

**Community Based Adult Respite Support Specification**

**4 year framework commencing 7th January 2019**

**This Specification is for the provision of Adult Respite Support in the Community in Cheshire East, in a range of community settings/environments appropriate to meet the wide range of needs of our residents, including older people, people with a learning disability, behaviour that challenges and those with a mental health condition or physical disability.**

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**DEFINITIONS AND INTERPRETATION**

**Authorised Officer** shall mean the Contracts and Quality Assurance team and/or the Care and Support Sourcing Team

**Care Plan** means the overall plan produced and amended from time to time between the Service User and/or their Representative and the Provider (and thereafter, agreed by the Council) describing all the Services that are to be provided to ensure that the Service User’s assessed needs are addressed in accordance with the Support Plan

**Commissioning Partners** Cheshire East Council (lead Commissioner), Eastern Cheshire CCG and South Cheshire CCG

**Commissioners** the person duly appointed by the Council and notified in writing to the Service Provider to act as the representative of the Council for the purpose of the Contract in the Contract Particulars or as amended from time to time and in default of such notification the Council’s Director of Adult Services or similar responsible officer.

**Contract** the agreement between the Council and the Provider

**Employee** means the Provider’s employees carrying out the Service and including but not limited to the Provider Manager, Named Worker and Worker.

**Equipment** means items (such as hoists) used by the Provider in delivering the Services whether that equipment is provided by the Council or otherwise.

**Framework Provider** shall mean the Providers who work within Cheshire East footprint but have no guarantee of volume of hours/work

**Named Worker** means the Worker named as providing Services to a Service User

**Provider** the Provider, and where applicable this shall include the Provider’s employees, sub-provider’s, agents, representatives and permitted assigns.

**Provider Manager** means the person appointed by the Provider to manage and supervise the Services in relation to a Service User.

**Referral** an official referral issued by the Council to the Provider in respect of the Services in the form and containing the documents set out in Appendix C of the Contract.

**Section 42** the Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom

**Service User** means a person for whom the Service is to be provided to under the terms of this Contract

**Services** means the services as detailed in the Service Specification.

**Social Worker/Assessor** means the person appointed by the Council in relation to each Service User

**Support Plan** shall mean an individual plan of care as more particularly described under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulation/standard) for each Service User’s care and support requirements as assessed by the Council in accordance with its statutory obligations under the Care Act 2014, but which shall be prepared in conjunction with the Service User, Relatives and other interested parties, and shall be implemented in accordance with the Service Specification

**Trusted Assessor** is a person who, when trained, will be able to assess for and prescribe a simple solution or basic piece of equipment to meet an individuals needs

**Section 1.0**

**Introduction and Service Description**

* 1. **Introduction/The Service to be Commissioned**

Cheshire East Council is committed through its statutory obligations and policies to continuously improve the quality of care and support services provided to adult residents.

This service specification is for the provision of Adult Respite Support in the Community within the Cheshire East area. The service will provide respite support for carers and service users in their own homes, or community based support away from the family home for adults and older people in an appropriate environment suitable to meet the needs of older people, adults with a learning disability and/or autism or adults who display behaviour that challenges, including those with a mental health condition or physical disability.

Adult Respite

Respite Support in the Community can take place in a building based setting, i.e. community centre, learning centre, the persons own home, or can involve support for individuals to access opportunities within their local community. Adult Respite Support in the Community can be for anything from a few hours to a whole day.

This service element is one part of a new respite support model which focuses on providing modern and flexible support interventions which aim to enable the cared for person to retain skills and remain as independent as possible for as long as possible, whilst in some cases, enabling carers to have a break from their caring responsibilities, knowing the cared for person is being appropriately supported. We are operating in a climate of tightened resources and increasing demand, as a result, services need to be targeted in order to avoid duplication and gaps.

Carer respite can play a vital role in helping families and carers cope with the ongoing demands of providing care and support. Carer respite and individual respite also provides an opportunity for the individual concerned to access specialist support, have new experiences, develop new skills or retain existing skills. Additionally, services can be used in times of crisis or potential crisis as an intervention which reduces the need of going into a hospital or residential setting. Having ‘time out’ in a safe and supportive environment can also help to dissipate developing tensions and frustrations.

Providers must:-

* Foster a culture of enablement and integration into mainstream opportunities wherever possible.
* Deliver high quality of care
* Respond appropriately to the diverse and changing needs and outcomes of Service Users
* Recruit well trained, motivated employees able to communicate effectively
* Ensure employees are appropriately trained to treat Service Users’ with Dignity and Respect

Providers will be expected to provide services within this context to their Service Users. For the purpose of this specification the generic term “Service User” will be used rather than consumer or client. The Provider shall deliver services for the following user groups which may overlap in the presentation and needs of individual Service Users;

* Older People
* Dementia Care
* Service Users with complex health needs
* Palliative and End of Life
* Learning Disability non-complex
* Mental Health non-complex
* Physical Disability
* Supporting Carers and family members involved in the Service Users care

Reference should also be given to the NICE Guideline “People’s experience in adult social care services: improving the experience of care and support for people using adult social care services”

<https://www.nice.org.uk/guidance/ng86/resources/peoples-experience-in-adult-social-care-services-improving-the-experience-of-care-and-support-for-people-using-adult-social-care-services-pdf-1837698054613>

**Scope of the Contract**

Commissioners are looking to appoint a range of providers onto a **Framework** which offers a broad range of Adult Respite Support in the Community for the cared for person, supporting opportunities for individuals to gain/maintain their independence, maintain links to their local community, allows people to gain new skills and experiences and improves their overall health and wellbeing.

Commissioners anticipate that service users will have different levels/types of need and for those with personal care needs; the appropriate registration with the Care Quality Commission must be in place at the time of submitting a tender to gain a place on this Framework.

Providers will be expected to deliver a range of support and opportunities which should include:

* Regular opportunities which take place during the day including weekends,
* Provide opportunities away from primary carers,
* Respond to individual needs and overcome barriers for access,
* Offer one-to-one support,
* Are responsive to the needs of individuals,
* Promote emotional and social wellbeing.

Commissioners expect the following services to form part of the framework:

**Lot 1 – Sitting Service**

A sitting service which can support service users in their own home and/or to access facilities and resources in their local community as appropriate. Providers must be registered with the Care Quality Commission to provide personal care.

**Lot 2 – Sitting Service**

A sitting service which can support service users in their own home and/or to access facilities and resources in their local community as appropriate.

**Lot 3 – Shared Lives**

A service which provides support to people requiring care in a family home environment away from the cared for persons own home, e.g. with another family (other than their own). Shared Lives carers must be approved to provide care and support. This service could be required for a couple of hours during the day, up to an overnight stay. Providers must be registered with the Care Quality Commission.

**Lot 4 – Opportunities which take place during the day**

A service which takes place away from the service users own home, providing an environment and appropriate opportunities which supports the service user to develop skills and social networks and take part in appropriate opportunities in a safe and supportive environment. Providers must be registered with the Care Quality Commission to provide personal care.

**Lot 5 – Opportunities which take place during the day**

A service which takes place away from the service users own home, (possibly building based), providing an environment and appropriate opportunities which supports the service user to develop skills and social networks and take part in appropriate opportunities in a safe and supportive environment.

**Lot 6 – Other services/opportunities that can be offered to support the respite needs of adults**

An innovative service that can be provided which offers opportunities which meet the respite support needs of service users. The service should be innovative, creative and enabling.

**Payment**

The Council would expect to see competitive pricing from providers to reflect the different Lots being commissioned. Furthermore, if building based services are being provided for small groups of people, we would expect the costing structure to reflect this.

The table below reflects what the Council will pay for Lots 1- 5.

|  |  |  |
| --- | --- | --- |
| **Lot Number** | **Minimum rate** | **Maximum rate** |
| Lot 1 (Sitting Service, CQC registered) | £14.00 per hour | £18.00 per hour |
| Lot 2 (Sitting Service) | £12.00 per hour | £16.00 per hour |
| Lot 3 (Shared Lives, CQC registered) | £23.49 (3 hour session standard) | £25.00 (3 hour session standard) |
| Lot 3 (Shared Lives, CQC registered) | £25.49 (3 hour session specialist) | £28.00 (3 hour session specialist) |
| Lot 3 (Shared Lives, CQC registered) |  | Up to £55.50 (Overnight/24 hour stay standard) |
| Lot 3 (Shared Lives, CQC registered) |  | Up to £59.50 (Overnight/24 hour stay specialist) |
| Lot 3 (Shared Lives, CQC registered) | Mileage will be paid to Shared Lives carers at 42.9p per mile. | |
| Lot 4 (Activities during the day, CQC registered) | £18.00 (3 hour session standard) | £25.00 (3 hour session standard) |
| Lot 4 (Activities during the day, CQC registered) | £25.00 (3 hour session specialist) | £30.00 (3 hour session specialist) |
| Lot 5 (Activities during the day) | £15.00 (3 hour session standard) | £17.00 (3 hour session standard) |
| Lot 5 (Activities during the day) | £20.00 (3 hour session specialist) | £25.00 (3 hour session specialist) |

**Not in Scope of this Contract**

The following services which are **not** within scope of this specification include:

* Circumstances where someone is recovering from a temporary illness or injury (e.g. a fracture) they may be supported through NHS funded Discharge to Assess (D2A) or Intermediate Care Services.
* Intermediate Care defined as short-term care that is provided free of charge for people who no longer need to be in hospital but may need extra support to help them recover.
* Highly specialised care requiring the clinical oversight of an NHS professional for example where an individual has acute health needs at point of referral.
* Bed based/overnight provision in a residential care home environment.
  1. **Service Vision**

***Our vision for Cheshire East Adult Respite Support is for an effective and responsive range of local support services to be available to the cared for person and carers where appropriate, offering a range of personalised options, appropriate to meet the needs of many and offering best value.***

***The service must focus on providing timely and appropriate support to the cared for person and Carers, which enables them to achieve a healthy balance in their role as a Carer and where suitable, providing support to the cared for person which promotes their independence and wellbeing.***

*Image 1 – the Triangle of Support*

This specification relates to the middle level of the Triangle of Support.

* 1. **Overall aims and purpose of the service**

The principle objective of these services is to enable Service Users to remain in their own homes wherever possible, whilst preserving maximum independence, minimising risks, achieving outcomes and promoting quality of life. Provision is expected to complement and support carers where appropriate.

**Eligibility**

The Service provided is for Adults and Older People who have been assessed as having eligible needs under the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2014 and who are ordinarily resident within the Cheshire East area. The Council seeks to enter into a Contract with Providers and to establish the terms and conditions which will apply to arrangements for individual Service Users under this Contract.

**1.4 Service Delivery Model**

**Framework Providers**

The Framework Providers will not be guaranteed any work/hours, but will be sent a request for Community Adult Respite Support for an individual.

The Framework Providers will receive notification of such requests via the E Brokerage System, which will be used by the Authorised Officer(s)

**Resource Allocation System (RAS) and eBrokerage**

The RAS is a system which is used by The Council to create an indicative budget for Service Users, which is designed to meet their identified support needs and agreed outcomes.

For each individual Service User, the Council will specify the minimum service requirements to be met by the Provider (in the form of a Support Plan) along with an allocation of hours within which to meet those service requirements.

The Council will broker services through a new electronic process called eBrokerage. This will be the required route for sourcing packages of care. It will allow the Service Provider to view and bid for individual packages of care.

The Council will not be able to purchase support that exceeds the available budget for each individual Service User; therefore, the Council will require Providers to produce Care Plans in an innovative manner, including the use of assistive technology, which meets the Service Users’ assessed needs whilst managing the pressure on resources.

**1.5** **The Commissioners**

The Care at Home Service is being commissioned by Cheshire East Council.

The Commissioners will work closely with the successful Providers in delivering a holistic, high quality service to Service Users. It is essential for the success of this way of working, for all parties to be clear about their roles and responsibilities. By agreeing to work closely together, the Council and the Provider are making a commitment to:

* Recognise and support the role and contribution of Carers
* Value the workforce and create an environment in which skills can be developed and career opportunities accessed
* Share key objectives
* Enable Service Users to remain in their home of choice
* Promote independence and reduce dependency
* Collaborate for mutual benefit
* Communicate with each other clearly and regularly
* Be open, honest and transparent with each other and treat each other with respect
* Listen to, and understand, each other’s point of view
* Share relevant information, expertise and plans
* Monitor the performance of both parties
* Work together to plan and shape the social care workforce to deliver on new types of services.

**1.6 National and Local Policy**

The Commissioning Partners would expect Cheshire East Care at Home providers to work towards the NICE standards as set out in the Homecare NICE guidance. The guidance sets out the best practice and was developed in consultation with Care at Home providers nationally and people who access services.

<https://www.nice.org.uk/news/feature/home-care-guideline-key-recommendations-for-providers>

The Provider[s] shall at all times conform to relevant external standards or best practice guidance as issued by Department of Health, Public Health England, National Institute of Care and Excellence [NICE], the Local Government Association and other respected evidence based evaluation bodies.

