



## **TB NURSING SERVICE**

**2020-2023**

## Contents

1.	Introduction and Population Need .....	6
1.1	Introduction and Summary .....	6
1.2	Service Vision .....	6
1.3	Overall aims of the service.....	6
1.4	The commissioners .....	6
1.5	The Contract.....	6
1.6	National and Local Policy .....	6
1.7	Statutory Requirements.....	7
1.8	Service demand/ Population Need .....	7
1.9	Evidence Base.....	8
1.10	Key Challenges .....	9
2.	High Level Service Principles and Values .....	10
2.1	Service Principles .....	10
2.2	Service Values .....	10
2.3	Social Values .....	10
3.	Service Model.....	12
3.1	Service Overview.....	12
3.2	Service Links .....	12
3.3	Mobilisation .....	13
4.	Further Service Delivery Requirements .....	15
4.1	Location and Access to Services.....	15
4.2	Operating hours .....	15
4.3	Response Times and Prioritisation.....	15
4.4	Accommodation/ Premises.....	15
4.5	Communications, Marketing and Branding .....	15
4.6	Inter-dependencies .....	15
4.7	Equality of Access to Services and Rural Geography .....	16
5.	Workforce .....	17
5.1	Workforce requirements/ Structure .....	17
5.2	Workforce Management/ Development .....	17
6.	Service Improvement .....	18

6.1	Service Feedback, Engagement and Co-Production .....	18
6.2	Continuous Service Improvement.....	18
7.	Contract Management/ Performance .....	19
	7.3.2 Underperformance by Provider .....	20
8.	Governance .....	30
8.1	Legal compliance.....	30
8.2	Lead Provider / Consortia / Multiple or Joint Providers .....	30
8.3	Service sustainability and Business Continuity .....	30
8.4	Strategic Governance .....	30
8.5	Information Governance.....	31
8.6	Clinical governance.....	31
9.	Background .....	33
	Local Context.....	33

## **DEFINITIONS/ ABBREVIATIONS**

### **Acute Trusts**

In England, these are the organisations that run secondary and emergency care, through large hospitals and specialist centres.

### **AMR**

Anti-microbial resistance

### **Care Quality Commission (CQC)**

Shall mean the Care Quality Commission or any Statutory successors

### **Clinical Commissioning Group (CCG)**

Were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

### **CM PHEC**

Cheshire and Merseyside Public Health England Centre

### **Commissioners**

the person duly appointed by the Council and notified in writing to the 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.

### **DIPC**

Directors of Infection Prevention and Control

### **Health**

means any NHS body (including hospitals, Clinical Commissioning Groups and Partnership Trusts);

### **IG**

Information Governance - the management of information at an organisation

### **IPC**

The Cheshire East Infection Prevention and Control Service

### **NICE**

Makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health, including through the use of written guidelines

### **Patient**

In the context of this specification is used to refer to an individual within a variety of settings with potential to require TB related support

### **PHE**

Public Health England

### **Provider**

Means the organisation (and any relevant sub-contractors) responsible for delivering the Infection Control Service

**Services**

Shall mean the Services provided by the Provider or acting accordance with the Service Specification

**Staff**

shall mean the persons whether they are employed or deployed by the Provider to provide the Services

**TB**

Tuberculosis

## 1. Introduction and Population Need

### 1.1 Introduction and Summary

There are a broad range of communicable diseases that the population is at risk of. Such infections can lead to increased morbidity and mortality amongst the population, increasing short and long term health care needs. Tuberculosis is a particularly significant communicable disease.

Health Protection is a core responsibility of Local Authorities under the Health and Social Care Act 2012. Key in this work is commissioning a high quality TB Nursing Service that can work to address threats posed by this infectious disease. Delivering this successfully means operating proactively in partnership with stakeholders within the community. This work will take the form of primary prevention; aiming to stop outbreaks occurring by providing high quality advice, information and training to ensure effective infection control measures are implemented; as well as secondary prevention; so that the impact of any outbreaks is minimised as far as possible.

### 1.2 Service Vision

*For people within Cheshire East to live well and for longer, through the delivery of a proactive TB Nursing service that works in partnership with stakeholders to minimise rates of the disease through high quality evidence based support*

### 1.3 Overall aims of the service

Primary Prevention.

