature of local need.

1.2.3.2 Between November 2024 – November 2025, 826 orders were placed for essential furniture and electrical items.

1.2.3.3 The distribution of these orders across the twelve Lancashire districts largely reflects the 2025 Indices of Multiple Deprivation (IMD)<sup>9</sup>, as shown in Table 1. The table is arranged by the rank of average IMD rank, with lower ranks indicating higher levels of deprivation (e.g., Burnley and Hyndburn). In Column 2 ("Total Orders"), a graded colour scale is applied: districts with the highest order volumes are highlighted in red, while those with the lowest are shown in green.

**Table 1: Total Orders by Lancashire district (November 2024 – November 2025) and rank of average rank (IMD 2025)**

Lowest												Highest	
District		Total Orders		Rank of average rank (IMD 2025)									
Burnley		127		4									
Pendle		96		13									
Hyndburn		60		16									
Preston		114		57									
Rossendale		58		60									
Lancaster		84		135									
Wyre		77		150									
West Lancashire		13		176									
Fylde		40		188									
Chorley		92		190									
South Ribble		53		227									
Ribble Valley		12		273									

1.2.3.4 In relation to household composition, during this same time period, the Scheme supported a total of 323 single people, 17 couples, 417 single parents and 69 families. These households comprised of 331 men, 591 women and 829 children.

<sup>9</sup>Ministry of Housing, Communities and Local Government, 2025. English indices of deprivation 2025. Available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025>



- 1.2.3.5 Regarding fuel poverty, approximately 12.3% of households across the twelve districts of Lancashire (66,833) were classed as being in fuel poverty (England = 11.4%, 2,801,647) in 2023<sup>10</sup>.
- 1.2.3.6 District fuel poverty figures (2023) also closely reflect the rank of average rank aligned to the IMD 2025. This is shown in Table 2, where data has been arranged by IMD rank of average rank and a graded colour scale applied to column 2 (Fuel poverty figures). The highest proportions are coloured in red whilst the lowest in green.

**Table 2: Proportion of households classed as being in fuel poverty (2022) by Lancashire district and rank of average rank (IMD 2025).**

Lowest											Highest
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District	Fuel poverty (low income, low energy efficiency methodology) - Proportion (%)	Rank of average rank (IMD 2025)
Burnley	16.16	4
Pendle	15.99	13
Hyndburn	15.19	16
Preston	12.62	57
Rossendale	13.13	60
Lancaster	13.18	135
Wyre	11.5	150
West Lancashire	11.42	176
Fylde	10.92	188
Chorley	9.7	190
South Ribble	8.7	227
Ribble Valley	11.29	273

- 1.2.3.7 Approximately 24% of the Lancashire population are also classed as living in areas at highest risk of food insecurity (2022)<sup>11</sup>. This equates to 303,901 people.
- 1.2.3.8 As per Table 3, when this indicator is broken down by district and compared to rank of average IMD rank (2025), a similar pattern can be identified. Table 3 is sorted by rank of average IMD rank, with a graded colour scale applied to the food insecurity indicator. The highest percentages are coloured in red whilst the lowest in green.

<sup>10</sup> Office for Health Improvement and Disparities, 2025. Public health profiles. Available at: <https://fingertips.phe.org.uk/search/fuel%20poverty#page/3/gid/1/pat/502/par/E10000017/ati/501/are/E07000117/iid/93280/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>11</sup> Office for Health Improvement and Disparities, 2025. Public health profiles. Available at: [https://fingertips.phe.org.uk/search/food#page/3/gid/1/pat/502/par/E10000017/ati/501/are/E07000117/iid/93864/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0\\_ine-ct-113](https://fingertips.phe.org.uk/search/food#page/3/gid/1/pat/502/par/E10000017/ati/501/are/E07000117/iid/93864/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-ct-113)



**Table 3: Percentage of population classed as being in food insecurity (2022) broken down by Lancashire district and rank of average rank (IMD 2025)**

<b>Lowest</b>											<b>Highest</b>
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District	Food Insecurity (INDIRECT measure) – percentage of local authority population living in areas at highest risk of food insecurity	Rank of average rank (IMD 2025)
Burnley	57.02	4
Pendle	45.08	13
Hyndburn	46.88	16
Preston	35.83	57
Rossendale	22.47	60
Lancaster	19.46	135
Wyre	16.23	150
West Lancashire	21.95	176
Fylde	4.93	188
Chorley	10.58	190
South Ribble	6.42	227
Ribble Valley	0.00	273

1.2.3.9 Please note that the data presented in this section is intended solely to provide additional local context across the themes of food, fuel, and essential household goods. It should not be used to establish eligibility criteria nor to inform spending allocations.

## 2. Service Scope

### 2.1. Overview

2.1.1 Lancashire County Council's Resilience and Essential Needs Support Scheme is a non-statutory service that provides support for the people of Lancashire who need help to meet their immediate and essential living needs as well as support to reach their long-term goals, build resilience and achieve positive health and wellbeing.

2.1.2 The Provider will deliver the entire Service from the first point of contact through to the provision of essential support and the development of personalised plans aimed at fostering resilience and independence

2.1.3 This will involve the management three separate strands of delivery:



- Strand 1: Receiving and assessing applications to the Service.
  - Strand 2: Sourcing and delivering essential household items (furniture and appliances) as the primary method of support. Alongside this, the Provider is expected to provide food and/or fuel vouchers to those Service Users for whom a clear need for this type of support has been identified.
  - Strand 3: Empowering Service Users to identify their wider needs aligned to building longer-term resilience and independence (including health, employment and housing as examples), through the co-development of personalised plans (where these are not already in place), alongside the realisation of these plans through supporting them to access the relevant services and provisions.
- 2.1.4 The Provider is expected to award support aligned to immediate needs as a gateway to longer-term resilience building, ultimately reducing the need for repeat crisis applications.
- 2.1.5 The Provider is expected to work with the Authority, and in partnership with public, voluntary, faith and community sector organisations, to deliver an innovative service that maximises resources, manages demand and prioritises those Service Users most in need.
- 2.1.6 To further increase the volume and quality of support provided, the Provider is also expected to take a proactive approach in identifying and applying for additional funding opportunities.
- 2.1.7 The Provider is also expected to actively collaborate with the Authority on emerging research and evaluation opportunities, contributing to shared learning and continuous improvement.
- 2.1.8 The Service is not intended to replicate or take over the responsibility of statutory agencies nor be seen as regular support for those on low incomes who need help with day-to-day living.

## **2.2. Aim & Objectives**

- 2.2.1 The overall aim of the Service is to support residents of Lancashire in financial crisis<sup>12</sup> to meet their immediate and essential living needs and build long-term resilience, helping them to feel more secure, to live more independently in their community and to thrive in positive health and wellbeing.

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<sup>12</sup> The Provider should consider a crisis as a circumstance of pressing need which requires immediate action to prevent or remedy negative outcomes.



2.2.2 There are several objectives aligned to the delivery of this aim:

- 2.2.2.1 To support individuals to meet their basic physiological and safety needs by providing access to essential household items (furniture and appliances) and immediate support with food and fuel, recognising these as foundational requirements for achieving long-term wellbeing.
- 2.2.2.2 To empower individuals to identify and address their wider personal and social needs through identifying their goals, co-designing action plans and providing timely access to appropriate support and resources, which foster resilience, independence and wellbeing.
- 2.2.2.3 To optimise service impact by making effective use of available resources to reach and support as many individuals as possible.
- 2.2.2.4 To collaborate effectively with key partners across Lancashire, maximising the impact of shared resources.
- 2.2.2.5 To embed equity at the heart of the Service by ensuring every individual has equal opportunity to achieve positive outcomes regardless of their background or circumstances.
- 2.2.2.6 To contribute to environmental sustainability by encouraging the reuse of household items and reducing waste across Lancashire.
- 2.2.2.7 To strengthen local communities through the creation of employment, training, and volunteering opportunities.

## 2.3. Key Outcomes

- 2.3.1 The Public Health Outcomes Framework (PHOF) sets out a vision for public health, with the aim to improve and protect the nation's health and improve the health of the poorest fastest<sup>13</sup>.
- 2.3.2 The framework focuses on the two high level outcomes we want to achieve across the public health system and beyond:
  - Increased healthy life expectancy.
  - Reduced differences in life expectancy and healthy life expectancy between communities.
- 2.3.3 The PHOF contains four domains covering the full spectrum of our concept of public health, including the wider determinants of health domain and the health improvement domain.
- 2.3.4 Through the delivery of the Service, the Provider will particularly focus on improving the wider determinants of health for Service Users.
- 2.3.5 The wider determinants of health are all the factors that influence health, which go beyond individual behaviours and genetics. They include good quality employment, stable and secure housing and access to adequate food and warmth.