The Provider[s] will monitor changes in local and national policy and to adapt the service, performance, outcome and output monitoring arrangements to reflect continued service development in line with such policy. The Provider[s] will ensure that the Services delivered in Cheshire East reflect such best practice and are compliant.

The Provider(s) must adhere to the following list of standards and good practice (this list is not exhaustive and may be added to over the period of the Framework) where appropriate:

* Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (as agreed with the individual inspector from the Care Quality Commission or Care Standards Inspectorate Wales or any other successor bodies)
* The National Service Framework for Older People
* The National Service Framework for Mental Health
* Department of Health (DOH) Guidance as issued
* The Care Act 2014
* National Institute of Clinical Excellence (NICE) Standards – as issued from time to time
* The UKHCA code of practice – United Kingdom Home Care Association
* European General Data Protection Regulations (GDPR)
* UK Data Protection Act
* Think Local, Act Personal
* Health and Safety at Work Act 1974
* Food Safety Act 1990
* National Framework for Long Term Conditions
* The Carers Charter
* North West Adult Safeguarding Policy
* Making Safeguarding Personal
* Learning Disabilities: the Health Charter for Social Care Providers
* The Safeguarding Vulnerable Groups Act 2006
* The Mental Capacity Act 2005
* Deprivation of Liberty Safeguards
* Dignity in Care 2010
* Health and Social Care Act 2008 (Registration of Regulated Activities / Regulations 2010)
* Freedom of Information Act
* The Equality Act 2010
* Ambitions for Palliative and End of Life Care 2015 -2020
* Putting People First
* Vision for Adult Social Care
* Capable Communities and active citizens
* The Human Rights Act 1998
* The Protection of Freedoms Act 2012 (DBS requirements)
* The Social Care Commitment

Regulations for the Care Quality Commission (CQC) of Care and Social Services Inspectorate for Wales (CSSIW) (or any other successor bodies), enforce statutory requirements and support and encourage the development of “good practice”. This specification builds on this. Also Providers are expected to adhere to any future legislative changes or changes to national minimum standards of care to be delivered.

**Providers own Policies/Procedures**

The Provider is expected to have policies and Standard Operating Procedures in relation to the following and to keep these in line with prevailing legislation, national guidance or Council policy

As a minimum, there should be the following policies, procedures and plans in place:

* Health and Safety Policy including Lone Working
* Safeguarding/Vulnerable Adults Policy
* Complaints Policy
* Administration of Medication including prompts, handling, recording and auditing
* Manual Handling/Moving and Handling Policy
* DBS Policy
* Food Hygiene Policy
* Infection Control Policy
* Risk Assessment Policy
* Data Protection/Confidentiality Policy
* Whistleblowing Policy
* Supervision, Appraisal and Employee Development Policy
* Receipt of Gifts Policy
* Key Safe Policy
* Managing Challenging Behaviour Policy
* Business Continuity Management Plan (localised to Cheshire East)
* Social Media Policy
* Referral Policy/Procedure
* Freedom of Information Policy
  1. **Statutory requirements**

It is a requirement that all Providers bidding for Lots 1 and 3, will be registered as a Homecare agency with the regulated activity being for “Personal Care” with the Care Quality Commission (CQC) (and its successors) and will maintain registration throughout the duration of this Contract. Therefore, the regulations required or registration (and their associated standards), and the monitoring of the achievement of those regulations and standards, are not duplicated in this specification.

For all other Lots, Providers will be required to demonstrate robust and safe recruitment of staff and/or volunteers, adhering to the requirements of DBS, securing references and providing appropriate training to staff and compliance with the listed required policies and procedures.

The Provider shall strive to maintain an overall rating of either “good” or “outstanding” over the five Key Lines of Enquiry by the CQC at all times during the Term. As a minimum the Provider shall ensure that they do not move below “requires improvement"

If the Provider receives an overall rating of “requires improvement” in any inspection which is carried out by the CQC at the Provider during the Term then:

The Provider shall complete any actions required by the CQC within the time frames set; and

The Council may request a Contract Review Meeting or carry out a Quality Assurance Visit in accordance with Schedule 2 of the Contract.

A Provider may be suspended due to their rating becoming “inadequate”; a consequence of this would be that new referrals will not be offered to the Provider until such time as the “inadequate” rating is lifted by the CQC. Should the Commissioning Partners identify improvements have been evidenced and the required standard reached, referrals will be resumed to The Provider, initially with a phased approach which will be decided and closely monitored by the Council

The Council requires that all Providers and their employees delivering services under this Contract are fully aware of the Content of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (or any other successor regulations / standards), and will provide their services to the standards as agreed with their individual Inspector from the Care Quality Commission (CQC) or Care and Social Services Inspectorate Wales (CSSIW)(or any other successor bodies).

The Provider is expected to comply with all current and future legislation relevant to this Service. Failure to comply with relevant legislation will be viewed by the Council as a reason to consider terminating the Contract.

* 1. **Service demand/Evidence base**

**Population needs**

The Borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km2 with a population of 372,700 people. The Borough contains a number of relatively affluent towns and villages with pockets of deprivation, mainly in the towns of Crewe and Macclesfield.

Around 22% of the Borough’s population is over 65 and 3% are over 85. Like all areas the Borough has an ageing population although the pace of growth in the over 65 and over 80 cohorts is greater than that for the North West and for England and Wales. For example, between 2001 and 2011 in Cheshire East there was a 26% increase in residents aged 65 and over compared to 15% in the North West and 20% in England and Wales. A similar pattern is seen for residents aged 85 and older where there was a 35% increase over the same time period compared to 20% for the North West and 24% for England and Wales.

Average life expectancy for the Borough is high at 83.8 years for females and 80.3 years for males.

Looking to the future the total population is expected to grow by 3.9% to 2028 with a 22.4% increase in the 65 and over population and a 52.1% increase in people aged 80 and over. This equates to an increase of 19,644 people aged over 65 and an increase of 12,875 people aged 80 and over. This highlights the need to commission a Community Adult Respite Support Service which promotes independence and self reliance and to develop community services which prevent or delay the need for additional support.

**Section 2.0**

**High level service outcomes**

High level Outcomes are represented in the diagram below:

High level Service User Outcomes are to be achieved as follows (list not exhaustive):

* **Person Centred Care**
* **Choices and Preferences**
* **Respecting & Involving Service Users**
* **Care & Welfare of Service Users**
* **Safeguards from Abuse or Risk of Abuse**
* **Appropriate Workforce to Meet Needs**
* **Access to a Quality Service**
* **Right to Complain**
* **Record Keeping**

Further detail around High Level Outcomes and Individual Service User Outcomes can be found at Schedule 2 Contracts Management and Quality Assurance.

**2.1 Service Aims and Outcomes - Local, Public Health, National**

**Personalisation**

People value choice and control, and by encouraging people to take control of their own support Services they can then be guided to plan the most effective way to meet their needs. This approach personalises the services that Service Users receive and so improves their quality of life. If a person is assessed as lacking the capacity to make specific decisions for themselves, then the process of best interest decision making (as described within the Mental Capacity Act 2005) needs to be implemented.

The Council retains a duty under Section 9 of the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2014 to assess, or assist the self assessment of those people who may be eligible for services. In accordance with its statutory duties under the Care Act 2014 and associated Regulations, in meeting the assessed eligible needs of Service Users and Carers, the Council will ensure that Service Users can choose, either a managed service or design their own wherever possible.

The Provider will

* Enable the Service User to lead and engage in the process so that they learn or re-learn the daily living skills; have greater choice and control of how they use support Services; improve their self esteem; better understand what these services are and who provides them. They should be encouraged by all of the Provider’s employees “to do” for themselves rather than be “done to”. The outcome in achieving a Service User’s potential should be a stable level of independence with the lowest appropriate level of ongoing support and the maintenance of emotional, mental and physical wellbeing.
* Work collaboratively with Service Users, Carers, families and key personnel from other Providers. This will mean managing and using detailed Care Plans and programmes and ensuring such plans/programmes respond to the changing needs and the progress made by Service Users.
* Access suitable supportive equipment for daily living, including assistive technology.
* Work with the Service User in appropriate settings. This may be their home and also the wider community.
* Take full account of the cultural diversity of Service Users, any individual ethnic or cultural needs and overcoming communication and cultural barriers.
* Ensure that all Employees are adequately trained in these new ways of working and that this can be demonstrated through their approach to Service Users.

Providers will acknowledge that all Employees are visitors in Service Users’ homes and act accordingly, for example:

* Acknowledge and respect Service Users’ gender, sexual orientation, age, ability, race, religion, culture and lifestyle.
* Maximise Service Users’ self care abilities, independence and well being
* Recognise Service Users’ individuality and personal preferences
* Provider support for informal carers and recognise the rights of other family members
* Acknowledge that Service Users have the right to take risks in their lives and to enjoy a lifestyle of their choosing
* Provider protection to Service users who need it, including a safe and caring environment
* Provide a consistent and high quality Service which is person-centred, flexible, reliable and responsive.

**Meeting our overall objectives**

The objective for this Service Specification is to provide the highest level of Care at Home Services, whilst working within a budget that will need to meet the outcomes of growing numbers of vulnerable and older people throughout Cheshire East.

To support this objective Providers must demonstrate that they have considered the points below when developing their Care Plan:

Promoting the independence of Service Users to lead the life they wish and reducing their dependency on support packages through the use of a re-abling approach.

* The Service User will be recognised as a contributor to the delivery of their own Care Plan.
* Using Person Centred Planning where the Service User will identify their outcomes, or by Best Interest Decision Making should the Service User is unable to identify their chosen outcomes themselves. By listening to Service Users about what is important to them, the Council will purchase services that the Service Users want.
* Providers will regularly review and update support to reflect changes in Service Users’ abilities and not build dependency.
* The use of re-abling Care Plans, particularly during initial Care Plans but throughout the whole support journey, to minimise the level of need for the next step of support.
* Ensuring employees are trained and supported to deliver the services provided under this care specification.
* Recognising that Service Users with capacity are able to make their own choices and decisions regarding risk with the support and advice of others where required.
* Using assistive technology and Telecare where it is a viable alternative to direct support.
* Maximising the use of occupational therapy support and equipment for Service Users.
* Working with Service Users to help them improve so that services can be reduced over time.
* Continuously reviewing the achievement of, and progress towards, outcomes as opposed to the focus on inputs being delivered by Providers.
* Working with Carers to establish an “enabling” ethos to the support that they deliver.
* Working with families to help them understand this way of working.

The Provider(s) and the Council will work to the principle of providing the minimum level of service required to meet the outcomes specified. This is in order to:

* Minimise dependency and so maximise self reliance.
* Make best use of the total amount of resource available to meet the needs in the community.
* Minimise the cost to the Service User.

The Provider will maintain effective relationships with the Service User which will enable continuous adjustment of Care Plans to match their level of need.

The Provider will deliver a Person Centred approach (defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) to Service Users at all stages of support.

**2.2 Service values**

The following Service values and approaches underpin the Service aims and ethos which the Provider is to adhere to:

* Openness and trustworthiness
* A commitment to quality
* Dignity and respect
* Collaboration
* Communication
* Personalisation
* Compassion and empathy towards all Service Users
* Providing support for individuals or groups facing greater social or economic barriers
* Third sector engagement
* Community engagement
* Market development

**Think Local, Act Personal (TLAP)**

Think Local, Act Personal is a sector wide commitment to moving forward with personalisation and community- based support, endorsed by organisations comprising of representatives from across the social care sector including local government, health, private, independent and community organisations.

Providers should make themselves and their employees aware of the TLAP “I Statements” as detailed below, and ensure this informs part of Employee induction and training:

**Personal budgets and self-funding: My money**

* “I can decide the kind of support I need and when, where and how to receive it”
* “I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it’s my own money, direct payment, or a council managed personal budget)”
* “I can get access to the money quickly without having to go through over-complicated procedures”
* “I am able to get skilled advice to plan my care and support, and also be given to help to understand costs and make best use of the money involved where I want and need this”

**Risk enablement: Feeling in control and safe**

* “I can plan ahead and control in a crisis”
* “I feel safe, I can live the life I want and I am supported to manage any risks”
* “I feel that my community is a safe place to live and local people look out for me and each other”
* “I have systems in place so that I can get help at an early stage to avoid a crisis”

**Workforce: My support employee**

* “I have good information and advice on the range of options for choosing my support employee”
* “I have considerate support delivered by competent people”
* “I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers”
* “I am supported by people who help me to make links in my local community”
* Flexible integrated care and support. My support my own way
* “I am in control of planning my care and support”
* “I have care and support that is directed by me and responsive to my needs”
* “My support is coordinated, co-operative and works well together and I know who to contact to get things changed”
* “I have a clear line of communication, action and follow up”

**Active and supportive communities: Keeping friends, family and place**.

* “I have access to a range of support that helps me to live the life I want and remain a contributing member of my community”
* “I have a network of people who support me – carers, family, friends, community and if needed paid support employee”
* “I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities”
* “I feel welcomed and included in my local community”
* “I feel valued for the contribution that I can make to my community”

**Information and Advice: Having the information I need, when I need it.**

* “I have the information and support I need in order to remain as independent as possible”
* “I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date”
* “I can speak to people who know something about care and support and can make things happen”
* “I have help to make informed choices if I need and want it”
* “I know where to get information about what is going on in my community”

For further information please see attached link for the TLAP website: <http://www.thinklocalactpersonal.org.uk/>

**2.3 Service Principles**

**Social and Community Assets**

This Contract is designed, based on people’s outcomes that will be underpinning the principles of choice, control and independence, enabling Service Users to seek alternatives to care through improved access to the wider community settings.