- To reduce the burden of TB within the population of Cheshire East through a range of actions focused on prevention.

Secondary Prevention

- To support stakeholders within the community to respond promptly to outbreaks of TB, thereby reducing the impact they have on individuals within that setting and the wider community. This includes supporting the activities of the PHE Health Protection services.

### 1.4 The commissioners

Cheshire East Council is commissioning the TB nursing service in partnership with the local health and social care economy with advice from Public Health England.

### 1.5 The Contract

The annual contract value will be up to £50K. The contract is for three years with an option to extend for two further years (on an annual basis).

### 1.6 National and Local Policy

The Cheshire East Council Corporate Plan (2016-2020)<sup>1</sup> consists of 6 priority outcomes. The most pertinent of these in relation to Infection Control is Outcome 5 'People Live Well and For Longer'.

This is supported by the Cheshire Commissioning Plan<sup>2</sup> which describes how Cheshire East Council as a developing, commissioning council intends to shape services in Cheshire East from 2018-20. Of particular relevance in the plan is its emphasis on prevention including whole population measures aimed at improving health. This includes commitment to a range of broad commissioning principles including: partnership working, quality assurance, value for money, listening to local residents, using outcomes that matter and maximising social value.

## **1.7 Statutory Requirements**

Health Protection is a statutory responsibility of Councils under the Health and Social Care Act 2012. As part of this, Local Authorities may commission Infection Prevention and Control and TB nursing services to support and receive assurance that appropriate assistance is being provided to patients and relevant local organisations such as Acute Trusts.

## **1.8 Service demand/ Population Need**

A key factor in the spread of infectious disease is the age and health condition of the individual. As such, those most at risk include the under 5s and over 65s and those who are immunocompromised (such as people who are malnourished, have diabetes or cancer). Cheshire East has a population of an estimated 378,800 in total<sup>3</sup>. Around 22.5% are aged over 65 and 3% are over 85. There are also 4.8% aged less than five. The estimated prevalence of diabetes in the Borough is 8.6% or 26,710 people<sup>4</sup>.

This population is ageing, with the number of those aged 65+ estimated to increase by 16% by 2025. This is a consequence of average life expectancy for the Borough being high in comparison to other North West areas at 83.8 years for females and 80.3 years for males.

A further factor in the spread of infectious disease is travel and migration which can impact on the incidence of diseases such as TB but may also increase risk of pandemic infections.

Full information on how Cheshire East is performing in relation to Health Protection indicators is available via the Public Health England Profile's <https://fingertips.phe.org.uk/profile/health-protection/data#page/0/gid/1000002/pat/6/par/E12000002/ati/102/are/E06000049>

### *Specific Around TB*

Incidence of TB in Cheshire East is rated as 'better' than other Local Authorities within the Public Health Outcomes framework, with 30 cases between 2016-2018 (2.6 per 100,000 population) and 7

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<sup>1</sup> The Cheshire East Council Corporate Plan (2016-2020)

<https://moderngov.cheshireeast.gov.uk/documents/s45997/CEC%20Corporate%20Plan%202016%20d.pdf>

<sup>2</sup> <https://moderngov.cheshireeast.gov.uk/documents/s56340/Appendix%20PEOPLE%20LIVE%20WELL%20FOR%20LONGER%20-%20V5%20-8.5.17%202.pdf>

<sup>3</sup> ONS Local Authority Estimates 2017

<sup>4</sup> Public Health Outcomes Framework,

<https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/par/E12000002/ati/102/are/E06000049/iid/92952/age/164/sex/4>, 2015

cases in 2018 (broadly comparable with neighbouring authorities). Overall, the TB three year average has undergone a sharp decline since peaking over the 2013-15 period with 51 cases in total.

In the Public Health Outcomes Framework, Cheshire East is rated as worse (red) to other local authorities for 'proportion of drug sensitive TB cases who completed a full course of treatment by 12 months' and 'proportion of TB cases who had died at last reported outcome'. But similar (amber) for 'proportion of drug sensitive TB cases lost to follow up at last reported outcome'.