<sup>13</sup> Office for Health Improvement and Disparities, 2026. Public Health Outcomes Framework. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>



- 2.3.6 The Provider will also focus on improving the wellbeing of Service Users, including improving their levels of anxiety, satisfaction with life, feelings of happiness and self-worth.
- 2.3.7 The Provider will achieve an improvement in the wellbeing of Service Users via a variety of methods as identified through the co-development and realisation of personalised plans focussed on achieving personal goals leading to improved resilience and independence in the long-term.
- 2.3.8 Wellbeing is a key issue for the Government. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

## **2.4. Deliverables**

- 2.4.1 The Provider will deliver an end-to-end service, aligned to the ambitions outlined within this Specification.
- 2.4.2 Providing an end-to-end service will include the delivery of the following outputs:
  - 2.4.2.1 a flexible and evidence-informed eligibility criteria with an application process that is equitable.
  - 2.4.2.2 essential household items for eligible Service Users in need, including furniture and appliances. This will be the primary method of support.
  - 2.4.2.3 access to immediate support with food and fuel needs via the provision of vouchers. This will be supplementary to the primary method of support and be at the discretion of the Provider.
  - 2.4.2.4 co-development and realisation of personalised and evidence-informed action plans tailored to achieving longer-term goals and aspirations, which will build resilience and independence.
- 2.4.3 From a strategic perspective, the Provider will also focus on delivering:
  - 2.4.3.1 effective referral pathways into and out of the Service, working closely and collaboratively with a range of local partners. Partners will include (but not be limited to) those working across health, employment, welfare rights and social care.
  - 2.4.3.2 an equitable approach, including utilising the Health Equity Screening Tool throughout the development and delivery of the Service.
  - 2.4.3.3 environmental sustainability, by exploring all opportunities to increase the use of second-hand items.



## 2.5. Target Population

2.5.1 The Service will be available to individuals who:

- 2.5.1.1 are aged 16 years or over.
- 2.5.1.2 live within the administrative boundary of Lancashire County Council<sup>14</sup>
- 2.5.1.3 have no income or are on a low income, such as means tested benefits<sup>15</sup>
- 2.5.1.4 do not have access to sufficient funds to meet their immediate needs and those of their dependents<sup>16</sup>
- 2.5.1.5 need access to essential household items to help maintain or establish a home

2.5.2 The Provider must have a clear rationale outlining their approach, including how they are defining eligibility.

2.5.3 It is for the Provider and Authority to collectively determine what support can be lawfully provided to a person with No Recourse to Public Funds based upon an individual assessment of their status, circumstances and support needs.

2.5.4 The Service must be non-stigmatising and non-discriminatory, providing fair access to the population it serves.

2.5.5 The Service will uphold the principles of equality and will not discriminate against individuals based on any of the protected characteristics defined in the Equality Act 2010.

2.5.6 The Service will also take an equitable approach at all times, ensuring it is flexible, sensitive and responsive to the diverse cultural backgrounds and lived experiences of those that it serves.

2.5.7 The Provider will ensure that service delivery is continuously informed by national and local data – including any future assessments of local needs – to identify those priority groups most in need of the Service, in collaboration with the Authority.

## 2.6. Geographic Coverage

2.6.1 The Provider will ensure the Service is available to all eligible individuals who are resident across the Lancashire County Council footprint. This will include those who are temporarily resident.

<sup>14</sup> Those living outside the administrative boundary of Lancashire County Council should be supported to apply for assistance in their area of residence. The Provider may use options such as the Local Welfare Assistance Finder to identify similar provisions to connect Applicants to.

<sup>15</sup> The Service is intended to support a wide range of low-income households and, as such, support should not be limited to those in receipt of benefits. The Provider has flexibility to apply their own discretion when determining eligibility. This is in line with the Service's person-centred and needs-based approach.

<sup>16</sup> This may be the result of a sudden financial shock – a sudden, unexpected expense or drop in income.



2.6.2 The Provider will deliver the Service across the following districts (may be subject to change):

- Burnley
- Chorley
- Fylde
- Hyndburn
- Lancaster
- Pendle
- Preston
- Ribble Valley
- Rossendale
- South Ribble
- West Lancashire
- Wyre

## **2.7. Premises**

2.7.1 Any costs associated with buildings used to deliver the Service, including operational costs, overheads, information technology systems and telecoms will be met within the contract value.

2.7.2 The Provider will ensure that all premises used for service delivery meet all legislative requirements.

2.7.3 The unavailability of appropriate accommodation shall not be a reason for service non-provision. If appropriate accommodation is not available, the Provider will utilise alternative methods of delivery (e.g., digital, or in wider community venues) to ensure continued service delivery.

2.7.4 The Provider will be responsible for carrying out regular risk assessments on all premises used in the delivery of the service.

## **2.8. Days, Opening Hours and Contact Details**

2.8.1 The Provider will be flexible and responsive with regard to the operating hours of the Service, in order to meet local demand and the needs of Service Users.

2.8.2 The Service will be operational 52 weeks of each year (excluding bank holidays).

2.8.3 Exact days and hours of provision are to be decided by the Provider but will not be less than 40 hours per week and must be agreed with the Authority.

2.8.4 Some form of "Out of Hours" provision is required.

2.8.5 "Out of Hours" provision must include (but is not limited to) a telephone answering machine with recorded messaging alongside internet-based information and signposting to additional support.

2.8.6 All answer machine messages will be responded to on the next working day.



- 2.8.7 Any closures or changes to operating hours must be agreed with the Authority before implementation.
- 2.8.8 The Provider will ensure that any changes to operating hours are clearly communicated to Service Users and key partners in a timely manner.
- 2.8.9 The Provider will have a single telephone number, a dedicated email account, social media messaging channels, and website referral system.
- 2.8.10 The Provider will actively explore and implement different approaches to ensuring that Service Users and Referral Organisations can effectively contact the Service. In this way, the Provider will take a flexible and equitable approach to addressing individual needs and circumstances.

## **2.9. Inclusions and Exclusions**

- 2.9.1 The Provider will consider any previous awards of support from this Service when assessing an application.
- 2.9.2 The Service will not offer any cash awards.
- 2.9.3 The Service will allow for both urgent and non-urgent applications.
- 2.9.4 The Service will take a flexible approach to awards of support, recognising the need to work with a Service User to establish their essential needs and to respond effectively. Entertainment equipment of any kind will not, however, be included in any awards of support.

## **2.10. Partnerships**

- 2.10.1 The Provider will reach into and take an active role in local networks of services and agencies working to support Lancashire residents experiencing financial crisis, to ensure Referral Organisations and, therefore, Applicants most in need are aware of the Service and are supported to apply.
- 2.10.2 The Provider will develop and maintain good working relationships with all Referral Organisations to ensure their continued engagement with the Service, with the aim of supporting those most in need.
- 2.10.3 It is expected that by proactively reaching into and developing strong and effective relationships with partner services and agencies, the Provider will also enhance their ability to refer and direct Applicants to a broader range of local support services that align with their individual needs, circumstances, and goals and help to build resilience. This may include (but not be limited to) debt advice and housing support.
- 2.10.4 The Provider will also take an active role in any networks identified by the Authority as important in meeting the aims and objectives of the Service.
- 2.10.5 The Provider will also be proactive in eliciting feedback from local support networks, including Referral Organisations, with regard to service delivery.



- 2.10.6 The Provider is expected to openly review and act upon (where possible) any suggestions for improvement, as identified through stakeholder feedback.
- 2.10.7 The Provider will proactively and continuously work with frontline staff across its Referral Organisations to strengthen their understanding of the Service's objectives, outcomes, and aspects relating to operational delivery (such as the application process). This approach aims to sustain and enhance Referral Organisations' engagement with the Service.
- 2.10.8 The Provider will work with frontline staff within Referral Organisations by also offering practical support on how to discuss the Service - including the application process – with potential Applicants in a way that minimises barriers to access and sets realistic expectations. This includes guiding Applicants through the processes, explaining the Service and application requirements in a manner that proactively reduces stigma and alleviates any concerns about judgment of personal circumstances.
- 2.10.9 The Provider should consider attending partner sites and premises across the wider system to engage with residents in need and raise awareness of the Service. This approach also helps strengthen relationships with partner organisations, expand referral networks, and identify opportunities to connect Service Users with appropriate agencies and support to build resilience.

## **3. Service Model**

### **3.1. Overarching Principles**

- 3.1.1 The Provider will deliver the requirements set out in this Specification.
- 3.1.2 The Authority does acknowledge, however, that it is not possible to specify in detail all elements of the Service in this Specification and that further collaborative work will be required after a Provider is appointed.
- 3.1.3 The Provider will evidence their commitment to working with Lancashire County Council to develop all elements of the Service over time and will be flexible.
- 3.1.4 The Authority will work in partnership with the Provider, offer support and guidance to facilitate relationships with key partners, and work towards national and local ambitions.
- 3.1.5 As set out in Section 2.1, the Provider is required to manage an end-to-end service, which operates across the following three strands of delivery:
- Strand 1: Receiving and assessing applications to the Service.
  - Strand 2: Sourcing and delivering essential household items as the primary method of support. Alongside this, the Provider – at their discretion – may also facilitate access to immediate food and fuel support via vouchers.



- Strand 3: Empowering Service Users to identify their wider needs aligned to building longer-term resilience and independence (including health, employment and housing as examples), through the co-development of personalised plans (where these are not already in place), alongside the realisation of these plans through supporting them to access the relevant services and provisions.

3.1.6 The Provider must manage the budget efficiently to ensure that the Service is available throughout the year.

3.1.7 The Provider is required to work toward achieving positive health and wellbeing outcomes for all Service Users.

## **3.2. Application and Assessment**

### **3.2.1. *Application Routes***

3.2.1.1. Applications to the Resilience and Essential Needs Support Scheme will mainly come from Third-Party Referral Organisations, with the consent of the Applicant.