The Provider is to support Service Users to remain in the community and prevent, reduce or delay the need for more intensive care and support

* + To develop an asset based approach to delivering Services within the Borough; nurturing an inclusive community which adds social value.
  + Enabling everyone to make a contribution.
  + Increasing independence, making the best use of local knowledge and networks within the Borough.
  + Improving the quality of life and social inclusion for Service Users.
  + Engaging with local communities, Providers and the Council in a way that improves the Service effectiveness and equitableness across the Borough.
  + Increasing and supporting voluntary activity where appropriate.
  + Using innovative approaches through utilising networks already in existence and developing/supporting the development of healthier, more engaged and supportive communities.
  + A willingness to work in partnership with others to develop added value, which may include actively seeking funding from external sources to continue to develop and promote Services locally.

The Provider will use community resources to make Care Plans more cost effective and promoting social/community inclusion, an example of this could be making use of community resources (such as, friendship networks, community centres etc.). They will also support Service Users and encourage best use of assistive technology, such as community equipment and telecare to support activities of daily living.

The Provider is expected to encourage the Service User to make best use of available preventative, universal and voluntary, community and faith sector provision, together with the Service User’s own support network, to improve outcomes and reduce demand for statutorily funded services. This will include helping the Service User to access relevant information about available services or otherwise signposting to services, and local Connected Community Centres.

**Cheshire East Council Connected Communities**

<http://www.cheshireeast.gov.uk/council_and_democracy/connected-communities/connected-communities.aspx>

Providers will also signpost Service Users to resources such as the Cheshire East Live Well Website and One You service

<http://www.cheshireeast.gov.uk/livewell/livewell.aspx>

<http://www.cheshireeast.gov.uk/livewell/health-matters/keeping-well/one-you-cheshire-east/one-you-cheshire-east.aspx>

Providers will also be required to maintain information about their services and business within the Live Well Cheshire East Directory.

**2.4 Social Values**

Provider will be expected to identify targets within their model aligned to one or more of the following social value objectives:

* **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;
* **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage Providers to source labour from within Cheshire East;
* **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship;
* **Build the capacity and sustainability of the voluntary and community sector**– practical support for local voluntary and community groups;
* **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough;
* **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.

**Section 3.0**

**Service Requirements and Deliverables**

**3.1 Service Model**

The Provider(s) will be responsible for the delivery of the Community Adult Respite Support Service to Service Users within the Cheshire East Council footprint.

Framework Providers will deliver services across the Cheshire East footprint, and will not have any guarantee of business/hours.

The service model will enable individuals to access a range of community based personalised care and support services via the Framework. The services will allow individuals and/or their carers to access community based support which will allow individuals to maintain their independence, learn new skills, engage with others, improve their overall health and wellbeing and also enable carers to take a break from their caring responsibilities. Individuals may also be able to purchase services directly from Providers on the Framework. Providers may be required to meet the service user in their home prior to the service commencing. This will enable the service user to decide if they would like to receive a service from that provider.

**Lot 1 – Sitting Service -** A sitting service which can support service users in their own home and/or to access facilities and resources in the local community as required. Providers are required to be registered with the Care Quality Commission to provide personal care.

**Lot 2 – Sitting Service**

A sitting service which can support service users in their own home and/or to access facilities and resources in the local community as appropriate.

**Lot 3 – Shared Lives**

A service which can support people in a family home environment away from their own home, e.g. with another family (other than their own).

**Lot 4 – Opportunities which take place during the day**

A service which takes place away from the service users own home, providing an environment and appropriate opportunities which supports the service user to develop skills and social networks and take part in appropriate opportunities in a safe and supportive environment. Providers must be registered with the Care Quality Commission to provide personal care.

**Lot 5 – Opportunities which take place during the day**

A service which takes place away from the service users own home, providing an environment and appropriate opportunities which supports the service user to develop skills and social networks and take part in appropriate opportunities in a safe and supportive environment.

**Lot 6 – Other services/opportunities that can be offered to support the respite needs of adults**

Any other service that can be provided which offers opportunities which meet the respite support needs of service users. The service should be innovative, creative and enabling.

**3.2 Operational service model requirements/Service areas**

The Framework will cover the Cheshire East footprint; therefore, providers are required to identify the range of community based support services they can provide and in which towns and areas these would be available.

**Supporting people living with dementia**

Some adults within any service user category could develop dementia. This may not always be related to the initial reasons for providing services. However, Providers are required to be able to offer a continuous service to these service users. They will do this by introducing Employees with particular skills and training relating to dementia as well as any prior needs and also a more flexible approach to scheduling service delivery. Whilst continuity and reliability is important for all service users it will become particularly crucial for service users living with dementia.

In order to meet needs associated with dementia, the requirements of the Provider include: (these are non exhaustive):

* To offer people with dementia companionship and stimulation through opportunities which are enjoyable and have a purpose relevant to the service user’s needs and preferences.
* Enable service users to achieve stability and to develop and maintain their independence within the Community.
* Operate within multi Provider provision in line with the National Dementia Strategy for example attending multi agency meetings if required.
* Ensure that support needs are regularly monitored and reviewed, so that the Service can respond quickly and sensitively to new or changed needs.
* Work in close co-operation with service users and their Carers.
* Ensure that Employees providing this Service have received specific training about caring for people with dementia, and that this training is refreshed on an annual basis.
* Have completed an assessment in respect of risk to the service user in their home and health and safety requirements for Employees in the service user’s home environment.
* To deliver care at all times with compassion and empathy in a respectful and non-judgemental way.
* To encourage the use of community services such as specialist psychiatric teams and/or palliative care teams
* To encourage Employees to become Dementia Friends
* Have a policy in place to deal with the administration of covert medication to work with people in the least restrictive way.

The provider shall comply with the NICE guidelines on supporting people with dementia and their carers in Health and Social Care

**Supporting people with behaviours that challenge**

A number of users of health and social care support may require specialist provision due to the nature, complexity and unpredictability of their needs.

Specialist provision includes supporting service users with challenging needs resulting from behavioural and psychological symptoms of their illness or disability. These may be referred to as “challenging behaviour” and usually as a result of functional or organic brain disorders such as mental health problem, learning disability, dementia, or as a result of substance misuse. It must be recognised that “challenging behaviour” is in itself a form of communication within the context of impaired or lost communication skills.

It is expected, that Providers have the necessary capability to deliver against the service requirements and any specified outcomes within a Support Plan. This includes ensuring that:

* Where Employees are supporting service users who are seen as posing a challenge, the provider shall ensure that Employees are appropriately trained and that these Employees, where appropriate (and as a general rule as a last resort), use restraint (only if trained to do so), in the least restrictive manner to protect the service user from self harm.
* The ‘management’ of “challenging behaviour” should be through a person centred approach. This should recognise this behaviour as an attempt to communicate unmet need or distress. The Provider should seek to understand and respond appropriately to the communication, rather than seeking to ‘manage’ the behaviour. There will be some service users for whom the behaviour presents a continuing risk to themselves and others and at times, may need specialist provision and input to appropriately meet their presenting needs.
* The Provider shall maintain a record of the number of hours of care and support provided by its Employees to each individual service user in order to document how the service user has been supported through the provision of the services, including the type of support, for example financial, personal care, social opportunities etc.
* The Provider will have an up to date Policy on dealing with behaviour that challenges and this will be readily available to Employees. The Policy will demonstrate agreed strategies in helping manage service users who present challenging behaviour.
* The Provider must use a positive behaviour support framework for developing an understanding of a service users challenging behaviour. It must include:
* Personalisation of both assessment and care and support arrangements
* Systematic assessment of the service users behaviour
* Attention to the broader context to ensure that other factors influencing the individual’s behaviour are properly understood.
* Development of both proactive and reactive support arrangements
* Preventing the service users challenging behaviour as much as possible through the provision of a more helpful and less challenging environment.
* Avoiding support arrangements that punish the person in any way or create unnecessary restrictions on their freedom of movement and choice.

Employees will be able to:

* Use appropriate communication skills when supporting a service user i.e. make reasonable adjustments to develop the most effective ways of understanding and communicating the service users experience, help others to understand them and find ways of responding.
* Support families and friends, and make best use of their expert knowledge of the service user.

**Understanding the Mental Capacity Act 2005**

Some service users will fall within the provisions of the Mental Capacity Act and Providers are required to have regard to the Mental Capacity Act Code of Practice and to understand the implications of this in relation to services; and to consider such implications and include such considerations in the service users Care Plan.

Providers should have a good understanding of the definition of a Deprivation of Liberty and should report any suspected Deprivation of Liberty to the Council, through the service users allocated Social Worker/Assessor or the appropriate social work team if the service user’s case is not allocated to a specific Social Worker/Assessor.

The Mental Capacity Act 2005 for England and Wales provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to prepare for a time in the future when they may lack capacity.

The Code provides guidance to all professionals in working with people who lack capacity, including empowering and protecting people who may lack capacity to make some decisions for themselves. It makes it clear who can take decisions in which situations, and how they should go about this. It also allows people to plan ahead for a time when they may lack capacity. It will cover major decisions about someone’s property and affairs, healthcare treatment and where the person lives, as well as everyday decisions about personal care (such as what the person would want to wear), where the person lacks capacity to make those decisions themselves.

There are five key principles in the Act:

* Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise
* A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
* Just because an individual makes what might seem as an unwise decision, they should not be treated as lacking capacity to make that decision.
* Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
* Anything done for, or on behalf of, a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Providers and their employees should access training as required in relation to the Mental Capacity Act and the issue of deprivation of liberty.

**Treating service users, carers and individuals with dignity and respect**

Providers must comply with the Department of Health’s Dignity Challenge Initiative and ten point dignity challenge.

Employees will keep, within the agreed time bands of visits and the Provider should notify service users of changes or delays.

Employees should understand that conversations with service users and carers are vital in helping to meet their social and emotional needs. This includes not ignoring the service user in any conversations; not using mobile telephones whilst providing support; and maintaining appropriate confidentiality about other service users, Employees and the Provider as their employer.

Employees must be familiar with any special requirements of the service user and Carer e.g. hair care, dress, toileting needs, particularly critical preferences, spiritual and cultural needs.

The Provider should ensure that service users are consulted on all matters concerning their support, treatment and general welfare and, where appropriate, options should be offered and explained.

The Provider will respect the preferences of service users regarding their daily routines (for example, when to get up and go to bed, where, when and what type of meals are served, and how tasks are undertaken) and will ensure that all employees are aware of, and respect, these choices.

The Provider is required to consider such implications (as above) and include such considerations in the service users Care Plan.

The Provider should endeavour, whenever practicable, to give service users a choice of the gender of the Worker providing personal support. In some instances, there will be a very specific reason for a particular gender of Worker, for example cultural reasons

**Providing social and emotional support to meet diversity and manage risks**

The Provider is expected to support service users in having their emotional and spiritual needs recognised within all services provided. Service users individual emotional needs should be identified accepted and receive a sensitive response from all Employees. The Provider must also endeavour to meet particular religious / cultural needs (if any) as identified in the Support Plan and these are to be addressed accordingly in their Care Plan. The Provider is required to consider such implications and include such considerations in the service users Care Plan.

All service users should be supported by Providers to have the same opportunities as any citizen in relation to their own sexuality and personal relationships. However, this must also include safeguards to ensure service users are not put into vulnerable situations. The Provider will also ensure that Employees have guidelines for recognising and responding to the abuse and exploitation of service users and will have a risk management approach in relation to any individual who could be regarded as vulnerable, or abusive to others. Providers are also required to consider such implications and include such considerations in the service users Care Plan.

**Engaging with other parties involved with the service user**

With appropriate consent, the Provider is expected to liaise with and encourage the involvement of relatives and carers with service users in the Services they receive. The only exception is where this is in conflict with the needs of the service user as identified in the Council’s assessment and their own wishes. The Provider shall alert the Brokerage Team if they identify or have concerns around the relationship between the service user/relatives and carers.

The Provider should be familiar with the roles and expected functions being undertaken by other service Providers and informal carers contributing to the services and working proactively and positively with all other Provider’s in the best interest of the service user. The Provider should inform the Brokerage Team of any situation where another party is failing to undertake their expected role or function.

The Provider is also required to consider all implications and include such considerations in the service users Care Plan.

**3.3 Mobilisation**

The Council requires the Provider to carry out certain initial Services prior to formal commencement of the Service. These initial Services or Mobilisation Services could include (but not be limited to) the following actions:

* Transition planning
* Identified key contacts
* Service delivery model
* IT implementation and data transfer
* Recruitment
* Management and staffing structure
* Set up including locations and resources
* Communication and engagement plans
* Governance arrangements and agreements
* Robust planning, risk and project management
* Templates and appropriate paperwork to be in place

In preparation for the period of mobilisation, the Provider shall provide a detailed mobilisation plan identifying what actions they intend to achieve in relation to the requirements set out within this Specification. The commissioner will require this plan for review and approval at the point of the contract(s) award.