Tuberculosis (TB) is one of the top 10 causes of death worldwide and mostly affects adults in their most productive years. However, all age groups are at risk. TB disproportionately affects more deprived populations and the majority of cases occur in people who were born outside the UK, often as a result of activation of previously asymptomatic (dormant/inactive) infection in new entrants. People who are infected with HIV are 20 to 30 times more likely to develop active TB. The risk of active TB is also greater in persons suffering from other conditions that impair the immune system<sup>5</sup>.

Specific dynamics in relation to TB incidence in Cheshire East, include the existence of a small East Timorese community within Crewe as well as Styal prison (incidence is commonly higher within this type of setting).

Complete data in relation to TB in Cheshire East is available via the PHE Fingertips profile:

<https://fingertips.phe.org.uk/profile/tb-monitoring/data#page/0/gid/1938132814/pat/104/par/E45000018/ati/102/are/E06000049>

Table 1: Cases of TB in Cheshire East 2015-18 (by calendar year)

Year	Tuberculosis Cases
2018	7
2017	8
2016	25
2015	24

Please see the Noids reports for further data <https://www.gov.uk/government/publications/notifiable-diseases-annual-report>

### *Deprivation in the Borough*

Eighteen of Cheshire East's 234 Lower Layer Super Output Areas (LSOAs) are among the 20% most deprived in England, according to the most recent (2015) Index of Multiple Deprivation (IMD), which is up from sixteen in the previous (2010) IMD. Most (thirteen) of these eighteen areas are in Crewe, though there are others in Macclesfield (two) and in Alsager, Congleton and Wilmslow (one each). Six LSOAs, all of them in Crewe, rank among England's top (most deprived) 10%. One of these is in the top (most deprived) 5% nationally, though it is outside England's top 4%.<sup>57</sup> Several of the Borough's other towns and larger settlements – Handforth, Knutsford, Middlewich, Nantwich and Sandbach – each have a single LSOA that is outside England's most deprived 20% of LSOAs, but inside its most deprived 30%. Several Crewe LSOAs and one in Macclesfield also fall within this range. Poynton is the only Cheshire East town whose LSOAs all lie outside England's most deprived 30%.

## **1.9 Evidence Base**

<sup>5</sup> WHO, Tuberculosis, 2017, [www.who.int/en/news-room/fact-sheets/detail/tuberculosis](http://www.who.int/en/news-room/fact-sheets/detail/tuberculosis)



The Service will be delivered in line with best practice guidance and evidence, including (this list is not exhaustive):

### **Tuberculosis**

NICE Guidance – NG33

<https://www.nice.org.uk/guidance/ng33>

NICE Quality Standard - QS141

<https://www.nice.org.uk/guidance/qs141>

NICE Pathway

<https://pathways.nice.org.uk/pathways/tuberculosis#path=view%3A/pathways/tuberculosis/tuberculosis-overview.xml&content=view-index>

Tuberculosis: diagnosis, screening, management and data

[www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data](http://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data)

### **Public Health England**

Public Health England Infectious Diseases Strategy 2020-2025

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/831439/PHE\\_Infectious\\_Diseases\\_Strategy\\_2020-2025.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831439/PHE_Infectious_Diseases_Strategy_2020-2025.pdf)

## **1.10 Key Challenges**

There are a number of challenges which the service provider must address:

- The ability to play a strong preventative role in controlling outbreaks despite limited resources and competing time demands.
- To play a contributory role to reducing health inequality in Cheshire East through targeted support where it is appropriate.
- To ensure the service has resilience so there is capacity to cope with unforeseen events such as staff sickness, and multiple outbreaks at a single point in time.
- To develop succession planning and cross area cover arrangements around TB nursing against a backdrop of restricted supply of staff with these skills across the country.
- To deliver improved performance against relevant TB targets as set by the Department of Health (DoH), NHS England and PHE.

## 2. High Level Service Principles and Values

### 2.1 Service Principles

It is expected that the TB Nursing Service will be delivered according to the following key principles:

*Preventative* – the primary goal of the service must be to work to prevent outbreaks occurring, and to reduce disease incidence where this is not possible. This means prioritising actions most likely to have an impact both on mortality and morbidity.