3.2.1.2. The Provider will also operate a self-referral route for Applicants to use when required.

3.2.1.3. If an Applicant is vulnerable and requires support, a self-referral can be accepted from someone acting on behalf of the Applicant such as an appointee, including a friend or relative. Appropriate checks and assurances should be undertaken, however.

3.2.1.4. The Provider will identify and actively promote the Service to potential Referral Organisations who will be responsible for referring Applicants into the Service and completing the application on their behalf. The Authority will require regular reporting of work undertaken to engage Referral Organisations.

3.2.1.5. The Provider will determine which organisations can be accepted as Referral Organisations, in consultation with the Authority.

3.2.1.6. The Provider will ensure the range and coverage of Referral Organisations covers the whole administrative area of Lancashire County Council and is reflective of the county's population, therefore supporting the accessibility of the Service for all residents across all protected characteristics.

3.2.1.7. The Provider will ensure the range of Referral Organisations covers those services most likely to be accessed by the target population, operating



across the voluntary, community, faith and social enterprise sector, as well as local government and health, as examples.

- 3.2.1.8. The Provider will work with the Authority to ensure that all application routes are accessible to all Referral Organisations and Applicants regardless of their characteristics, background or circumstances.

### **3.2.2. Application Process**

- 3.2.2.1 The Provider will receive and process all applications for the Service.
- 3.2.2.2 The Provider, in consultation with the Authority, is required to design an application process that is supportive and easy to understand considering the different accessibility needs of Service Users with regard to any of the protected characteristics.
- 3.2.2.3 Essential household items are the primary method of support to be provided by the Service. Applications are, therefore, to be made in respect of essential household items. The Provider will, at their discretion, provide additional support for food and fuel alongside an award of items, but only where Service Personnel have identified a clear need for such support. Support with food and fuel should be seen as supplementary.
- 3.2.2.4 The Provider is required to offer a secure digital application form as well as secure, non-digital options utilising post, telephone and other innovative means of receiving applications from those Applicants and/or Referral Organisations who are unable to access digital options.
- 3.2.2.5 All application forms should be accessible to all regardless of their protected characteristics, developed to be easy to use and clearly outline the eligibility criteria and evidence/information requirements at the start of the form-filling process, enabling a Referral Organisation and/or Applicant to immediately determine eligibility and application requirements.
- 3.2.2.6 The application form should enable the Referral Organisation to easily provide evidence/information requirements via a range of formats.
- 3.2.2.7 The Provider will establish systems and processes to accurately and securely collect, collate and store relevant information on all applications received into the Service.
- 3.2.2.8 Information collected, collated and stored as part of application forms should enable the Provider to examine where referrals are coming from, identify gaps in provision, assess and validate against the eligibility criteria, identify the needs of Applicants, and report on key performance indicators.
- 3.2.2.9 The Authority will collaborate with the Provider to agree on the specific information required in the application form. The aim is to ensure the form captures the details necessary for both the Service and the Authority to



make informed decisions, while also minimising the burden and potential stress on the Referral Organisation and the Applicant.

- 3.2.2.10 The Provider must be accessible to all Referral Organisations for any queries relating to the application process, including questions about the application form, assessment, or outcome decisions, in line with Section 2.8.
- 3.2.2.11 As part of the process, the Provider will assess all applications fairly and accurately against the eligibility criteria mutually agreed upon with the Authority.
- 3.2.2.12 The eligibility criteria must be developed and used to ensure that the service budget is targeted at the most vulnerable residents and those with greatest need.
- 3.2.2.13 Decisions on awards of support will be subject to a certain degree of flexibility and discretion, sensitive to the complex circumstances and needs of Applicants.
- 3.2.2.14 All decisions regarding the award of support must be documented to help identify potential gaps and support ongoing learning, as well as to support any future appeals processes.
- 3.2.2.15 When assessing applications, the Provider will prioritise those Applicants most in need of support.
- 3.2.2.16 Awards of support can be refused to eligible Applicants if there are insufficient funds available to make an award. The Provider should, however, ensure the service budget is being managed in a way that minimises this risk and ensures that the service can be delivered throughout the year.
- 3.2.2.17 The Provider, in consultation with the Authority, will manage an internal appeals process for those Applicants who disagree with the decision that has been made by the Provider. Applicants will be able to request a review and provide additional information or evidence to support their request.
- 3.2.2.18 The Applicant making the appeal should be notified of any review outcome in writing, including reasons, as soon as is reasonably practical
- 3.2.2.19 Those Applicants refused an award of support may reapply to the Service if there has been a change in their circumstances.
- 3.2.2.20 The eligibility criteria and the application process - including the application form, assessment and appeals - will be reviewed periodically by the Authority and the Provider and may be adjusted at any time to respond to changing understandings of need and in order to effectively manage the budget. The Authority must review and approve any changes to the process before they are introduced.



- 3.2.2.21 The Provider shall seek to communicate expected processing times to Applicants and Referral Organisations to help manage expectations and prevent undue stress throughout the application process.

### **3.2.3. Evidence and Verification**

- 3.2.3.1 Information on, and evidence of, an Applicant's needs and circumstances will be an important element of the application, in order to make a fair assessment and manage the Service budget effectively.
- 3.2.3.2 The Authority will work with the Provider to agree on the information and evidence to be shared and checked, prior to service mobilisation and on a continuous basis, in response to ongoing stakeholder feedback. The aim is to support the achievement of the outcomes outlined in Section 2.3, while ensuring the application process remains proportionate and not overly intrusive.
- 3.2.3.3 It is recognised that a Referral Organisation and/or Applicant may not be able to access and provide all evidence listed as necessary as part of the application. It is also recognised that the time taken to access and provide this evidence may cause additional stress to the Applicant or prevent them from establishing or maintaining a safe home environment in a timely manner. In such cases, the Provider is required to be flexible in their approach and work with the Referral Organisation to identify alternative solutions, in order to assess an application fairly and manage the budget effectively. Referral Organisations should be made aware of this approach and encouraged to contact the Service to discuss cases should the need arise.
- 3.2.3.4 As part of the application, Referral Organisations are expected to share relevant information about an Applicant's needs and circumstances, with their consent, to support the assessment of the application.
- 3.2.3.5 The Provider must ensure that there is the opportunity for dialogue between them and the Referral Organisation and/or Applicant regarding the application evidence and/or wider contextual information.
- 3.2.3.6 This contextual information should help reduce the need for Applicants to repeat personal circumstances already shared with the Referral Organisation, especially when an award has been granted and a personalised plan is being developed collaboratively with Service Personnel.
- 3.2.3.7 The Provider is expected to take a holistic approach to the assessment of any evidence submitted as part of an application, by considering the information shared on the Applicant's broader contextual factors and personal circumstances. With the example of bank statements, the Provider must not make judgements or stigmatise Applicants based on their expenditure without fully considering wider contextual factors. If an award is made, the Provider should also use this evidence to inform discussions with



a Service User regarding those items that would be of most use, as well as during the co-development of support plans (for example, with regard to gambling activities or takeaway usage).

- 3.2.3.8 It is the responsibility of the Referral Organisation to gather and present the relevant evidence and wider contextual information, as part of the application.
- 3.2.3.9 The Provider, in collaboration with Referral Organisations, will also deliver an effective verification process to check the validity of applications. Referral Organisations will be responsible for checking – as a minimum - the Applicant's identity, age, residency and living arrangements, and will provide the relevant information and evidence to the Provider on request.
- 3.2.3.10 The Authority will work with the Provider to establish an efficient and effective verification process prior to service mobilisation and on a continuous basis throughout the delivery of the Service.

#### **3.2.4.        *Responding to Applications***

- 3.2.4.1 The Provider will decide on whether to award support within two working days of receiving a fully completed and evidenced application form.
- 3.2.4.2 The Provider will ensure that the Referral Organisation and the Applicant are made aware of the outcome of their application at the earliest opportunity. Telephone contact should be prioritised unless the Applicant indicates a preference for an alternative method. All alternative methods should be explored by the Provider, to ensure that barriers to accessing the Service are minimised for all.
- 3.2.4.3 For those Applicants awarded support, the Provider is required to contact the Applicant directly to collaboratively identify their needs regarding household items, as well as assess any additional needs related to support with food and/or fuel. Contact with the Applicant should be timely to avoid delays to the sourcing and delivery of items once identified.
- 3.2.4.4 Assessment of the specific needs of an Applicant, with regard to household items, should not form a requirement of the application form. In instances where a Referral Organisation does outline a Service User's needs as part of the application, the Provider must still contact the Applicant directly to collaboratively discuss this and undertake their own assessment.
- 3.2.4.5 For those Applicants not awarded support, the Provider will contact both the Applicant and the Referral Organisation to inform them of the reason for application refusal.
- 3.2.4.6 In the event of a non-award, the Provider is expected to offer the Referral Organisation and the Applicant alternative options for the support they are seeking. The Provider should ensure that these options are locally based



(where possible), responsive to the individual Applicant's identified needs, and that the information provided is up-to-date and accurate.