These Mobilisation Services will be performed from the Mobilisation Date as detailed in the Agreement and will need to be completed by the formal commencement date of the Agreement.

A communication plan is also required that sets out a robust approach to the transition management for wider professionals, current service users, potential service users and other key stakeholders including elected members and governance groups.

**The service will be required to be fully operational from7th January 2019**.

**3.4 Service Development**

The Council will broker Adult Respite Support in the Community through a new electronic process called eBrokerage. This will underpin the Contract(s) and will be the required route for sourcing care placements. It will allow the Provider to view and bid for individual care packages. During the lifetime of the Community Adult Respite Support Contract(s), the eBrokerage system may be implemented for the purpose of booking community respite support.

**Section 4.0**

**Service Standards and Delivery**

**4.1 Service specific requirements/Service Delivery Expectations**

Following the introduction of the Care Act 2014, it is imperative that the care services commissioned by the Council focus on more than just meeting immediate needs. The Services must also have a clear focus on providing care that:

* Identifies achievable short and long term outcomes for each service user
* Works with service users and all other stakeholders to realise their outcomes
* Has an enablement focus in the delivery of care, to enable service users to meet their own needs wherever possible
* Reduces reliance upon all services as far as possible and promotes self help where appropriate.
* Prevents or delays the need for service users to require more intensive service provision (either within the community or within a residential setting)
* Successfully engages with other services available in the community and helps signpost service users to access appropriate additional Services that will benefit them to live more independent lives

**4.2 Assessment and Support Planning**

**Delivery of the Services**

The primary objective of the Council is to ensure that service users are provided with Services which empower them to promote independence and their personal dignity and maintain as high a quality of life as possible. Therefore, as services / opportunities are being provided according to needs, service users must themselves be fully involved in all decisions about their service provision and outcomes whenever practicable.

Providers are expected to achieve this primary objective by ensuring that the service users are:

* Involved in decisions about how they are supported and how services are provided so that they feel involved, secure and confident in the support provided.
* Encouraged to express their own personal aspirations on the way they wish to live their lives and on the outcomes they would like to achieve.
* Supported to develop problem solving skills and coping strategies.

**Underperformance by Providers**

Should the Council identify that a Provider is underperforming against the terms of the Agreement:

* The Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance.
* Suspension of referrals to the Provider will be initiated where any monitoring or feedback obtained exposes performance issues or incidents relating to breaches in Service delivery, which may also include safeguarding incidents.
* Suspension of referrals to the Provider will be initiated whereby an active informal Improvement Notice or formal Default Notice is in place or the Provider is under Large Scale Safeguarding Enquiry (LSE) procedures.
* Where there has been a serious breach or multiple breaches which may affect service user safety and wellbeing, the Council retains the right to move existing provider business to alternative providers. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion.
* Where improvements are evidenced and the required standard reached, referrals will be resumed to the Provider, initially with a phased approach which will be decided by the Council.

**Emergency, Contingency and Future Planning**

The Provider shall develop emergency and contingency plans as well as Business Continuity Plans in place to ensure the delivery of the Service is continuous and consistent for the benefit of service users.

The Provider must ensure that the Business Continuity Plan is able to deal with the following non-exhaustive list of issues that could impact upon the delivery of Service:

* Staff absences
* Financial resource management
* Administration and Management
* Core IT system failure
* Adverse weather conditions e.g. snow, flooding
* Pandemic
* Complaints and regulatory intervention
* Business transfer or sale

The Provider will notify the Council immediately of any key/local/branch management changes concerned in the management of this contract i.e. resignation of Registered Manager.

The Provider is to notify the Council, service users, Staff, Carers and any other relevant stakeholders immediately if the contact details for the home are changed.

The Provider must comply with legislation and be adaptable to changes in legislation

The Provider should include communication with other Providers, for example, to ascertain whether they can assist in such circumstances etc.

The Provider will share their Business Continuity Plans with the Council annually for review or at the request of the Council.

**Changes in Need and/or Service Delivery**

When changes in needs for service users are identified, the Provider must comply with the following:

* Whereby it is determined that a change in need results in the requirement of equipment, the provider must make the appropriate referrals to the relevant team.
* The Provider must keep complete and up-to-date records of all the Services provided and any changes that have been made to any Care Plans. This information, either for the whole Service or for individual service users, will be made available to the Council if requested.

**Delivery of the Services**

The primary objective of the Council is to ensure that service users are provided with Services which empower them to promote independence and their personal dignity and maintain as high a quality of life as possible. Therefore, as services/ opportunities are being provided according to needs, service users must themselves be fully involved in all decisions about their service provision and outcomes whenever practicable.

Providers are expected to achieve this primary objective by ensuring that the service users are:

* Able to achieve and maintain their potential in relation to their physical, intellectual, emotional and social capacity.
* Helped to take greater control of their lives and remain as independent as possible.
* Involved in decisions about how they are supported and how services are provided so that they feel involved, secure and confident in the support provided.
* Encouraged to express their own personal aspirations on the way they wish to live their lives and on the outcomes they would like to achieve.

Prior to the provision of the Community Adult Respite Support Service the Provider must ensure that they complete a full assessment of the individual service users needs. This should be undertaken as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations/ standards).

With the appropriate consent, each Provider must ensure that prospective and current service users, relatives, advocates and any relevant professional are provided with a Statement of Purpose (as detailed in the Care Quality Commission (Registration) Regulations 2009 (or any other successor regulations/standards)) and service users guide for the Provider.

A detailed risk assessment, as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations/ standards), should be completed and clearly be documented in the service users Care Plan/documentation. Risk assessments should also be reviewed in a consistent and comprehensive basis, or should there be a change in need or change in individual circumstances.

Providers must ensure that there is a process for planning, implementation and evaluation of Care Plans, which must be regularly reviewed and monitored. The Care Plan must be recorded in writing or in an electronic format and show how much the service user is involved and should be reviewed as required. Care Plans must include all details of needs of the individual service user as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations/standards).

The Provider shall open and maintain a file in respect of each service user; the file shall contain the following (but is not exhaustive):

• The Care Plan

• Key points of Communication for the service user

• Key points of Communication for the Provider

• Comprehensive Risk Assessment completed by Provider

• Review form

• Annual review form

• Correspondence – records of communication relating to service users

• Communication log for all services provided by Employees at each visit that is to be read, completed and signed by the Employees attending.

The file shall be available to the Council and will form part of the service review/ contract management process.

**Information which the Provider should supply to the Service User**

The Provider(s) must supply the service user with reliable and timely information via an information pack when their Service commences and update it as required to ensure they are kept informed and involved. The Information Pack must be user friendly, clear and understandable, and include the following:

* Statement of Purpose
* Contact details for the Service including out of hours and emergency contacts
* Service provision details
* The contingency arrangements in the event of Service interruption
* Safeguarding information
* How to access the Provider’s most recent inspection reports
* Complaints procedure

The Provider should initially inform the Council if a service user’s support needs change or if the service users need increase and cannot be met. The Provider will update the services users Care Plan so that it remains current and reflects the actual support that is being provided.

There should be consultation with the service user, carer, representative, advocate where they would have substantial difficulty in agreeing such changes, including those who lack mental capacity

**4.3 Referral, Accessibility and Acceptance Criteria**

The Provider shall only accept referrals from:

* The Council e-brokerage system
* The Brokerage Team
* The Authorised Officer

Referrals outside of the routes outlined above must not be accepted.

The Council will allocate care packages under the framework via an electronic brokerage system. This is currently under development and the Council will work with preferred providers to refine and test the system to ensure it provides an effective means of identifying, allocating and responding to care packages.

**4.4 Location and Access to Services**

The provider/s will be required to deliver a range of innovative community based provision across the Cheshire East footprint and in the service users local community or own home.

For building based Community Adult Respite Support Services, the Provider will provide a safe, secure environment for service users by ensuring that:

National Required Standards shall be met or exceeded in respect of:

* Accessible toilet provision in communal areas
* Level access within the building
* All areas of the service are clean, odour free, well maintained and well lit at all times.
* There is effective record keeping in respect of people visiting/accessing the building.
* There is a clear and effective procedure for dealing with unforeseen emergencies.
* That security alarms are tested regularly.
* Fire exits are clearly marked and obstruction free.
* Weekly fire tests are undertaken and recorded.
* Fire extinguishers are in place, serviced and encased.
* All staff to be trained in fire evacuation procedures and there are nominated Fire Wardens.
* There are adequate accident reporting procedures and all staff are trained in accident reporting.
* Hazardous substances are stored safely and are subject to regular audits/risk assessments.
* All relevant staff are trained in COSHH.
* There is an inventory of electrical equipment within the location and all testing frequencies are adhered to.
* Kitchen areas are clean, uncluttered and well ventilated.
* The location has an adequate food management system in place.

**4.5 Operating hours**

Providers will be required to specify the times and days the services are available.

**4.6 Communications, Marketing and Branding**

Promotion and marketing of the Community Adult Respite Support Service will remain the responsibility of the Council. Providers will be required to provide logos and general marketing materials to assist the Council.

**4.7 Communication & Marketing**

The Provider will ensure that there is Communication Plan that sets out a robust approach to the transition management for wider professionals, current service users, potential service users, MPs, Councillors, Local Safeguarding Children Board, Local Safeguarding Adults Board, Health & Wellbeing Board, Local Health Watch will be required. A Communications Plan will be developed by the Provider and will be updated and reviewed quarterly during the contract review meetings. The Communications Plan will clearly describe activities for the promotion of the Service, as well as local external facing campaigns.

The Provider will ensure proactive and innovative approaches to marketing and communications with all stakeholders to provide information & advice and ensure social marketing is maximised and behaviour change secured within Cheshire East.

Communication methods and materials need to be suitable for a variety of audiences – children, young people, adults, families, parents, partners, carers, professionals, general public, businesses – providing timely and straight forward information and guidance accounting for language and a range of literacy levels.

The marketing strategy will be reviewed annually to ensure approaches’ are current and in line with evidence based practice in achieving behaviour change and in providing safe care and support. Provider will work with commissioners and take account of service user/patient, parent, partner, carer, and wider stakeholder experiences in the review of the marketing strategy. As well as work proactively with others involved in health, Care and Wellbeing campaigns to ensure communication coherence.

Communication channels for all professionals are required, and Provider will ensure communications are in place and current service information/developments are shared. The Provider will ensure the maintenance of an effective, efficient, proactive and robust professional network – linking closely with other connected service providers on a regular basis to ensure the highest quality of care / support for service users/patients, parents, partners, families and carers.

**4.8 Service Interdependencies**

Providers(s) are required to note that there may well be other significant interdependencies and therefore this is not restrictive. The service will establish a clear interface and working arrangements with wider services to ensure that we maximise system wide outcomes for children, young people, families, adults and communities. With clear and safe transition arrangements from these services and involvement with service users.

**4.9 Equality of Access to Services and Rural Geography**

Provider(s) will ensure that access to services by individuals, considers the needs of specific groups to ensure that disadvantage does not occur. Provider(s) will need to demonstrate their understanding of the population and geography of Cheshire East to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. Provider understanding of modes of transport and transport routes, acceptable service delivery locations for children, young people, families, adults and communities will be vital in ensuring flexible, mobile, and outreach service delivery, at accessible times, and in locations that best meets need.

Provider(s) will ensure that the needs of service users from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows*:*

* Young People;
* Ex-service Personnel;
* People with a Learning Disability;
* Lesbian, Gay, Bisexual, Transgender;
* Black and minority ethnic groups;
* Where a referral is made by an Independent Domestic Abuse Advisor or an Independent Sexual Violence Advisor or via the Sexual Assault Rape Centre;
* Those who make themselves vulnerable e.g. Homelessness, Drug/Alcohol use, and sex workers and offenders;
* Those who are involved in Family Focus or Complex Dependency Programmes.

*Please note that this list is not exhaustive and may not apply in full in some service delivery locally (as agreed by the Commissioner)*

Provider(s) will ensure that the service provides adequate consideration to specific service venues, any satellite venues such as in primary care and other universal settings, outreach settings, and to service opening times.

Interpretation services for non-English speaking people, hearing impaired/deaf or blind must be a part of the services provided.

**4.10 Using Information Technology**

The use of new technology in the provision of the new service for service user records, making appointments, reminding about appointments will be delivered in a way that supports the new service delivery model reflecting how service users now access information and services. Provider(s) will provide evidence based, innovative services whilst maximising both physical and virtual service access options through the use of new technology. Service information will be maintained and accessible via the services web page, and via smart phone application. Leaflets and other forms of information such as contact cards will be provided.

**4.11 Insurance Levels**

Provider(s) shall effectively maintain the minimum insurance arrangements and documentary evidence of such insurance shall be produced by the Provide to the Council on request.

**Section 5.0**

**5.0 Workforce**

Provider(s) shall ensure that there is locally based provision for the supervision, training and other contact between Employees and Supervisors as required.