*Timeliness* – support and information is given around outbreaks in a timely manner allowing them to be tackled quickly and impact to be minimised

*Best Practice* – best practice will be followed as detailed by NHS England, Public Health England, NICE and the Royal College of Nursing. Other sources of knowledge will be utilised where appropriate including recent research.

*Innovative where Appropriate* – opportunities for doing things differently will be considered where there is a considered business case for doing so. A key area which this may be applicable to is in use of technology.

*Partnership Based* - a strong collaborative and partnership based approach with stakeholders will be crucial in ensuring that this service maximises its effectiveness.

*Proportionate Support* – high quality support will be given to providers but this will not replace the responsibilities of organisations to deliver appropriate training and management to their staff

### 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 Patients
- Providing support for individuals or groups facing greater social or economic barriers
- Third sector engagement
- Community engagement
- Market development

### 2.3 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.

Provider will undertake Cost Benefit Analysis (CBA) for their identified social value targets, which will be monitored through the contract monitoring process. Benchmarking for CBA will be undertaken by the Provider once the contract has been awarded.

## 3. Service Model

### 3.1 Service Overview

The provider will run a service providing the following function:

a) Specialist TB Nursing

The provider will employ a specialist TB Nurse(s) to provide expert advice and support in the management and control of TB. This will enable an appropriate number of TB clinics to be held each month to serve:

- Neonates and at risk children and young people requiring testing and/or BCG immunisation
- New entrant screening
- Community follow up of TB patients and their contacts
- Enhanced case management (to be provided where necessary) so that patients with TB are visited at home for the duration of their treatment, and to provide direct observed therapy.

In addition to these core functions, the service will:

- Work with hard-to-reach groups to identify cases of TB
- Increase awareness of TB among professionals and the public to reduce the risk of the emergence of further cases
- Report all TB cases to PHE and ensure that the outcome for individual patients is properly recorded and monitored
- Attend the PHE TB cohort review, to present all cases as requested
- Work with acute trusts to provide TB advice and support and investigative procedures as requested
- Liaise with the TB lead at PHE on a regular basis
- Investigate possible clusters of cases demonstrating similar subtypes of the micro-organism
- Liaise with occupational health services regarding TB advice and support.
- Ensure cases of TB are recorded locally through liaison with the commissioned Infection Prevention Control service.
- Provide continuity of service throughout the week with sufficient arrangements in place to ensure cover for staff absence, sickness and annual leave.

### 3.2 Service Links

The provider will work collaboratively with the following key stakeholders, advising, responding to and taking appropriate actions as required:

- Cheshire East Infection, Prevention Control Service
- GP Practices
- Acute Trusts
- Styal Prison
- Local Schools
- Health Visitors
- Occupational Health Services
- Cheshire and Merseyside Health Protection Team
- Relevant Healthcare Professionals such as Hospital Consultants

- Microbiologists
- Clinical Commissioning Groups (CCGs)
- Local Authority (including Director of Public Health, Consultant in Health Protection, Health Protection Manager, Infection Control Commissioner and Contract Manager, Quality Assurance Team, information analysts)
- Neighbouring TB Teams
- Public Health England - Cheshire and Merseyside (PHE)

Note: this list is not exhaustive

Out of hours TB related support will be provided via the Cheshire and Merseyside Public Health England Centre (CM PHEC) on call system.

### *Escalation Process*

Timely feedback will take place with providers and commissioners during the delivery of the service including recommendations for improvement where appropriate. This will encompass increased incidence of disease, concerns with provider practice, trends in disease control etc. Any serious concerns will be raised with the lead Consultant in Public Health, the Director of Public Health, or Contract Manager within 24 hours.

### **3.3 Mobilisation**

The Council require the Provider to carry out certain initial services prior to formal commencement of the service. These initial services or mobilisation services will 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 situ (including at the local branch and within the Patients' property)

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 contract award.

The Provider is required to allocate project management support for the critical transition from the current service to the newly commissioned service.

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 patients, potential patients and other key stakeholders including elected members and governance groups.

During the mobilisation period, a programme of meetings will be arranged with the current commissioned provider and the other relevant partners to review roles, responsibilities and working practices.

The Successful Provider will also have clear pathways in place within the transition phase of the contract for communication with any relevant key services.