- 3.2.4.7 Where possible and with the Applicant's consent, the Provider should aim to facilitate a 'warm referral'<sup>17</sup> to any alternative support options deemed appropriate by the Applicant. This process may help to avoid the need for the Applicant or Referral Organisation to repeat information or resubmit evidence already in the Provider's possession. The Provider must, however, ensure they are complying with all obligations under the Data Protection Legislation at all times.
- 3.2.4.8 If there is a delay in making a decision on an application, the Provider will keep both the Referral Organisation and the Applicant up-to-date and informed of progress.
- 3.2.4.9 Following a decision to award support, the Provider will deliver all household items within the resulting 24 hours to 10 working days, dependent on the urgency of the request and timescales associated with sourcing the required items. The Provider will ensure they prioritise those Service Users most in need.

### **3.2.5. *Identifying and Sourcing Appropriate Awards of Support***

- 3.2.5.1 The Provider will remain responsive to the needs of Service Users, sourcing household goods that are jointly identified - through direct engagement with a Service User - as essential for establishing/maintaining a safe and stable home environment, and which also contributes to the Service User's overall health and wellbeing.
- 3.2.5.2 The Provider must adopt a person-centred approach at all times when collaboratively identifying appropriate awards of support, ensuring that the preferences, needs and values of the Service User stay central to all professional decisions, therefore providing support to the Service User that is respectful to them.
- 3.2.5.3 There is no prescriptive list specifying those essential household items (furniture and appliances) eligible for award; it is at the Provider's discretion to determine appropriate support by taking a person-centred, needs-based approach.
- 3.2.5.4 It will be the responsibility of the Provider to jointly assess the appropriateness of items identified by Service Users, considering budget, equity and the overall aims of the Service.
- 3.2.5.5 The Provider must consider the availability of resources at all times when making final decisions on awards of support.

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<sup>17</sup> Where someone is referred by one organisation or service to another with a focus on ensuring a smooth transition. Sufficient and accurate information is also provided, with informed consent, as part of the referral to prevent people from having to explain their circumstances and needs on multiple occasions.



- 3.2.5.6 The Provider will uphold the principles of equality and will not discriminate against individuals based on any of the protected characteristics defined in the Equality Act 2010, when determining awards of support.
- 3.2.5.7 The Provider will be holistic in their approach to awarding support, ensuring that any essential items awarded can be utilised by a Service User and do not require additional items that the Service is unable to provide. For example, providing a bed and mattress without appropriate bedding and/or a cooker without cutlery/crockery.
- 3.2.5.8 Where certain items, jointly identified as essential, cannot be provided by the Service, the Provider shall draw upon their knowledge of the wider system of support to assist the Service User in accessing those items through alternative services and agencies. In such cases, a warm referral should be prioritised over simple signposting<sup>17</sup>.
- 3.2.5.9 The Provider will source all household items in accordance with the standards and requirements outlined in Section 13 of this Specification.
- 3.2.5.10 Where possible and practicable, the Provider will firstly seek to source and deliver second-hand household items. Only where this is not possible will the Provider look to source and deliver new items.
- 3.2.5.11 In some cases, purchasing and delivering new items may be more cost-effective than sourcing second-hand alternatives. The Provider is responsible for assessing this to ensure Service Users consistently receive good quality items.
- 3.2.5.12 The Provider will collaborate with the Authority's Waste Management team and a range of partners across the private, public, voluntary, and community sectors, to take a flexible and innovative approach to procuring second-hand household items. At all times, the Provider should aim to make the most of available resources, minimising the environmental impact of the Service, whilst also delivering high-quality items that meet Service Users' needs and circumstances.
- 3.2.5.13 The Provider will be required to collect monitoring data detailing the quantity and categories of household goods distributed to Service Users. This data will be regularly reviewed by the Authority as part of the Contract Management procedures outlined in this Specification.
- 3.2.5.14 Alongside the provision of essential household items, the Service will adopt a holistic and responsive approach by providing immediate food and fuel support to those Service Users for whom a clear need for this type of support has been identified.
- 3.2.5.15 The costs of supplying food and fuel vouchers, including the potential procurement of a system to support this, are to be met within the overall contract value.



- 3.2.5.16 The Provider is responsible for ensuring that food and fuel vouchers are distributed equitably and barriers to access are removed for everyone.
- 3.2.5.17 The distribution of food and fuel vouchers must be in alignment with the standards and requirements outlined in Section 13 of this Specification.
- 3.2.5.18 The Authority will work with the Provider to establish parameters around the cost of all awards of support and the process for their allocation.
- 3.2.5.19 The value and nature of all awards will be reviewed periodically by the Authority and the Provider and may be adjusted at any time to respond to changes in need and/or to manage the Service budget.

### **3.2.6. *Delivery of Appropriate Support***

- 3.2.6.1 The Provider will deliver and install all household items in accordance with the standards and requirements outlined in Section 13 of this Specification.
- 3.2.6.2 The Provider will contact the Service User prior to delivering the items to arrange a date and time for delivery. If the Provider can no longer deliver the items at the allotted time, they will contact the Service User as soon as possible to rearrange.
- 3.2.6.3 The Provider will deliver all household items directly to the Service User's home address, unless a different location has been agreed upon and the reasons for this have been clearly understood and deemed appropriate by the Provider.
- 3.2.6.4 The Provider will ensure that household items are not left outside the property or in communal areas if the Service User is not at home.
- 3.2.6.5 The Provider will make at least three attempts to deliver the items, contacting the Service User each time to rearrange.
- 3.2.6.6 Service Personnel who are entering a Service User's home environment will be expected to wear identification badges, which must include photographic identification, and must introduce themselves, giving their name and the organisation's name, before asking to enter the Service User's home address as part of the pre-arranged visit.
- 3.2.6.7 Service Personnel responsible for delivering and installing household items must be informed of the Service User's needs and circumstances prior to their visit to the home address, to ensure their approach is sensitive and appropriate, while also allowing them to identify and prepare for any potential risks to their own health, safety, and wellbeing.



- 3.2.6.8 The Provider will be responsible for assembling and installing/connecting all furniture and electrical items delivered to the Service User's property as part of their award.
- 3.2.6.9 The Provider will ensure that all Service Users receive guidance on how to operate, maintain or safely alter awarded items in a way that is accessible and acceptable to their individual needs and circumstances, in line with Section 3.6.
- 3.2.6.10 Prior to leaving the Service User's address, Service Personnel will obtain a signature from the Service User to confirm that the delivery has been completed and to the Service User's satisfaction. The Service User should be clearly informed of the purpose of the signature prior to being asked to provide it.
- 3.2.6.11 The Service User must be provided with contact details for the Service, in the event of any concerns, complaints or questions about items delivered or the manner of their delivery and/or installation.

### **3.3. Resilience Building**

- 3.3.1 Once essential living needs have been addressed, the Service will aim to support Service Users in building their resilience, increasing their independence, improving their health and wellbeing and reducing the likelihood of repeat applications to similar services.
- 3.3.2 The timing of follow-up support should be carefully considered by the Provider, based on an assessment of the evidence and information submitted in the initial application, as well as through direct engagement with the Service User when identifying their specific needs regarding household items. The Provider should, therefore, adopt a flexible approach to scheduling follow-up support.
- 3.3.3 The Provider will engage with Service Users, using a 1:1 approach, to collaboratively develop a personalised plan focused on future goals, where such plans have not already been established by the Referral Organisation, or where the Referral Organisation has indicated that plan development is required as part of the application process, subject to the Applicant's consent.
- 3.3.4 The Provider should remain flexible regarding the timeframe for both developing and implementing the plan. This period should be informed by an assessment of the evidence and information regarding the Service User's background and circumstances provided in the initial application, alongside direct engagement with the Service User themselves.
- 3.3.5 Using motivational interviewing techniques, the Provider will empower Service Users to identify their own needs and aspirations as well as solutions to these, consistently promoting the principles of equity, participation and partnership.



- 3.3.6 As part of co-designing a personalised plan, the Provider will take a place-based approach by helping to connect Service Users with local support that responds to their wider needs - such as employment, health, and financial wellbeing.
- 3.3.7 The Provider is expected to maintain a focus on building resilience at all times, by ensuring the Service is connected to service providers and specialist advisors working across this field. Examples may include local food co-ops, debt and income/budget maximisation advisors. The Provider is expected to be proactive in continually identifying and making links with the types of services and support required by Service Users to build their resilience.
- 3.3.8 The Provider will also adopt a person-centred and trauma-informed approach<sup>18</sup>, recognising the unique needs, preferences and experiences of Service Users when planning for the future and ensuring that these remain central to professional decision-making. In doing so, the Provider must consider not only formal services but also informal community-based support - such as peer-to-peer support groups – with the aim of fostering greater community integration and reducing long-term reliance on structured services, where appropriate.
- 3.3.9 The Provider must also ensure that people are empowered with clear, accessible information so they can make informed choices about the support that aligns with their goals, values, and circumstances.
- 3.3.10 The Provider will be expected to actively engage with and build collaborative relationships across a broad range of multi-agency and cross-sector partners operating across Lancashire, including those within the voluntary, community and faith sectors (both small and larger-scale), health and social care, and local government.
- 3.3.11 The Provider should ensure that Service Users are connected to all appropriate support services that meet their identified needs, including those related to protected characteristics and beyond. If the Provider identifies any gaps in available services, they must inform the Authority, who may be able to assist.
- 3.3.12 To ensure Service Users receive timely and relevant support, the Provider is expected to take a proactive approach to regularly mapping these local services and community resources. By actively engaging within appropriate networks, the Provider should aim to foster strong relationships, promote effective information sharing, and ensure their advice remains accurate and up to date.
- 3.3.13 Once co-developed, a copy of the personalised support plan should be provided to the Service User via their preferred method of communication, for example via email, text or post.