Provider(s) will secure a sufficient number of trained personnel to provide employee cover during employee holidays, absence etc. They will also ensure that there is the necessary workforce capacity to accept and commence care packages over weekends and bank holidays.

The Council recognises that for many service users, Respite support provides an important opportunity for social contact, the Provider(s) should; therefore, ensure that conversation with the service user is a normal part of the Worker’s duties. Such conversations should focus on the interest of the service user and will form part of the Employees induction and training process.

Providers are often the most regular point of contact with service users. This means Employees may be able to identify significant changes in the service user’s behaviour, abilities, condition and needs.

**5.1 Workforce requirements/Structure**

In order to identify and deliver outcomes to service users with a range of needs, Providers will be required to ensure that they have appropriate numbers of employees who are trained and skilled to provide the Services defined (as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or any other successor regulations/standards)) and the ability to regularly review all service users such that it can identify and manage urgent adjustments in Services as needed and therefore, report these appropriately to the Council.

Providers must ensure that their organisational frameworks support the improvement of Service provision and are delivered in line with national guidance and legislation in relation to these areas.

**5.2 Workforce Management**

**Leadership and Management**

Provider(s) must be able to evidence that it is developing effective leadership at all levels of the organisation and have a visible presence by encouraging and supporting staff to develop leadership skills and competencies through training, supervision and reflective learning.

For regulated services, the Provider must be able to evidence that its managers, including Registered Managers, hold or are working towards the appropriate management level qualification, as recommended by Skills for Care, and continue to professionally develop their learning.

Provider (s) must also ensure that individual Registered Manager(s) complete the Manager Induction Standards within six months of taking up a management role.

**Manager’s requirements**

Provider supervisory employee/leaders/ (or any other employees involved in the processes detailed below) must ensure the following management processes and responsibilities are undertaken, for example;

* The Employees are supported through regular supervision, training, coaching and observation and competency checks
* The Employees are skilled in identifying issues in relation to service users support packages that may require further escalation, advice or clarity from a senior member of employees and/or Health professional
* Clear methods of communication including a process for escalation, advice or support where concerns arise in relation to specific support packages or where clarification is required in order to ensure appropriate service delivery.
* The ability to work alongside service users needing multi-disciplinary support in a variety of settings across organisational and professional boundaries such as health, housing, education and leisure
* Communication and inter-personal skills to include a high level of documented recording and reporting abilities in order that progress reports and daily logs are completed to a high quality standard that accurately map the support progress of the service user
* Skills which enable the Employees to work in new and innovative ways of delivering services including working in partnerships, multidisciplinary and cross-agency teams, adopting flexible approaches that enable a rapid response to new models of service delivery and new opportunities
* All Employees, whose first language is not English, must be able to communicate in fluent English. Fluent English for this purpose is defined as thorough knowledge of spoken and written English which is sufficient to enable the safe and effective delivery of the role
* Ensure that there is a match between service user’s needs and the skill sets, knowledge and competency of Employees.

The Provider will be responsible for the careful selection and the appropriate support of employees to work with service users covered by this specification. Support will include arrangements for consultation and supervision from managerial employees.

The Provider must ensure that each Employee receives supervision at an agreed frequency, as a minimum the Council requires that each worker is to have a one to one supervision every 3 months and appraisals that take place annually, and that there is a documented system in place for the monitoring and recording of this. These will include individual support sessions, appraisals of performance, skills and knowledge. The Council would need to have access to such information on request to support the Quality Assurance process.

**5.3 Recruitment**

It is the Providers responsibility to recruit and retain a workforce with the skills to meet the needs of the service users being supported.

The Provider shall ensure that two satisfactory/suitable written references are obtained, in respect of all prospective employees and volunteers. Also, as stated in Regulation 19 – Fit and Proper persons employed of CQC’s Fundamental Standards “satisfactory evidence of conduct in previous employment / education (ideally information related to conduct in Health and Social care and with children and vulnerable adults” and “other checks deemed appropriate by the Provider.”

The Provider shall ensure that an enhanced Disclosure and Barring (DBS) check is completed.

**5.4 Core Training**

Providers will ensure that all Employees are trained and competent to undertake their roles and have received induction and core training as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations/standards) and also comply with the requirements under the Care Certificate Standards (or any other successor standards). All Providers should meet National Vocational Qualification (NVQ) or Quality Credit Framework (QCF) requirements as agreed with their individual Inspector from CQC/CSSIW.

Core training must be provided to all new Employees and refresher training must be provided for existing Employees in line with any prevailing statutory requirements.

This must include (but is not exhaustive to)

* An introduction to the principles, nature and quality standards of the service as outlined in this Specification.
* An introduction to the policies, procedures and codes of practice of the service provider.
* Mobility and Falls Prevention
* Safeguarding / Adult Protection including how to recognise and report abuse, and an understating of Deprivation of Liberty Safeguards.
* Health and Safety including Lone Working.
* Moving and handling training (Practical aspect by a qualified trainer).
* Administration of Medication including prompts, handling, recording and auditing (to be completed by an accredited trainer).
* Infection Control
* Continence Management
* Nutrition and Hydration including food hygiene and healthy eating
* Mental Capacity Act awareness
* Dementia Awareness
* Equality and Diversity including the Equalities Act
* Dealing with Challenging Behaviour
* First Aid
* Fire Safety
* End of Life/Palliative Care
* Skin Integrity/Tissue Viability
* Learning disability, mental health and Dementia awareness.
* UK Data Protection Act and European General Data Protection Regulations (GDPR) awareness
* Factual recording
* Communication
* Care Act awareness

**5.5 Workforce development**

An ongoing programme of training must be made available which enables Employees to continuously improve their skills and knowledge. Training for Employees should be developed in line with the changing best practice guidance, any changes to legislation and required working practices of the Council.

The above list is not exhaustive and a training programme is to be developed, delivered, evaluated and revised in the response to the needs of service users. The above training can either be provided internally by the Provider or via an external trainer, but shall include an assessment of the competency of the Employees with regards each particular subject. Where external training is provided a certificate (or other evidence of attendance and competency) from the training organisation will suffice as an assessment of competency.

The Provider, through consultation and discussion with Employees and the Council, shall identify other training that may be appropriate. The training options shall be relevant to the service users as identified in their care plan and reflect desired outcomes for example Lesbian, Gay, Bisexual and Transgender (LGBT) service users.

The Provider shall seek specialist support in its delivery of training where appropriate, including from health/clinical professionals.

The Provider should develop and maintain an information source/system of wider training opportunities to reduce risks to service users/Patients and to develop staff, for example, training by the Council and/or NHS.

A range of relevant training courses are available to book through the Cheshire East Workforce Development Team by emailing [trainingbookings@cheshireeast.gov.uk](mailto:trainingbookings@cheshireeast.gov.uk) to request a course booking proforma and to obtain a quote for the charges required for each course.

The Provider will keep an up to date electronic training matrix/programme for all Staff (this should state the employment start date, the scheduled completion date and the actual completion date for each mandatory training requirement), this will be supplied to the Council upon request within 24 hours.

It is recommended that Providers register with the Skills for Care National Minimum Data Set (NMDS) which collects National Workforce data.

**5.6 Identification**

The Provider will provide to, and will require its Employees to have and wear, when carrying out their duties, an identification badge. The Provider will also need to ensure that the Employees are dressed appropriately.

**5.7 Travel/Use of Vehicle**

In circumstances where any employee uses any vehicle in the course of their employment in relation to the provision of the Service (i.e. to travel to service users homes in order to carry out care visits), then the Provider shall ensure compliance with the following provisions:

* The driver of the vehicle in question must have a valid driving licence;
* The vehicle in question must have a current M.O.T Certificate (if this is required by law) and be in a good road worthy condition;
* The vehicle in question must have proper and adequate insurance cover (i.e. the care and support employee in question must have an appropriate business use extension to their own motor vehicle insurance if not covered by insurance provided by the business).

Where transport is provided by the Provider for a service user either with mobility problems or impairment or who would otherwise experience significant difficulty in using public transport, the transport should be appropriate and safe. Safe operating procedures must be in place for assisting the service user with regard to this. The Provider must ensure that any vehicle utilised in the provision of a transport service must comply with the necessary legislation, the manufacturer’s recommendations and the licensing arrangements required in respect of the vehicle and its use and any appropriate insurance is in place.

**Section 6.0**

**6.0 Service Improvement**

**6.1 Service Feedback, Engagement and Co-production**

Engagement and co-production with stakeholders (particularly service user engagement and co-production) must be a core principle within the Providers service. Engagement and co-production must be embedded within the service practice to ensure that service users feel valued and listened to. The Provider must demonstrate how engagement and co-production has contributed to service development and improvement. The Provider must engage with service users as follows:

* The design, development and improvement of the service (co-design);
* The evaluation and review of service performance and pathways (co-evaluation);
* The delivery of services e.g. peers, champions and volunteers (co-delivery).

Within the life of this Contract, the Council wishes to work with Providers to explore and develop opportunities for outcomes based provision. This will:

* Enable Providers and service users to exercise more choice and flexibility in the day-to-day delivery of the Service.
* Encourage Authorised Officers, Providers and service users to measure the quality of the Services provided against the impact it has on the service user’s quality of life, and not simply in terms of how much Service is being provided.
* Allow service users to have a sense of being in control of their Services.
* Ensure provision is able to respond flexibly to service users changing needs.

The Provider will collate all feedback centred around service users detailing information on Service improvements, the quality of provision and whether outcomes are being achieved, and report/make this available to The Council upon request as specified within the monitoring schedule.

As a minimum the annual satisfaction survey will measure the following outcomes:

* If service users feel listened to
* If the service users feel involved in the planning of their support
* If service users feel that the support is built around their preferences, likes and dislikes (person centred care planning and delivery)
* If service users are satisfied with their care staff
* If service users feel that staff have the correct skills and training to meet their needs
* If service users are satisfied with the way that they are communicated with (by any staff employed by the Provider, including branch and management staff)
* If service users are satisfied that they can contact the service successfully
* If service users feel that you as the Provider are flexible when required
* If service users are aware of how to raise concerns or complaints when needed
* If the service user feels that the Service can be improved in any way
* If the service user feels safe and free from harm or risk of harm

In order for the Council to ensure that the Provider is actively seeking service user feedback and to identify areas of good practice, the Provider shall conduct a service user satisfaction survey annually or when the service user exits the service.

All feedback gathered, whether in person, by telephone or writing must be recorded in writing or electronically, and will be made available as requested by the Council.

**6.2 Continuous Service Improvement**

The Council’s vision is one of partnership and a collaborative approach to service design and delivery. Future systems and processes may require continuous development to meet the changing needs of the population, to support the market and to adhere to legislation, policy and best practice.

**Section 7.0**

**Contract Management and Quality Assurance Standards**

**7.1 Quality Specific Standards**

The Provider is expected to have in place robust governance framework and supporting processes, which ensure that it is compliant with appropriate legal requirements and standards. We would expect the governance framework to include but not be limited to the following:

* Communication between service users, families, parents, carers and staff (including managers and clinicians);
* Communication between staff across wider services, including clinicians and managerial staff;
* Effective reporting and monitoring mechanisms for issues of concern whether relating to the service users, or people connected or employees;
* Service user recording;
* Working with families and carers;
* Transition of young people into adult services;
* Service IT/data recording and storage systems;
* Incident reporting and health and safety matters;
* Child Protection & Adult Protection – Safeguarding;
* Reporting and monitoring of incidents and accidents to staff, volunteers and service users [including the management of violence and domestic violence];
* Health & Safety Inspection, and fire safety;
* Clinical Governance;
* Infection Control;
* Inspections by CQC, OFSTED, or LHW or Commissioners;
* Complaints and Compliments management for paid staff, volunteers and service users;
* Service user engagement and co-production;
* Records Management;
* Equality of opportunity in service provision, recruitment and employment;
* Occupational health;
* Information sharing and Information Security;
* Policies relating to confidentiality of information;
* Codes of conduct for staff and service users;

All appropriate policies and protocols must be in place following contract award and prior to the service mobilisation phase being completed. The Commissioner would expect to receive information and assurance that these are current and in place. Clear and routine review arrangements to maintain effective governance would also be expected. Service users must be made aware of the range of policies which may impact upon their support and be given access to them should they wish.

**7.2 Quality Assurance**

The Provider is required to complete quality assurance checks in relation to Service delivery to ensure that outcomes are being met and that contract compliance is achieved.

1. The Provider will have quality assurance processes which clearly includes the standards and indicators to be achieved and monitored on a continuous basis by the Provider to ensure that the Service is delivered in accordance with the best interests of the service user and in line with regulatory requirements
2. The quality assurance processes will include the standards required, the method of attaining the standards and the audit procedure
3. The quality assurance processes will analyse feedback and measure the success of the Service in meeting the requirements set out in this Service Specification and the Monitoring Schedule and take remedial action in all areas of improvement where identified
4. A quality assurance report summary will be made available to service users and the Council upon request
5. There must be various means for service users to supply feedback with regards to Service delivery and outcomes being met. These methods need to take into account service users and their preferences as to the mechanism of feedback (questionnaire, interview, phone call, Service review etc.) and the most appropriate format (i.e. language, pictorial, font size)
6. When negative written feedback is received by the Provider, either formally or informally, a formal written response from the Provider will be supplied noting its receipt and the action that will follow. This feedback will be copied to the Council
7. The Provider will be committed to continuous Service development

**7.3 Performance Management Reporting**

The Provider will ensure the effectiveness of such reporting, demonstrating assurance processes for systems and procedures to commissioners and other key stakeholders, and support the continued development of both output and outcome monitoring for the service.

The Provider is required to complete performance checks in relation to Service delivery to ensure that outcomes and contract compliance are being met.

1. The Provider is responsible for having performance and quality assurance processes that are capable of providing evidence of achieving outcomes, quality of Service and Key Performance Indicators.
2. It is the Providers’ responsibility to submit performance and quality information as per the schedule and failure to complete and return the required information will be dealt with under Service failure and contractual action.
3. The Council may choose to further verify submitted claims through feedback from service users, Council Staff, Provider staff interviews and/or feedback as required.
4. The Provider must have robust business continuity and contingency plans in place with regards to all levels of Service interruption or disruption. If Service interruption or disruption occurs, the Provider is to notify the Council immediately and ensure that alternative provision is sought.
5. The Provider will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to the service user, the local branch, the overall organisation or the Council is highlighted well in advance to the Council of any potential or actual incident.
6. The Provider will allow inspection (insofar as it is relevant to the provision of care and the financial stability of the Provider) of financial records upon being given reasonable notice in writing. This shall include details of rates of pay for care staff to ensure legal compliance and any other information deemed necessary by the Council to ascertain the stability of The Provider workforce or business.
7. The Provider must ensure that their nominated managers attend reviews, multi-disciplinary meetings and submit monitoring information to The Council.
8. The Council reserves the right to review or amend the contract management and quality assurance process during the contract term with one months’ notice.

**7.4 Underperformance by Provider**

Should the Council identify that a Provider is underperforming against the terms of the Agreement:

1. The Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance.
2. Suspension of referrals to the Provider will be initiated where any monitoring or feedback obtained exposes performance issues or incidents relating to breaches in Service delivery, which may also include safeguarding incidents.
3. Suspension of referrals to the Provider will be initiated whereby an active informal Improvement Notice or formal Default Notice is in place or the Provider is under Large Scale Safeguarding Enquiry (LSE) procedures.
4. Where there has been a serious breach or multiples breaches which may affect service user safety and wellbeing, the Council retains the right to move existing Provider business to alternative Providers. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion.

Where improvements are evidenced and the required standard reached, referrals will be resumed to The Provider, initially with a phased approach which will be decided by the Council.

**7.5 Complaints, Compliments and Ombudsman Investigations**

**Complaints and Compliments**

The Provider will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider will ensure that service users or their representatives are aware of the Complaints Policy and how to use it.

A copy of the Provider’s Complaints Procedure will be made available to the service user as standard practice from the commencement of Service delivery and will form part of the service user guide within the individuals’ home.

Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.

Service users referred to the Provider by the Council have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider will ensure that the service user is aware of this right from the commencement of Service delivery.

The Provider will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it under this section

All complaints and compliments received by the Provider from service users must be recorded and will be made available to the Council upon request.

**7.6 Ombudsman Investigations**

The Council is under a legal obligation by virtue of the Local Government Act, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Council.

The Provider shall make available any documentation or allow to be interviewed any of the Provider’s Staff and assist at all times the Ombudsman or their staff and shall co-operate with any enquires that are requested by the Ombudsman or his staff in investigating any complaints whatsoever.

Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council. The Provider shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent act or omission by or on behalf of the Provider resulting from failure to observe and perform the obligations under this Agreement.

The Provider shall comply with all recommendations, in so far as the Law allows, made by the Ombudsman as to the changes of methods or procedures for service delivery if requested to do so in writing by the Council.

All Providers are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

**7.7 Whistleblowing**

The Provider must ensure that all staff are aware of the Whistleblowing policy and must be able to demonstrate to the Council that all staff understands what this policy is.

The Provider shall, throughout the Contract Period, maintain a system allowing Staff to have a means of ensuring that they can raise concerns relating to the care or treatment of the service users or the management of the Provider with an independent person.

Any member of Staff, raising a legitimate concern, will be entitled to remain anonymous and will not be subject to any reprisal for highlighting such concerns. The exception to anonymity is where the concern escalates to a situation where this is no longer possible i.e. where there is Police or Court action.

The Provider should have robust Whistleblowing policies, procedures and processes in place for all staff within the organisation. This will be available to the Council upon request.

**7.8 Managing Information**

**Commissioner rights to information**

The commissioner requires the Provider to provide timely information to supportcommissioning activities locally, sub regionally and nationally. The information must comply with none identifiable information requirements. This applies to the provision of service return information, and invoice payment backing data. However where there are specific safeguarding, operational risks relating to individual service users and or employees then the Provider and the commissioner must share information to determine the appropriate management of the situation to ensure appropriate safeguarding actions.

The service brand name will be determined with the commissioner and the commissioner will own the name. The Provider in connection with the delivery of the service will not, use, manufacture, supply or deliver services that may infringe any intellectual property rights. All intellectual property rights developed for the purpose of providing services under this contract shall belong to the commissioner.

The Provider must fully indemnify the commissioner against losses, action, claims, proceedings, expenses, costs and damages arising from a breach of information governance. The Provider must defend at its expense any claim or action brought against the commissioner alleging that there has been, in connection to the delivery of the service infringements of copyright, patent, registered design, design right or trademark or other intellectual property rights and must pay all costs and damages.

**Commissioner Information Requests**

The Provider will be responsible on behalf of the commissioner for preparing responses to MP letters, Compliments and Complaints, Freedom of Information requests for the commissioner’s approval where these relate solely or partially to substance misuse.

**Expectations in using systems**

The Provider will operate an appropriate IT system that enables safe prescribing, safe storage of clinical information and case records, allows for effective data collection and analysis for both local, sub regional and national monitoring requirements. This should include service user consent to store and share information with significant others as part of the treatment and support arrangements e.g. for example with family, parents and carers, and subject to effective governance and secure transfer arrangements with other partners involved in supporting their recovery.

The Provider will need to understand the IT systems used by the local Health, Social Care, and Criminal Justice system to consider the most effective system for the service to be delivered.

**Record Keeping**

The Provider will:

* Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements;
* Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle;
* Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use;
* Provide clear and efficient access for employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation;
* To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management;
* Compliance to current Cheshire East policies and NHS Code of Practice;
* Comply with IG requirements for any future service transition arrangements.

**Storage of information**

The Provider has a duty to make arrangements for the safe-keeping and eventual disposal of their records (note – legal compliance for disposal of records must be set out in the policy for approval under the governance framework).

**7.9 Policies and Procedures**

The Provider will have clear policies, procedures and documents which will be supplied to the Council as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to the Council. As a minimum, there should be the following policies, procedures and plans in place:

* Health and Safety Policy including Lone Working
* Safeguarding/Vulnerable Adults Policy
* Complaints Policy
* Administration of Medication including prompts, handling, recording and auditing
* Manual Handling/Moving and Handling Policy
* DBS and Safe Recruitment Policies
* Food Hygiene Policy
* Infection Control Policy
* Risk Assessment Policy
* Data Protection/Confidentiality Policy
* Whistleblowing Policy
* Supervision, Appraisal and Employee Development Policy
* Receipt of Gifts Policy
* Key Safe Policy
* Managing Challenging Behaviour Policy
* Environmental/Sustainability Policy
* Business Continuity Management Plan (localised to Cheshire East)
* Social Media Policy
* Referral Policy/Procedure
* Freedom of Information Policy
* Financial Management of Service Users monies/finances

**7.10 Equality and Diversity**

The Provider will be organised and Services provided, in a way which does not discriminate against the Service User or Employee in respect of any of the protected characteristics under the Equality Act 2010.

The Provider is also required to consider all implications and include such considerations in the Service User’s Care Plan.

The Provider will ensure that all Employees are aware of the general and specific duties of the Equality Act 2010 and the protected characteristics to which they apply.

**7.11 Health and Safety**

Providers(s) willensure services comply with safeguarding procedures outlined by Cheshire East Council through the Local Safeguarding Children Board and Local Safeguarding Adults Board, and Cheshire East’s Domestic Abuse Partnership:

<http://www.cheshireeast.gov.uk/care-and-support/healthy-lifestyles/domestic_abuse/domestic_abuse.aspx>

<http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx>

<http://www.cheshireeast.gov.uk/care-and-support/vulnerable-adults/vulnerable-adults.aspx>

The operational policies of Provider will address the following:

* Safe provision and storage of medication;
* How to initiate a Common Assessment Framework (CAF) if required;
* How to make a referral for a children in need, or a vulnerable adult, under safeguarding procedures;
* How to raise a concern in relation to domestic abuse;
* How to report and respond to safeguarding concerns about the practice of staff or volunteers;
* Set out how they will manage a complaint investigation and how the learning will inform practice and continuous development of the service;
* Set out how the management and reporting of Sudden Untoward Incidents and the reflective learning from such events informs future practice and continuous service development.

The Provider will be responsible for informing the Authorised Officer(s) of their practice through routine contract monitoring arrangements or earlier where it relates to a critical incident and or is deemed to be an emergency that warrants this step as a matter of urgency.

**7.12 Safeguarding for Vulnerable Children and Adults**

The safeguarding of children and adults at risk must underpin all practice and Providers are expected to adhere to relevant legislation and guidance:

* The Care Act 2014 <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
* Safeguarding Children and Young People <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
* as well as statutory responsibilities within 1989 and 2004 Children Acts, critically:

*‘’ Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.*

*Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.*

*Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. ‘’*

Cheshire East Local Safeguarding Children Board and Local Safeguarding Adults Board have policies that must be adhered too and evidenced within Providers own policy, practice documents and records. The primary principle[s] here is that Providers have robust policies, practices and pathways in place to escalate matters should this be required, therefore being able to: **Recognise, Respond, Record, Recruit Safely and Risk Assess well in respect of Service User wellbeing and safety**.

Compliance with Local Safeguarding Children’s Board’s and Local Safeguarding Adults Board’s policy, procedures and protocols which must be regularly audited (including case recording audit) by the Provider. Providers are required to complete annually the self-assessment as set out in the Safeguarding Standards for Children and Adults at risk.

Workforce training on the prevention of abuse and safeguarding practice as well as domestic abuse must be given to all employees as a part of their induction and continued professional development.

In order to safeguard Service Users’ from any form of abuse and to provide an early warning, the Provider must have in place a written Adult Safeguarding Policy and Procedure. This must mirror the principles of the Local Safeguarding Children’s Board’s and Local Safeguarding Adult’s Board, the Care Act 2014 and, especially Chapter 14 (Safeguarding) of the Care Act guidance. The Provider must supply the Council with a copy of its policy and procedure on request. The policy will include employee training, adequate record keeping and procedures for alerting other professionals.

In the event of any allegation under Chapter 14 (Safeguarding) of the Care Act and the Local Safeguarding Children’s Board’s and Local Safeguarding Adult’s Board, the Provider must work in co-operation with appropriate statutory agencies, other Providers, the complainant, their advocates and significant others to agree and implement a Support Plan aimed at providing support and preventing further abuse.

On receiving information about an incident / concern the Provider Manager or nominated individual should determine whether it is appropriate for the concern to be dealt with under Safeguarding procedures.

Where a safeguarding allegation comes to light, the Provider should make a safeguarding referral to the relevant social work team (and also inform CQC). Where possible, (unless it exacerbates risk), consent should be sought from the Service User as well as the Service Users wishes (in line with Making Safeguarding Personal) with regards to the safeguarding

Cheshire East Social Care are the lead agency for managing Safeguarding allegations, and will decide whether they will conduct a S42 enquiry (investigation) or request that the Provider conducts the S42 enquiry (investigation) on behalf of the Council. In the future, Providers may have to collate and report LOW LEVEL concerns on a monthly basis to the Authorised Officer(s)

Where the Provider has any involvement in the management of Service Users financial affairs, a written policy and procedure must be in place. This should include, but not be limited to the following:

* Service User’s monies should be separate personal accounts and not in any account related to the operation of the Provider’s business.
* All transactions should be appropriately recorded and be available for audit by the Authorised Officers as part of regular monitoring.
* A financial risk assessment shall be in place should Employees be handling monies / finances. This is to protect the Service User and Employees, ensuring appropriate controls are in place.

Providers are required to respond to any safeguarding enquiries (including completing/sharing an S42 report) within the timescales specified by the Social Work teams. The monitoring process within the Quality Assurance schedule (See Schedule 6) will capture compliance against this.

If there are any Service Users who may be identified as missing from home, the Provider should consider implementing the Herbert Protocol in collaboration with the Police.

A link to further information on the Herbert Protocol can be found below:

<https://www.cheshire.police.uk/advice-and-support/missing-persons/herbert-protocol/>

The Council may also introduce new ways of reporting safeguarding concerns during the life of this Contract. Providers will comply with any reasonable requirements and adopt the new way of working at no extra costs.