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<sup>18</sup> The Provider should adopt a Trauma Informed Approach when working with people and families in crisis, considering the six principles of trauma-informed practice: <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice#key-principles-of-trauma-informed-practice>



- 3.3.14 The template used by the Provider for the personalised plan should be informed by robust evidence to ensure it is both empowering and effective in supporting Service Users.
- 3.3.15 All plans should be clear, concise and easy to understand, considering the different accessibility needs of Service Users with regard to any disabilities or language barriers, as examples.
- 3.3.16 After developing a support plan, the Provider must identify an appropriate point for a follow-up contact with the Service User to determine whether additional support is needed to achieve the actions outlined in the Plan. The timing of this follow-up is critical and should be carefully considered by the Provider, informed by ongoing learning and Service User feedback.
- 3.3.17 To foster meaningful, trusting relationships and ensure effective engagement, the Provider should maintain contact with the Service User for at least six months following the commencement of follow-up support.
- 3.3.18 The exact period of time that the Provider maintains contact with the Service User shall be flexible dependent on the Service User and also informed by continuous learning.
- 3.3.19 The Provider must ensure that any plans to end contact with a Service User is communicated clearly, in advance, and with sensitivity. All communication should remain positive and encourage the Service User to continue progressing toward improved health and wellbeing, fostering their resilience to future challenges and supporting their independence.

### **3.4. Communications, Branding and Marketing**

- 3.4.1 The Provider will design a relevant and strong brand alongside appropriate promotional materials, which must be developed prior to mobilisation and agreed with Lancashire County Council.
- 3.4.2 The Provider must work with target populations and partners across Lancashire to ensure that the brand is one that will resonate and not stigmatise, removing any barriers to access.
- 3.4.3 The Provider will also develop robust brand guidelines to ensure the brand is effectively implemented across the Lancashire County Council footprint.
- 3.4.4 The Provider will ensure that Lancashire County Council is represented appropriately in all branded material and adhere to the Lancashire County Council corporate branding guidelines in relation to commissioned providers/partners.
- 3.4.5 The Provider will take an equitable approach to the design of all materials by collaborating with Service Users and key partners as part of a co-production approach. This will be applicable to all materials developed as part of this contract.



- 3.4.6 The Provider will ensure the branding is at the forefront of all communications as opposed to the organisation.
- 3.4.7 The Provider will develop and promote a comprehensive communications and marketing strategy as part of service delivery to ensure the Service reaches those who would benefit most.
- 3.4.8 The Communications and Marketing Strategy will be agreed with Lancashire County Council and implemented during mobilisation. This will be reviewed annually.
- 3.4.9 The Provider will identify and develop effective and productive relationships with all relevant media in Lancashire and liaise appropriately with Lancashire County Council's Communications Service. All press releases will be shared with Lancashire County Council prior to release.
- 3.4.10 The Provider will work with Lancashire County Council Communications Service to appropriately manage reputational issues, provide a joint response to media related issues and harness positive media opportunities.
- 3.4.11 The Provider will respond effectively to media enquiries and work with Lancashire County Council and other partner organisations to generate a flow of positive, good news press releases and/or other media related issues.
- 3.4.12 The Provider will provide all promotional materials in a range of formats and languages tailored to meet the needs of the target audience
- 3.4.13 The Provider will aim to recruit a proportion of staff from local communities, where possible this should include people who are able to speak languages spoken in those communities so that the Service provided is as accessible and inclusive as possible. If this is not possible, the Provider is expected to use an appropriate interpretation service or language line, and provide information materials in other languages and formats, as and when required.
- 3.4.14 Friends, relatives, or other carers should not be relied upon by the Provider to provide interpretation and/or translation services unless no other option is available.
- 3.4.15 Local communication and marketing initiatives with respect to the Service should aim to:
  - 3.4.15.1 Deliver consistent, coherent and co-ordinated communication.
  - 3.4.15.2 Support and enable local communities and volunteers to engage with the Service.
  - 3.4.15.3 Improve understanding of what the Service can offer, where help is available (including opening hours) and application routes.
  - 3.4.15.4 Provide information that is accessible and acceptable to all people in Lancashire, this must include alternate languages, braille etc.



- 3.4.15.5 Use all relevant communications and engagement platforms including press releases, social media, posters, etc.
- 3.4.15.6 The Provider will develop a website for the Lancashire population which as a minimum will:
- Be easily accessible (including via mobile phones) and adapted to different Service User needs, for example those with disabilities and for whom English is not their first language.
  - Use language that is clear and non-stigmatising.
  - Provide a single telephone number for the Service.
  - Provide general information about the Service including application routes, application process (including eligibility criteria and requirements), contact details (telephone, email and text options), operating hours, and social media channels (for example, Facebook), where relevant.
  - Provide a digital application form for Referral Organisations and one for Service Users.
  - Provide information on how to access non-digitised application forms and routes, including both telephone and post.
  - Promote case studies covering priority groups.
  - Enable compliment and complaints reporting.
  - Enable campaign materials to be accessed.
  - Promote all community outreach venues, events and activities, as relevant.

### **3.5. Service User Involvement**

- 3.5.1 The Provider will ensure that Service Users and their support networks are at the centre of the Service in terms of its design and delivery.
- 3.5.2 The Provider must actively encourage Service User involvement in service development by seeking and documenting feedback at various stages of their journey, using this input to inform and adapt the Provider's approach to meeting the requirements of this Specification.
- 3.5.3 The Provider should evidence Service User involvement in the development and delivery of the Service by adopting the following principles:
- 3.5.3.1 The Provider appropriately embeds the use of peers (those with lived experience) into everyday engagement
- 3.5.3.2 Service Users are consulted on all significant proposals which may affect the Service, and their views are thoroughly considered.
- 3.5.3.3 There is a written complaints policy and procedure in place that has been reviewed in the last three years and is used as a tool for service development and reporting.
- 3.5.3.4 The written complaints policy and procedure is both available and accessible to Service Users.



### 3.6. Health Equity

- 3.6.1 Lancashire County Council is committed to ensuring that the impact of policies, services and projects on health inequalities is understood and addressed where appropriate.
- 3.6.2 The development of this commission has been informed by the Authority's Health Equity Screening Tool<sup>19</sup>.
- 3.6.3 The Health Equity Screening Tool considers the impact a service has on health inequalities by considering the following components of equity:
- Availability
  - Accessibility
  - Quality
  - Acceptability
  - Affordability
  - Safety
  - Adaptability
- 3.6.4 The Provider is required to actively engage in discussions with the Authority to review the Health Equity Screening Tool in relation to the Service with the aim of maximising the impact the Service has on reducing health inequalities and limiting any unintentional widening of health inequalities across the county.

### 3.7. Family Hubs

- 3.7.1 Lancashire County Council has developed an expanding network of Family Hubs where agencies support children and young people in Lancashire<sup>20</sup>.
- 3.7.2 Family Hubs improve multi-agency working, provide high-quality and holistic support to children, young people and families from pregnancy through to the age of 19. For those with special educational needs and disabilities (SEND), support continues up to the age of 25.
- 3.7.3 The main aims of Family Hubs include, but are not limited to the following:
- 3.7.3.1 To enhance existing professional offers and networks.
  - 3.7.3.2 To work collaboratively and enhance current service provision.
  - 3.7.3.3 To align service delivery to avoid duplication.
  - 3.7.3.4 To share resources for training purposes across the Hubs and wider network.
  - 3.7.3.5 To ensure families have access to appropriate support.
  - 3.7.3.6 To ensure children and young people are healthy, happy, and developing well.

<sup>19</sup>Lancashire County Council, 2026. Health Equity Screening Tool. Available at: <https://www.lancashire.gov.uk/council/strategies-policies-plans/public-health/foundations-for-wellbeing/health-equity-screening-tool/>

<sup>20</sup> <https://lancashire.gov.uk/children-education-families/family-hubs/>



- 3.7.3.7 To connect individuals and families with services and their communities at a place-based level.
- 3.7.4 As a commissioned service of Lancashire County Council's Public Health Service, the Provider will form part of the Family Hub network and will work collaboratively with other agencies as part of this network.