The Provider will, as and when required, work with other Provider’s and share information with the same to ensure the safeguarding and promotion of the welfare of Children/Adults at risk, subject always to the Provider’s duty to comply with all relevant laws, statutory instruments, rules, regulations, orders or directives.

In the event that a Regulated Activity, as defined by the Disclosure and Barring

Service, is to be delivered by the Provider under this Contract, the Provider will be a Regulated Activity Provider for the purposes of the Care Act 2014, and also comply with all relevant parts of the Cheshire East Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, (which can be found on our website) and the Local Safeguarding Children’s Board’s and Local Safeguarding Adults Board

This can be found on the Safeguarding Board Website [www.stopadultabuse.org.uk](http://www.stopadultabuse.org.uk)

The Provider shall respect that the Services are to be delivered in the Service Users own home and shall therefore ensure that it:

* employs Employees who respect the People who use Services and other residents in their household and keep information about them confidential;
* only recruits and deploys Employees who have been subject to an enhanced DBS check;
* has (and implements) a documented policy for the storage of Service Users keys (if required to do so by the Council);
* Only authorised Employees are allowed into the Service User’s home and no friends, relations or children of the Worker should accompany the care Worker.
* Ensures that Employees and Service Users understand the aspects of the safeguarding processes that are relevant to them
* Ensure that Employees understand the signs of abuse and raise this with the right person when those signs are noticed.

With regards children, all Employees, shall be trained and comply with the Council’s inter-agency procedures for safeguarding children and promoting welfare.

Information can be found on the Cheshire East Local Safeguarding Children’s Board website;

<http://www.cheshireeastlscb.org.uk/homepage.aspx>

The Provider will ensure that all Employees engaged in the delivery of a Regulated Activity under this Contract:

* are registered with the DBS in accordance with the Safeguarding Vulnerable Groups Act and regulations or orders made thereunder; and
* are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service (DBS) including a check against the adults’/ children’s barred list. The Provider must hold an up to date single central record for DBS checks of Employees and volunteers; and
* In performing its obligations under this contract or any applicable call off contract, the Provider shall comply with all applicable anti slavery and human trafficking laws (including, but not limited to, the Modern Slavery Act 2015)
* Receive appropriate training regarding any policy put in place by the Council regarding safeguarding and promoting the welfare of Adults/Children at risk and regularly evaluate its employees’ knowledge of the same.
* The Provider will monitor the level and validity of the checks under this clause for all Employees.

The Provider will not employ or use the services of any person who is barred from carrying out a Regulated Activity.

The Safer Recruitment and selection of Staff, and Volunteers must be robust and include appropriately the undertaking of Disclosure and Barring Scheme checks [DBS]. Should the Provider wish to employ a person who has a positive response (other than barring) on their DBS check, the Provider must undertake and put in place an appropriate Risk Assessment of the risk to Service Users

In accordance with the provisions of the SVGA and any regulations made there under, at all times for the purposes of this Contract the Provider must:

* be registered as the employer of all Employees engaged in the delivery of the Services, and
* have no reason to believe that any Employees engaged in the delivery of the Services:
* are barred from carrying out Regulated Activity ; or
* are not registered with DBS.

The Provider will refer information about Employees carrying out the services to the DBS where it removes permission for such Employees to carry out the services, because, such Employees have harmed or poses a risk of harm to the Service Users’ and/or Children/Adults at risk and provide the Council with written details of all actions taken under this clause.

**Provider and Named Safeguarding Lead**

The Provider will identify a named safeguarding lead. The ‘named’ safeguarding lead will have arrangements in place to ensure they are able to access enhanced safeguarding advice, support and knowledge.

The successful Provider and their safeguarding lead must have in place:

* Clear referral and access criteria and documented pathways;
* Arrangements for the management of escalating risk;
* An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains Service Users’ rights and responsibilities;
* A risk assessment process that accounts for a history of abuse and the person’s vulnerability to abuse, including predatory behavior or sexual vulnerability.
* A Quality Audit/Performance Monitoring system for safeguarding activity, that complies with contract and safeguarding performance reporting / monitoring requirements.
* A clear process for reporting and managing allegations in relation to a member of staff or volunteer.
* A process for notifying the Police where applicable.
* A process for the submission of Statutory Notices to CQC where applicable.

**The service must immediately notify the Authorised Officer(s) of any improper conduct by any of its staff or by one Service User towards another, in connection with any part of this contract.**

***Note examples of improper conduct of staff or Volunteers include (but is not exhaustive to):***

* ***Neglect/Acts of Omission/Self-Neglect*** *- Causing harm by failing to meet needs e.g. ignoring physical or medical care needs, withholding food, medicines, failure to provide adequate supervision.*
* ***Physical*** *- Hitting, pushing, slapping, and using inappropriate physical restraint, burning, drowning, and suffocating, with holding medical care, feigning the symptoms of ill health or deliberately causing ill health.*
* ***Sexual*** *- Sexual activity of any kind where the person at risk does not or is not able to give consent.*
* ***Psychological*** *- Including verbal abuse, humiliation, bullying and harassment. Persistent emotional ill treatment, cyber-bullying, seeing or hearing the ill-treatment of others, Domestic Abuse (see the below section).*
* ***Discriminatory Abuse*** *- Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity, sexuality or age.*
* ***Organisational Abuse*** *- Where routines and rules make a person alter his/her lifestyle and culture to fit in with the institution.*
* ***Financial*** *- Taking money and/or property without permission. Using pressure to control a person’s money/property/ benefits. Taking or offering any financial inducements.*
* ***Modern Slavery/Trafficking*** *-* Smuggling is defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation, coercion or abuse of their vulnerability.
* ***Radicalisation*** *-**is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.*

Should any staff member be the subject of any allegations, the Provider should have an appropriate risk assessment in place proportionate to the allegation until the matter is resolved to the satisfaction of the Authorised Officer. Where appropriate a report should be made to the local authority – for those working with children and young people to the LADO [Local Authority Designated Officer].

Providers will ensure that they have mechanisms in place to fulfil their duty with regard to the Disclosure and Barring Service where they have dismissed an individual, or an individual has resigned, because they harmed or may harm a person at risk. Consideration of subsequent reporting to professional registering bodies will also be needed e.g. GMC, NMC, CQC

**Domestic Abuse and Sexual Violence**

Domestic Abuse is defined by the Home Office as:

*‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional’.*

The Provider will recognise the linkages to their service delivery and practice of those they support who are subject to domestic violence, including harm caused to primary victims and to their children. It is essential that the Provider ensures the safeguarding lead has oversight of domestic and sexual violence also. This will ensure a clear single point of contact for all safeguarding matters with wider system partners.

The Provider is expected to engage with the Domestic Abuse Partnership and Multi Agency Risk Assessment Conference [MARAC] where the safety of those at high risk is co-ordinated across agencies.

There is a requirement that the Provider uses the CAADA-DASH RIC [Risk Identification Checklist], and refers on to MARAC for those at high risk and or supports access to specialist support for lower risk victims as appropriate.

The Provider will promote specialist service access for staff, communities and families through the 24/7 Domestic Abuse Hub so that specialist support can be offered at the earliest indications of abuse.

The Provider will be particularly attentive to the links between domestic abuse, mental ill health and substance misuse and seek to be involved in integrated responses so that families experience co-ordinated interventions and support, particularly where these issues constitute risks to children.

The Provider will always consider the potential risks to children caused by domestic abuse and other adult issues and follow their safeguarding procedures as a priority.

The Provider will promote pathways to sexual abuse support services including the Sexual Assault Referral Centre and the commissioned aftercare Provider. The Provider is expected to be knowledgeable about sexual violence and exploitation and the appropriate referral pathways for children and adults. Specialist support services for sexual violence are commissioned at sub regional level, and include the Sexual Assault Referral Centre (SARC) at St Marys Hospital in Manchester and the Rape and Sexual Abuse Support Centre (RSASC). While support is commissioned at a pan Cheshire level support services are delivered locally in bases accessible by victims.

It is known that those who are abused and those who abuse will also be among the Service User group and the Provider must take all steps to support staff in their work with Service Users. The Provider will also recognise that staff may be personally affected by domestic abuse and this will be accounted for in their own HR policies.

The Provider practice approach must include support to those who are harmed andaccountability for those who harm others including promoting the use of criminal sanctions and voluntary change programmes.

**Exceptional Service Exclusion**

Providers may at times need to consider whether a service user may need to be excluded from the service. A professional risk assessment must be undertaken to assess the risk to other service users, staff and or members of the public. This risk assessment should be undertaken on a multi-agency basis to ensure wider safety actions being determined across health, social care and the criminal justice system.

Every effort must be made to maintain and or secure re-engagement of the service user once the safety actions have been implemented.

Any exclusions, and or safety actions put into place must be reported to the Commissioner in a timely manner to allow for their direct involvement and or advice /guidance.

**7.13 Prevent and Channel Duties**

The Provider must ensure that they adhere to Prevent and Channel duties. The national Let’s Talk about it campaign[[1]](#footnote-1) describes Prevent as being about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government’s counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. Channel provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is early intervention and diverting people away from the risk they may face.

**Section 8.0**

**Governance Requirements**

**8.1 Legal compliance**

The Provider will ensure that the service is fully compliant with all relevant legislation and regulations. The service will lead to improvements in health and wellbeing, and independence where possible. The service will be delivered within the allocated budget. Failure to meet agreed targets would result in the commissioner requiring a remedial time specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions. For services that are not registerable, inspection arrangements will be through other routes such as Local Health Watch, and via the commissioner’s right to enter services at any time.

**8.2 Service Sustainability and Business Continuity**

The Provider will produce a Sustainable Development/Business Continuity plan prior to the commencement of the contract that is then subsequently reviewed at least annually.

Key personnel, particularly managers, must be familiar and up to date with the legislation; the Plan should include how the Service will achieve the following:

* Compliance with the requirements of the Climate Change Act (2008) and all other environmental legislation;
* Compliance with the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014-2020 and any future updates.

Resilience and business continuity plans are essential and it is expected that the Provider will report at least annually to the Commissioner on their currency and use.

**8.3** **Strategic Governance**

The service is expected to maintain an effective and proactive stakeholder network and strategic partnerships, including Clinical, Criminal Justice, and Social Care partners in order to inform improvement and development of the service within the wider system.

**8.4 Information Governance**

The Provider will comply with the Information Governance (IG) Toolkit <https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx>.

This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in:

* The Data Protection Act 1998;
* The common law duty of confidentiality;
* The Confidentiality NHS Code of Practice;
* The NHS Care Record Guarantee for England;
* The Social Care Record Guarantee for England;
* The ISO/IEC 27000 series of information security standards;
* The Information Security NHS Code of Practice;
* The Records Management NHS Code of Practice;
* The Freedom of Information Act 2000.

Patient identifiable data (PID) will only be accessed by authorised staff where the service user has given explicit consent. Where consent is not given by the individual service user only anonymised or aggregate data will be accessed. Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the service user’s care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit <https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx>. This includes:

* Ensure that agencies comply with their responsibilities to inform service users of the uses of their information and the agencies it is shared with;
* Protect and keep in the strictest confidence all information;
* Use the confidential information only for the purpose of supporting or facilitating the care of the service user;
* Notify the Commissioner immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses;
* Ensure that the service Provider has a current data protection notification, which is updated on an annual basis;
* Ensure that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these e.g. the NHS Confidentiality Code of Practice;
* Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
* Regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner’s Office: ([ICO) Confidentiality Audit Guidance](http://www.google.co.uk/).

**8.5 External Inspections**

The Provider will be responsible for registration and meeting the inspection requirements of inspectorates including CQC, where applicable. There is an expectation that the service will contribute to wider children and families OFSTED inspections required by the commissioner. Local Health Watch also has enter and view responsibilities for adult health and social care services and compliance here is also expected.

**Section 9.0**

**Appendix 1 - National Context**

* 1. **National Context**

**National context**

There are over 5.4 million unpaid Carers across the UK, and the number is growing

faster than the rate of population growth. The need to recognise and support Carers

is enshrined in law and public policy. The Care Act 2014 gives Carers the right to an

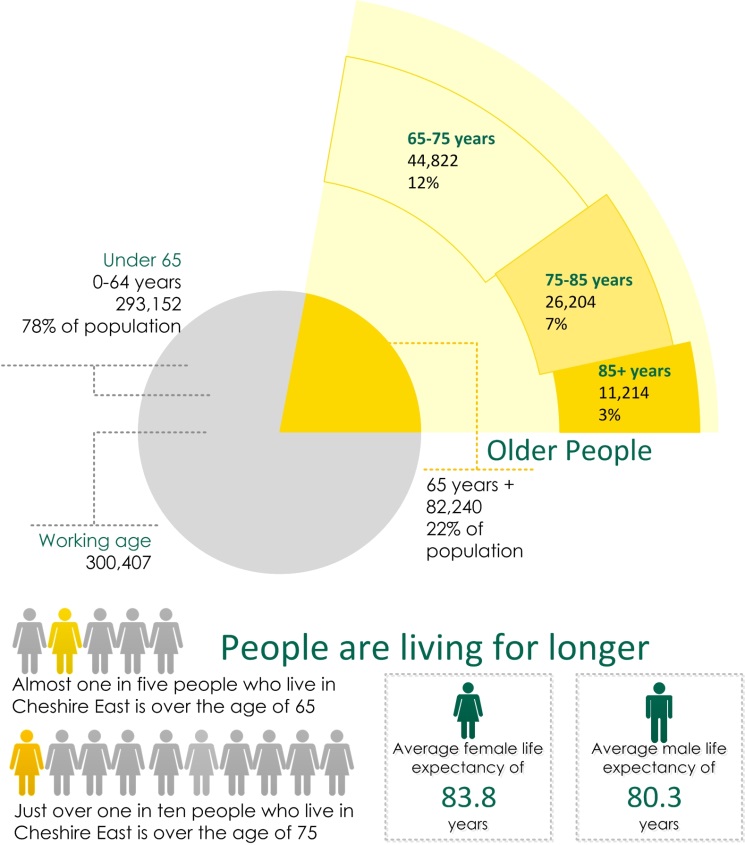
assessment of need, support and for their well-being to be considered and promoted.