### **3.8. Staffing and Workforce Competencies and Requirements**

#### **3.8.1. Overview**

- 3.8.1.1 The Provider will ensure that there are enough Service Personnel, with the necessary skills and competencies to deliver the Service as outlined in this Specification.
- 3.8.1.2 The Provider will ensure that all Service Personnel have access to the necessary resources to deliver the Service as outlined in this Specification.
- 3.8.1.3 The Provider will record that its Service Personnel have read, understood, and have access to up-to-date copies of relevant policies, procedures, codes of practice, standards and legislation.
- 3.8.1.4 The Provider will have policies and procedures in place to prevent Service Personnel from obtaining personal benefit when working with Applicants and Service Users.
- 3.8.1.5 The Provider will ensure all Service Personnel engaged in the provision of the Service are subject to a valid enhanced disclosed check undertaken through the Disclosure and Barring Service, including a check against the adults' barred list and the children's barred list, as appropriate.
- 3.8.1.6 The Authority is committed to ensuring that people receiving commissioned services are treated with dignity and respect. The Provider must, therefore, seek to promote the personal attributes and behaviour of Service Personnel which are valued by those accessing the Service. This includes ensuring that Service Personnel recruited by the Provider are (as a minimum):
- Approachable
  - Compassionate
  - Trustworthy (being honest and observing confidentiality)
  - Non-judgmental
  - Able to build a good rapport
  - Friendly
  - Professional and knowledgeable
  - Respectful
  - Empathetic
  - Committed to achieving positive outcomes for Service Users



- 3.8.1.7 The Provider will ensure Service Personnel are sensitive to the needs of people with protected characteristics and how these can lead to additional vulnerabilities, depending on individual circumstances.
- 3.8.1.8 The Provider will ensure that all Service Personnel are treated fairly and supported to meet the requirements and standards of this Specification.
- 3.8.1.9 The Provider will ensure that Service Personnel are, at all times, provided with access to appropriate support to safeguard and improve their own health and wellbeing.

### **3.8.2. Training**

- 3.8.2.1 The Provider will ensure that all Service Personnel are appropriately trained, qualified, and have the necessary competencies and experience to undertake the requirements of the Service.
- 3.8.2.2 The Provider will ensure all Service Personnel continue to link in and grow relationships with relevant services delivered by a range of partner organisations, with the aim of generating more effective and responsive referrals for Service Users. This includes those services commissioned by the Authority.
- 3.8.2.3 The Provider will ensure all Service Personnel are provided with a comprehensive induction course during the first four weeks of their employment.
- 3.8.2.4 Training shall form a key part of the Provider's focus in ensuring effective and safe delivery of the Service. Training must cover (but not be limited to):
  - Brief interventions (including Making Every Contact Count)
  - Motivational interviewing
  - Prevention of abuse, child sexual exploitation (CSE), Child Criminal Exploitation (CCE) and safeguarding. This training must be given to all staff as a part of induction and must be updated every 2 years.
  - Prevent Duty. This training must be given to all staff as a part of induction and must be updated every 2 years.
  - GDPR, Data protection and record keeping
  - Trauma-informed practice
  - Adverse Childhood Experiences (ACE's)
- 3.8.2.5 The Provider will ensure that there is an accurate and up-to-date log of all training undertaken by Service Personnel.
- 3.8.2.6 The Provider is responsible for identifying all Service Personnel training necessary to ensure the Service is delivered legally and in a way that best supports Service Users.
- 3.8.2.7 The Provider must work with the Authority to identify additional training opportunities relevant to Service Personnel in their delivery of the Service.



This may include responding to specific training opportunities identified by the Authority as necessary throughout service delivery.

3.8.2.8 Prior to commencing their role as part of the Service, and at appropriate stages during their role, the Provider must also ensure that all Service Personnel have adequate and up-to-date knowledge of:

- the standards and legislation relevant to the Service
- working with vulnerable populations, including an understanding of the various complex health and social issues people face
- the welfare benefits system
- dealing with challenging or distressing situations
- local household support networks
- sourcing, delivering and installing furniture and electrical items in line with relevant standards and legislation.

### **3.8.3. Volunteers**

3.8.3.1 If volunteers do contribute to the Service, the Provider must demonstrate:

- 3.8.3.1.1 that volunteering opportunities are reserved for appropriate areas of the Service
- 3.8.3.1.2 that volunteers receive all the necessary training, supervision and support required for the delivery of their roles, and that this is well suited to their needs and abilities
- 3.8.3.1.3 that volunteers supplement service delivery and do not replace the functions completed by employees.

## **4. Monitoring and Evaluation**

### **4.1. Overview**

- 4.1.1 The Provider will be responsible for monitoring the Service, including collecting, analysing and retaining accurate and up to date records of delivery.
- 4.1.2 The Provider will work with the Authority to develop the performance monitoring and associated outcomes framework (Appendix C and J of the contract).
- 4.1.3 The Authority may ask the Provider for additional information/items not linked to the formal management and monitoring of the contract or currently requested through the performance management framework. The Provider must respond within 7 working days at no extra cost to the Authority.
- 4.1.4 Additional information or items may be requested to support activities such as Needs Assessments, Audits, Freedom of Information requests, or ad-hoc enquiries aimed at driving continuous quality improvement and service innovation.



- 4.1.5 The Authority reserves the right to review and develop the Key Performance Indicators (KPIs) applicable to this Service within the life of the contract.
- 4.1.6 The Provider is expected to work collaboratively with the Authority to continuously improve the effectiveness of performance management to deliver best value and to promote improved outcomes for Service Users.

## **4.2. Performance Management and Oversight**

- 4.2.1 The Provider is required to submit a performance report, utilising it to report service activity.
- 4.2.2 The Performance Report will include a clear supporting narrative which details current position relative to requirements as specified within this Specification. The narrative will detail the areas of underperformance/concern; underlying reasons and what actions are being taken to overcome this both now and, in the future, (see format for exception reporting in the table below).
- 4.2.3 These reports will also inform the routine joint contract monitoring and broader quality and oversight discussions, with any subsequent more detailed analysis being undertaken where indicated.

### **Exception Reporting**

The issue of over/under performance or concern to be raised

Description of what the issue is

What the impact on the service is

Explanation of why it is happening

An overview of the key actions being taken to address the issue (short-term)

An overview of the key actions being taken to resolve/mitigate the issue (long-term)

- 4.2.4 The Provider will consult with The Authority for further clarification on what would constitute an exceptional circumstance.
- 4.2.5 All performance reviews will involve a joint approach to understanding and interpreting data as an ongoing evaluation process to inform and improve practice and delivery.
- 4.2.6 The Provider will also supply a qualitative report detailing events, case studies, impact and developments that are not apparent in the performance reporting template in line with the requirements laid out in the Quality Assurance Framework (QAF).
- 4.2.7 The QAF will allow all partners in the contract to share and manage risk effectively, thereby ensuring a high-quality service is always provided.



- 4.2.8 The performance reporting template and the qualitative report will be submitted quarterly.
- 4.2.9 As part of performance reporting, the Provider will also evidence their engagement with partners working across the local system.
- 4.2.10 The Provider will update Lancashire County Council annually on the development/action plan for the year ahead.

## 5. Data Collection, Analysis, and Submission

### 5.1. Data Collection

- 5.1.1 The Provider must have a robust electronic system for Service and Service User management and data collection in place prior to mobilisation.
- 5.1.2 The Provider is responsible for all fees relating to the electronic system selected and used, including but not limited to licence fees, maintenance and upgrade costs.
- 5.1.3 It is the responsibility of the Provider to ensure any maintenance and updates required to the system are carried out in a timely fashion.
- 5.1.4 In the event of system failure, the Provider must ensure there is a back-up plan to enable continuity of service delivery.

#### **Submission of a Minimum Data Set to support the requirements under the Equality Act 2010**

- 5.1.5 All commissioned providers are required to collect, collate and report on a Minimum Data Set that contains all protected characteristics, as set out in clause B5 of the contract, with the exception of 'marriage and civil partnership' which is left at the discretion of the relevant lead commissioner in conjunction with the Provider.
- 5.1.6 If individual Service Users do not wish to disclose these details, the Provider should formally record 'prefer not to say' for each of the relevant protected characteristics.
- 5.1.7 4- or 5-digit Postcodes should also routinely be collected (but not required to be shared with the Authority unless specified).

### 5.2. Data Analysis

- 5.2.1 It is the responsibility of the Provider to routinely analyse their own performance and develop a performance monitoring report which details current performance.



### 5.3. Data Submission

- 5.3.1 Line-level pseudonymised data (unless there is a significant risk of individual Service Users being identified) will also routinely be made available to promote population health approaches and/or explore particular issues or challenges raised through the routine performance and quality reporting processes of the Service as and when required.
- 5.3.2 It is the intention of the Authority to develop automated methods to exchange information between Lancashire County Council and its Providers. Once finalised, the Provider will be expected to submit data accordingly - minimising the degree of manual intervention that is required by either party - for example, through a web enabled API (Application Programme Interface) or FTP (File Transfer Protocol).
- 5.3.3 Any automated method to exchange data between Lancashire County Council and the Provider must:
- 5.3.3.1 Be secure and compliant to UK data protection regulations
  - 5.3.3.2 Minimise manual intervention, enabling efficiency savings and increased data reliability.
  - 5.3.3.3 Be shared at an agreed frequency.
  - 5.3.3.4 Ensure data is provided in a common format during the contract and any changes are pre-agreed to allow integration and reduce the chance of errors.
  - 5.3.3.5 Be able to cope with change as the service and data requirements evolve.
  - 5.3.3.6 Be cost effective to implement and operate, including costs to manipulate data.
  - 5.3.3.7 Allow for reasonable changes to those indicators submitted and required throughout the life of the contract, and for these changes to be absorbed within the current contract value.

## 6. Contract Management

- 6.1 Formal contract and performance management shall form an integral element in the relationship between the Provider and the Authority. This is set out in Clause B19 and Appendix K of the contract.
- 6.2 Quarterly Contract Review meetings will be held with the Provider and representatives from the Authority either in person or virtually as appropriate.
- 6.3 Within the Contract Review meetings, the Authority is keen to understand any gaps identified by the Provider during the delivery of the Service, which the Authority could consider from a strategic perspective. This may include, as an example, particular needs arising from Service Users that the Provider is unable to address.
- 6.4 In instances of on-going remedial action plans or dispute, meetings will be held according to need.
- 6.5 The Provider will submit their quarterly performance report at least one week prior to the Contract Review meeting.