The Equality Act 2010 includes measures to protect Carers from discrimination,

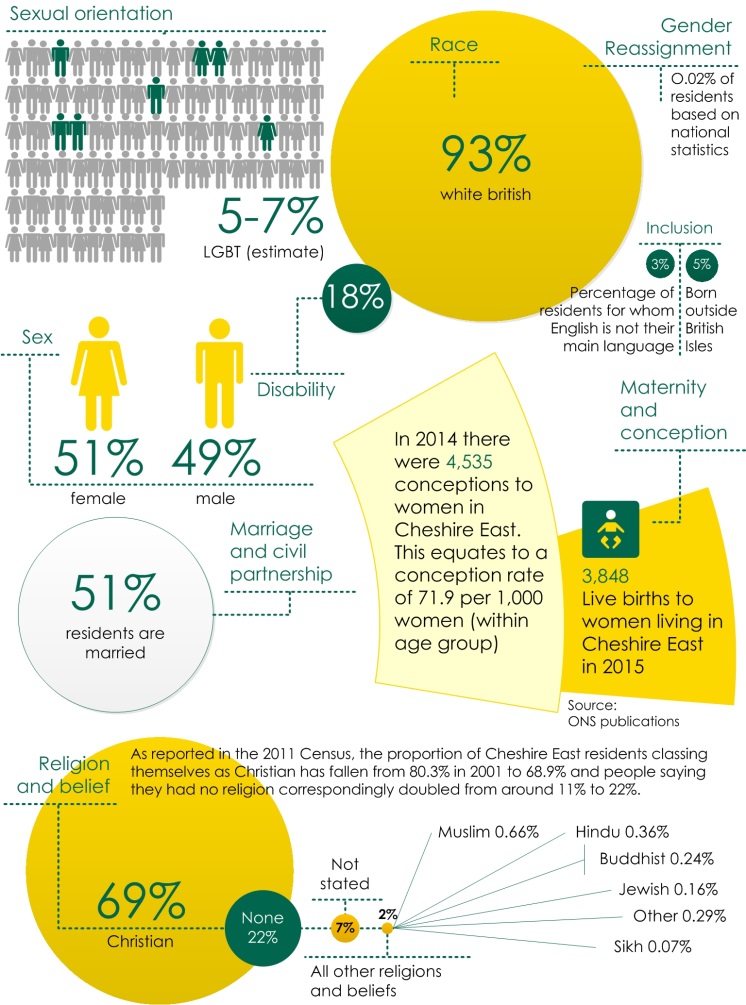
including in the workplace.

**9.2 Local Context**

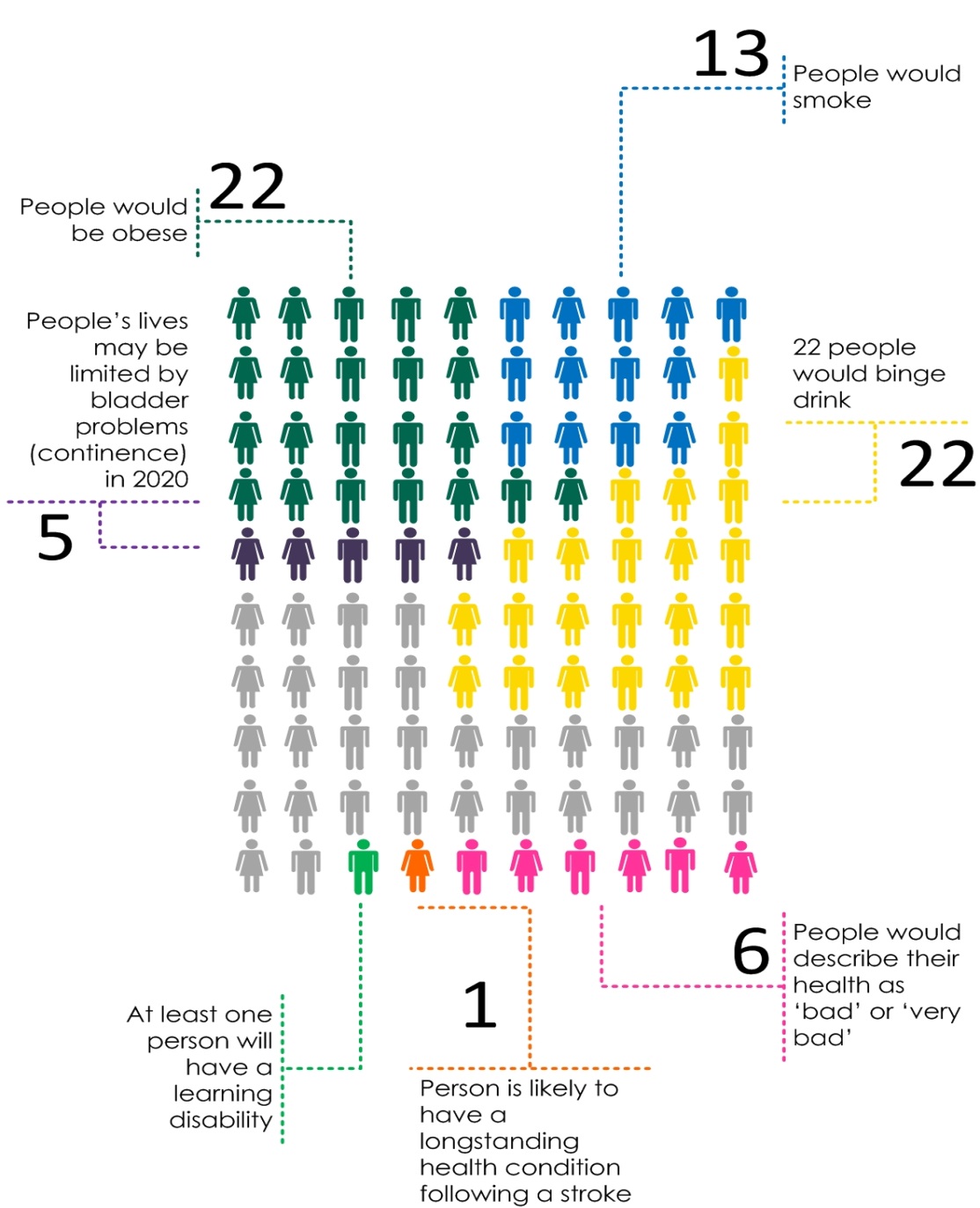
The borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km2 and has a population of 372,700 people.[[2]](#footnote-2)



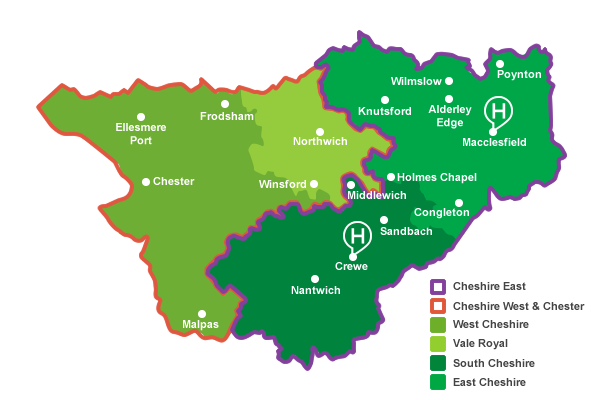
The service transformation and re-commissioning of respite services is a priority within the **Cheshire East Council People Live Well for Longer Commissioning Plan (2017)**[[3]](#footnote-3) which states that there is an aging population in Cheshire East. The aging population means that by 2020, over a quarter of the Cheshire East population will be aged over 65, greater than the UK average. Our challenge when commissioning local services is to enable people to live well and for longer and that we have the right service in place to respond to peoples changing needs and expectations.



**Cheshire East was a village of 100 people:**

****

There are **82 elected members in Cheshire East** with **52 Wards** and **7 Local Area Partnerships (LAPS)**. The **Cheshire East Connected Communities Strategy (2017)**[[4]](#footnote-4) describes how Cheshire East Council are undertaking community development activities through assets based approach (ABCD) to develop Connected Community Centres, Neighbourhood Partnerships and Town and Community Partnerships.



The following map indicates the boarders for Cheshire East Council, Cheshire West and Chester Council and CCG areas:

The **Cheshire East Council Corporate Plan (2016-2020)**[[5]](#footnote-5) consists of 6 priority outcomes which include:

**Live Well Cheshire East**[[6]](#footnote-6) is a new online resource developed by the Council launched Spring 2017, providing an asset map of local services and support, giving residents choice and control of available services and information on:

* Staying healthy;
* Community activities;
* Living independently;
* Care and Support for Adults;
* Care and Support for children;
* Local offer for special educational needs and disability;
* Education and employment.

Live Well is a platform that the Council will build on further providing self-assessment of care needs, and people portals linking services to people. Residents will be able to access Live Well via the dedicated ‘live well’ web address.

**Service Specific Strategies**

The Cheshire East Children and Young People’s Plan (2015-18) Priorities include:

1. Embedding listening to and acting on the voice of children and young people throughout services (same as having a voice)
2. Ensuring frontline practice is consistently good, effective and outcome focused (feeds into feel and be safe)
3. Improving senior management oversight of the impact of services on children and young people
4. Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East (feeds into feel and be safe)

Further information can be found from**:**

<http://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/working-in-partnership/childrens-trust/childrens_trust.aspx>

**9.3 Needs Assessment and Asset Mapping**

**The Cheshire East Joint Strategic Needs Assessment (JSNA)** [**http://www.cheshireeast.gov.uk/council\_and\_democracy/council\_information/jsna/jsna.aspx**](http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx)

In addition to local need it is also important to understand local strengths and assets, which are particularly important to enable the Provider to take an asset based approach. The **Live Well Website** provides an evolving asset map of local services and support. The website provides information about local services, as well as wider community assets such as faith groups, community centres, sports groups, and housing support etc.

The **Connected Community Strategy** sets out the Council’s ambition for an assets based community development approach. One of our strongest assets are people who use services and their families, therefore the Service Specification has been co-designed by service users.

**Section 10**

**Appendix 2 – Pathways and Processes**

**10. Pathways and Processes**

The Provider is required to adhere to all pathways and processes as specified by the Council and be aware that the Council reserves the right to change its internal pathways and processes without consultation with Providers.

**Safeguarding Referral Process**

Providers are to make safeguarding referrals verbally or securely via email using the following:

**In office hours 0300 123 5010**

**Out of office hours 0300 123 5022**

**Via email**

South Cheshire (for example Crewe, Nantwich, Sandbach, Congleton)

[adultteamsouth@cheshireeast.gov.uk](mailto:adultteamsouth@cheshireeast.gov.uk)

East Cheshire (for example Wilmslow, Macclesfield, Alderley Edge)

[eastfpoc@cheshireeast.gov.uk](mailto:eastfpoc@cheshireeast.gov.uk)

Providers should regularly access the Cheshire East Safeguarding Adults Board website to ensure that they are aware of the most current policy and procedures. The Service Provider must adhere to the safeguarding referral process specified by the Council.

[www.stopadultabuse.org.uk](http://www.stopadultabuse.org.uk)

1. Let’s Talk about it: Working together to prevent terrorism <http://www.ltai.info/what-is-prevent/> [↑](#footnote-ref-1)
2. 2013 mid-year population estimates, Office for National Statistics [↑](#footnote-ref-2)
3. Cheshire East Council People Live Well for Longer Commissioning Plan (2017) [↑](#footnote-ref-3)
4. Cheshire East Connected Communities Strategy (2017) <http://www.cheshireeast.gov.uk/council_and_democracy/connected-communities/connected-communities.aspx> [↑](#footnote-ref-4)
5. The Cheshire East Council Corporate Plan (2016-2020) <https://moderngov.cheshireeast.gov.uk/documents/s45997/CEC%20Corporate%20Plan%202016%20d.pdf> [↑](#footnote-ref-5)
6. Live Well Cheshire East <http://www.cheshireeast.gov.uk/livewell/livewell.aspx> [↑](#footnote-ref-6)