6.6 The Provider will nominate appropriate representation at all Contract Review meetings.

6.7 The Provider will also identify a member of Service Personnel who will act as a single point of contact for the Authority in relation to quality, performance, and service effectiveness issues. The Provider will comply with all legal and regulatory requirements and arrangements for notification of deaths and other incidents and the arrangements for reporting, investigating, implementing, and sharing the Lessons Learned from Serious Reportable Incidents (SRIs), Patient Safety Incidents and non-service user safety incidents contained in Appendix G (Serious Reportable Incidents) of the contract.

## **7. Information Privacy and Access Issues**

7.1 The Provider must comply with the Data Protection Act (2018).

7.2 The Provider will comply with all Information Governance standards required by Lancashire County Council.

7.3 The Provider must obtain consent from all Service Users regarding the collection, retention, sharing and reporting of data, specifically for the purpose of the Service.

## **8. Relevant National Policies**

8.1 The Provider must remain up to date with all relevant national policy, comply with all legislation and be aware of all applicable guidance.

## **9. Governance, Risk Management and Quality Standards**

9.1 Appropriate arrangements must be in place for the supervision of all Service Personnel.

9.2 The Provider must have disciplinary procedures in place that deal with any unsatisfactory behaviour on the part of Service Personnel.

9.3 The Provider is expected to work within a continuous quality improvement model and will develop, meet and monitor the agreed quality standards, and/or performance indicators/targets.

9.4 The Provider must ensure that the Service is delivered in a safe manner and ensure that the needs of all Service Users are central to providing appropriate quality service interventions.



- 9.5 The Provider will demonstrate openness and transparency in accordance with the Francis recommendations including commissioner, service user and public and collaboratively including other service providers<sup>21</sup>.
- 9.6 The Provider must have in place relevant Governance Policies which are clear and accessible to all Service Personnel and Service Users, setting out organisational accountabilities and reporting mechanisms.
- 9.7 The Provider is required to have in place a planned programme of service improvement informed by audits, customer feedback, performance and evidence for change.
- 9.8 The Provider will develop a risk register which will be made available to the Authority prior to mobilisation and available on request thereafter.
- 9.9 The Provider is responsible for maintaining the risk register and for ensuring that there are systems in place to bring any strategic risks, or risks to business continuity to the attention of the Authority as soon as these are identified.
- 9.10 The Provider will support and provide appropriate input as required in any emergency and/or pandemic.
- 9.11 The Provider will have a defined and accessible incident reporting and management system, which will be clearly outlined in an incident reporting policy. This should be shared with the Authority prior to mobilisation.
- 9.12 The Provider must adhere to the Authority's policy and guidance for the reporting of serious incidents.

## 10. Safeguarding

- 10.1 The Provider must be committed to safeguarding the welfare of everyone using, or delivering, the Service and to working in partnership to protect vulnerable groups from abuse through meeting the standards outlined in the Quality Assessment Framework, by ensuring that:
- 10.1.1 There are robust policies and procedures for safeguarding and protecting adults and children that are less than three years old and in accordance with current legislation.
- 10.1.2 Service Personnel are aware of policies and procedures and their practice both safeguards Service Users and children and promotes understanding of abuse.
- 10.1.3 Service Personnel are made aware of and understand their professional boundaries and their practice reflects this.
- 10.1.4 Service Personnel and Service Users understand what abuse is and know how to report concerns.

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<sup>21</sup>[https://www.health.org.uk/about-the-francis-inquiry?gclid=CjwKCAjwzo2mBhAUEiwAf7wjkw9E0guQQ3f2LeM2w02n4PR2yHG3IzZuw0ECoUZzS9HWOfNyb8TsxoC\\_IMQAvD\\_BwE](https://www.health.org.uk/about-the-francis-inquiry?gclid=CjwKCAjwzo2mBhAUEiwAf7wjkw9E0guQQ3f2LeM2w02n4PR2yHG3IzZuw0ECoUZzS9HWOfNyb8TsxoC_IMQAvD_BwE)



- 10.2 The Service will participate in any relevant multi-agency approach to safeguarding vulnerable adults and children.
- 10.3 Safeguarding Incidents or Concerns may require referral pursuant to the Pan Lancashire Policies and Procedures for Safeguarding Adults and/or the Lancashire Policies and Procedures for Safeguarding Children under the terms and conditions of the Agreement. However, in the first instance all issues relating to the abuse / safeguarding of children or vulnerable adults MUST be reported to the Authority's adult safeguarding team or children's social care (Child Protection Services<sup>22</sup>).
- 10.4 The Provider will ensure the Service is delivered in line with Lancashire County Council's Safeguarding Protocol.
- 10.5 The Provider must have a Safeguarding Policy and Plan which complies with:
- 10.5.1 The Pan Lancashire and Cumbria Safeguarding Adults Procedures Manual<sup>23</sup> and a Lancashire Structure policy to safeguard adult who are vulnerable. The Provider must refer to this policy to ensure they have appropriate policy and procedures to comply with all safeguarding issues as they present.
- 10.5.2 The Disclosure and Barring Service (DBS)<sup>24</sup> - established under the Protection of Freedoms Act (2012) and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). Under the provisions of the Safeguarding Vulnerable Groups Act (2006), the DBS will make decisions about who should be barred from working with vulnerable groups. The Provider must comply with such requirements.
- 10.6 All safeguarding incidents will be reported as part of the quarterly performance report.

## 11. Communicable Diseases/Pandemics

- 11.1 The Provider will operate in line with national guidance and legislation concerning communicable disease outbreaks or future pandemics.
- 11.2 The Provider will ensure a digital engagement option is available for Service Users and utilise this should further communicable disease/pandemic restrictions come into force.
- 11.3 The Provider will develop contingency plans to deal with outbreaks and/or pandemics.

<sup>22</sup><https://www.lancashire.gov.uk/health-and-social-care/adult-social-care/report-a-concern-about-an-adult/>

<sup>23</sup><https://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/policies-and-procedures/>

<sup>24</sup><https://www.gov.uk/government/organisations/disclosure-and-barring-service>



- 11.4 The Provider will support any appropriate testing policy(ies) for communicable diseases (as dictated by national/local guidance) put in place as and when outbreaks or pandemic conditions apply.
- 11.5 The Provider will support system efforts to test and vaccinate against communicable diseases as appropriate.

## 12. Policies and Procedures

- 12.1 The Provider must demonstrate that it has an adequate range of evidence-based policies, protocols and strategies in place to deliver a safe and effective Service. If these are absent at contract award, the Provider must demonstrate the steps being taken towards their development as well as provide a timetable for delivery, ensuring full compliance within 6 months of the contract start date.
- 12.2 The Provider will implement a clear set of policies and procedures to ensure both the Service and its Service Personnel continue to meet the latest relevant standards and legislation. As new legislation is introduced, or existing legislation amended, the Service Provider will update its policies and practices accordingly.
- 12.3 Policies, including any relevant updates, will be shared the Authority as soon as they are available.
- 12.4 As a minimum, the Provider must evidence the following policies:
- 12.4.1 Equal opportunities - A clear policy that ensures equal access for all regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion belief or lack of belief.
  - 12.4.2 Equality and Human Rights Commission (2002) Equality Impact Assessment (EIA) guidance. The successful bidder will be expected to conduct an EIA and to submit this to Lancashire County Council within 3 months of contract start.
  - 12.4.3 Health and safety (of staff and Service Users).
  - 12.4.4 Staff training and development
  - 12.4.5 Safe staffing.
  - 12.4.6 Safeguarding, adults, and children's protocols.
  - 12.4.7 Complaints and compliments
  - 12.4.8 Service User and Carer involvement and experience.
  - 12.4.9 Records management.
  - 12.4.10 Risk management.
  - 12.4.11 Information Governance and GDPR.
  - 12.4.12 Confidentiality and Caldicot procedures.
  - 12.4.13 Drugs and alcohol in the workplace.
  - 12.4.14 Human resources.
  - 12.4.15 Exclusion from the service.



- 12.5 The Provider must ensure that Service Users and Carers are aware of the range of policies which may impact upon their support and be given access to them should they wish to review them. All documents are expected to be available in print and electronic formats.
- 12.6 All policies will be Equality Impact Assessed (EIA) and evidenced at contract implementation and following policy review.
- 12.7 The Provider to consider developing policies and practices to achieve a standard of 'Trauma Informed Practice' in the delivery of the Service, reflecting the ambition of the Lancashire Violence Reduction Network (LVRN)<sup>25 26</sup>.

### 13. Applicable Service Standards

- 13.1 The Provider will be fully aware of and comply with all standards and legislation relevant to delivering each part of the Service. This will include, but is not necessarily limited to, trading, industry, financial, equality, employment, safeguarding, and Health & Safety standards and legislation.
- 13.2 The Provider will be fully aware of and comply with all obligations under the Data Protection Legislation.
- 13.3 The Provider will ensure all products acquired and delivered as part of this Service conform to current Health & Safety legislation.
- 13.4 The Provider will ensure all household items provided are good quality, fit for purpose, correctly labelled (in line with legislation and safety standards), and comply with all relevant standards and legislation.
- 13.5 The Authority and the Provider will work together to determine the specifications of certain furniture and electrical items.
- 13.6 The Provider will ensure all household items provided are fire safe and structurally sound.
- 13.7 The Provider will ensure all household items provided meet the needs of the Service User and the property receiving the items.
- 13.8 The Provider will ensure all household items are in a good, clean condition. This will include, but is not necessarily limited to, being free from stains, graffiti, odours, holes, rips, tears, cracking, cigarette burns, fraying, animal scratches or similar damage.
- 13.9 The Provider will ensure all furniture items, and, where appropriate, other nonelectrical items come with a 12-month warranty.
- 13.10 The Provider will not provide second-hand mattresses.

<sup>25</sup> <https://lancsvrn.co.uk/wp-content/uploads/2020/07/Lancs-VRN-Trauma-Informed-toolkit.pdf>,

<sup>26</sup> <https://www.lancsvrn.co.uk/wp-content/uploads/2021/07/Trauma-Informed-Lancashire-7-Minute-Briefing.pdf>



- 13.11 Mattresses provided through this Service will be good quality new mattresses; or good quality 'stock return' mattresses, which have not been used.
- 13.12 New and second-hand electrical items provided through the Service will adhere to the following additional standards:
  - 13.12.1 All electrical items will be free from rust and mould.
  - 13.12.2 Where new electrical items have been checked by the manufacturer; no further PAT testing is required at the point of installation.
  - 13.12.3 Second-hand electrical items will be PAT tested.
  - 13.12.4 Second-hand electrical items will come with a 6-month warranty and new electrical items will come with a 12-month warranty.
  - 13.12.5 All electrical items will be safe and correctly labelled, and reasonable precautions will be taken to avoid any item being supplied that has any defects that affect safety.
- 13.13 Reasonable provision will be given to the design, installation, inspection and testing of electrical installations in order to protect Service Users from fire or injury.
- 13.14 Sufficient information will be provided so that Service Users wishing to operate, maintain or alter an electrical installation can do so with reasonable safety.
- 13.15 The design, testing, assembly and installation/connection of all electrical items will be carried out by suitably trained, qualified and insured Service Personnel, and will conform to all relevant quality and safety standards and legislation.
- 13.16 The Provider will not give refunds on any items awarded to Service Users. Instead, any faulty items that are still within warranty will be replaced within 10 working days of referral considering the circumstances and needs of Service Users.
- 13.17 Service Personnel will be expected to use well maintained and appropriately licenced vehicles for deliveries as required.
- 13.18 The Provider will adhere to the following standards in providing vouchers for support with food and fuel:
  - 13.18.1 As many Service Users as possible are supported to receive fuel support by ensuring a wide coverage of different fuel suppliers / utility companies and options for people on both smart or standard prepayment, direct debit and other payment arrangements.
  - 13.18.2 As many Service Users as possible are supported to receive food support by ensuring a wide coverage of different supermarkets.
  - 13.18.3 The Provider will fully consider a Service User's circumstances when issuing vouchers, to ensure that these do not put them at any risk. For example, the issuing of supermarket vouchers which can be redeemed on alcohol for those who may be experiencing alcohol dependency.
  - 13.18.4 The provision of vouchers promotes flexibility, convenience and security for Service Users, including non-digital options.
  - 13.18.5 Vouchers must not be exchangeable for cash or any cash equivalent.



- 13.19 The Provider must ensure that there is a time limited disbursement process built-in that enables automatic refunds for all unclaimed payments, to ensure effective management of the service budget.
- 13.20 The Provider must have a clear criterion for determining the value of voucher awards. This must be consistent and fair with a strong rationale provided for each decision.
- 13.21 Decisions on value of voucher awards must be needs based, assessing the immediate and underlying needs of an Applicant and their household. For example, recognising any medical needs may result in higher expenditure, above average need, including but not limited to higher energy use (such as for running medical equipment, storing medication or maintaining a safe living temperature within the home).
- 13.22 Data on total spend and allocation of each type of support (fuel / food) should be collected and be readily available to the Provider and the Authority, as part of performance monitoring.
- 13.23 The Provider should be able to integrate this data into their casework system, ensuring a record of who has received a voucher and if this has been spent, is readily available.

## **14. Mobilisation and Service Transfer**

### **14.1. Mobilisation**

- 14.1.1 The requirements outlined in this Specification must be implemented from the commencement date of the contract, as agreed with the Authority's Lead Commissioner.
- 14.1.2 In the event that the Provider is unable to deliver any element of this Specification from the commencement date, they must notify the Lead Commissioner during mobilisation of the service.
- 14.1.3 The Provider will work with the incumbent Provider to agree a smooth mobilisation of the Service, which minimises any disruption to the support being provided to current Service Users, including through the transfer of electronic records.
- 14.1.4 The Provider must ensure that they have the capacity and resources available during the mobilisation period to enable a planned and phased transition of all active Service Users and associated support packages, securing continuity of service for said Service Users.
- 14.1.5 The Provider must submit and have in place a detailed mobilisation plan, which must set out how each aspect of the Service will be mobilised, including key milestones to achieve the contract commencement date.
- 14.1.6 As a minimum, the plan must include:



- 14.1.6.1 Key milestones and timescales for the Service to be fully operational in addition to who/what roles will be accountable for delivery of each milestone.
- 14.1.6.2 How all requirements in the Specification are being addressed.
- 14.1.6.3 Continuity of the Service for Service Users.
- 14.1.6.4 A risk log, identifying and quantifying risks in achieving full-service delivery, proposing actions to reduce the likelihood and /or mitigate the impact of identified risks.
- 14.1.6.5 Detail of any resources the tenderer is willing to commit prior to the commencement date.
- 14.1.6.6 A strategy for effective communication and engagement with key partners and stakeholders including (but not limited to) the Authority, current Service Users and Third-Party Referral Organisations.
- 14.1.6.7 Information management system that meets the requirements outlined in Section 5. This must be procured and in place and all Service User data and case file transfer is to be completed by contract commencement date.
- 14.1.6.8 TUPE transition arrangements and/or recruitment plans. These plans must be submitted to the Authority upon commencement of the mobilisation period.
- 14.1.6.9 An organisation structure chart clearly outlining staffing levels including the management structure which will be in place from commencement of the contract. The chart will include, for example, the number of part time/full time posts and roles/responsibilities upon commencement of the mobilisation period.
- 14.1.6.10 A strategy to ensure that all suitably qualified and experienced staff will be in post and all required staff security and safeguarding clearance completed, including up to date registrations as required, by contract commencement.
- 14.1.6.11 A training plan, to be agreed with the Authority in line with Section 3.8.
- 14.1.6.12 Established information governance systems, policies and procedures and confirmation that they will be in place in advance of the contract commencement date.
- 14.1.6.13 A strategy to ensure all equipment is procured and ready to use upon contract commencement.
- 14.1.6.14 Confirmation that all leases of premises will be entered into from the Contract Commencement Date.
- 14.1.7 The Provider must also identify, from the financial envelope, a transition budget to support the transition plan. This budget must be used for activities such as:
  - 14.1.7.1 Data transfer, including communication with Service Users and for the establishment of electronic system.
  - 14.1.7.2 Purchase of consumables such as laptops, computers, telephones to be used by Service Personnel for the purpose of delivering the Service.
  - 14.1.7.3 Communications with all relevant stakeholders.
- 14.1.8 During the transition period, the Provider must ensure that each stage of the transition plan is delivered and that any identified risks or issues are



communicated to the Authority and are managed to ensure the Service is fully operational from the start date of the contract.

- 14.1.9 The Provider will meet with the Authority during the transition period to provide assurance. This will be reviewed continually during the transition period and meetings convened as and when appropriate.
- 14.1.10 The Provider must report to the Authority, at the earliest opportunity, any anticipated failures to deliver the transition plan within due dates.
- 14.1.11 The Provider will work with the Authority and other key stakeholders during the first 6-months of the contract duration to support the implementation of this Specification. Following this period, formal contract performance meetings will commence.
- 14.1.12 During the first six months of service delivery, the Provider must identify the most effective methods for meeting the requirements of this specification by actively seeking and recording feedback from Service Users, Referral Organisations, and partners. All feedback will be reviewed and used to guide improvements throughout this initial period and the remainder of the contract term.

## 15. Public Services (Social Value) Act 2012

- 15.1 The Authority is committed to the Public Services (Social Value) Act 2012. This ensures that social, economic, and environmental issues are considered at all stages of our commissioning and procurement process and as part of the whole of a contract.
- 15.2 The Lancashire County Council social value policy and framework<sup>27</sup>, sets out a range of Themes, Outcomes and Measures against which social value can be met and evidenced. The chosen themes reflect the local and regional priorities as defined by Lancashire County Council, and include:
  - 15.2.1 Employment and skills
  - 15.2.2 Economic prosperity
  - 15.2.3 Community building: health and wellbeing
  - 15.2.4 Environment sustainability
- 15.3 The Provider will work with the Authority to evidence the Social Value generated through the delivery of the Service.

<sup>27</sup> <https://www.lancashire.gov.uk/business/social-value/social-value-policy-and-framework/>