(This list is not exhaustive)

## **4. Further Service Delivery Requirements**

### **4.1 Location and Access to Services**

Location will be flexible according to need. Examples include: Patient's Homes, GP Practices, HMP Styal, Schools etc.. TB clinics will be offered in locations close to areas of prevalence to encourage attendance.

### **4.2 Operating hours**

Weekly dedicated support will be offered. There is a requirement to work outside working week hours to cover major unforeseen events such as outbreaks and contact tracing and management at no extra charge to the price submitted in the pricing schedule.

### **4.3 Response Times and Prioritisation**

The service provider must respond immediately if there is a TB outbreak or significantly increased TB risk. This will be coordinated with the Council's Health Protection Consultant.

### **4.4 Accommodation/ Premises**

To ensure accessibility of the Infection, Prevention and Control Services at a local level, the provider will ensure that staff have access to local work bases. This may involve co-location with existing local providers including NHS and Social Care. The provider will ensure that they have the permission in place to occupy and deliver services within these co-located premises.

### **4.5 Communications, Marketing and Branding**

The Service will be actively promoted to stakeholders, providers and the public across the population of Cheshire East. As such, the service will need to understand the characteristics of the local population, and the make up of the local health and social care economy of Cheshire East.

The Service will ensure that contact details and referral routes into the Service are widely publicised in a range of contexts and formats. A central point of contact for face to face, telephone, email and web based contacts is essential.

The Service will have procedures in place for dealing with all media enquiries to ensure that front line staff are not put in the position of dealing directly with the press, television or radio. All staff will have a clear understanding of who to contact within the organisation regarding any service specific press enquiries and also across the wider service area.

The Service will be expected to provide information on request to the Commissioner within specified timeframes, particularly where these may concern compliments and complaints, Freedom of Information requests or enquiries from MPs.

### **4.6 Inter-dependencies**

The successful Provider will have clear care pathways in place within the transition phase of the contract for communication with other key services as follows:

- Cheshire East Infection Prevention and Control Service
- PHE Health Protection Team communicable disease surveillance data and gastro-intestinal surveillance data

(This list is not exhaustive)

Providers[s] are required to note that there may well be other significant interdependencies and therefore this is not restrictive.

#### **4.7 Equality of Access to Services and Rural Geography**

The Provider will ensure that access to services by individuals and organisations, considers the needs of specific groups to ensure that disadvantage does not occur. The provider 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.

The provider will ensure that the needs of patients / patients from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements where relevant. These groups are as follows:

- Young People;
- Ex-service Personnel;
- People with a Learning Disability;
- Lesbian, Gay, Bisexual, Transgender;
- Black and minority ethnic groups;
- Those who make themselves vulnerable e.g. Homelessness, Drug / Alcohol use, and sex workers.

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

The provider will ensure that the service gives 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.



## **5. Workforce**

### **5.1 Workforce requirements/ Structure**

Those delivering the service are required to have appropriate skills, knowledge and qualifications relevant to TB to enable them to offer specialist advice, support and training. Those within the service will maintain continued professional development to ensure they are up to date with relevant national and local policies and guidance related to this specialism. Clinical Supervision will be a core requisite.

### **5.2 Workforce Management/ Development**

The provider shall endeavour to ensure suitable arrangements will be in place/sufficient resources are available to cover anticipated and actual peaks in demand for services and periods of leave, such as absences or holidays within current resources. Staff will be provided with suitable training and developmental opportunities. All activities will be underpinned by mechanisms and materials to increase capability of staff and residents around self-care in relation to tuberculosis.

## 6. Service Improvement

### 6.1 Service Feedback, Engagement and Co-Production

Engagement and co-production with stakeholders (particularly Patient engagement and co-production) must be a core principle within the TB Nursing Service. Engagement and co-production must be embedded within the service practice to ensure that Patients and relevant organisations 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 Patients but particularly stakeholder organisations 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).

### 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.

## 7. Contract Management/ Performance

### 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 patients/ general public, 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 patients, or people connected to them, or employees;
- Patient recording;
- Service IT / data recording and storage systems;
- Incident reporting and health and safety matters;
- Reporting and monitoring of incidents and accidents to staff, volunteers and patients [including the management of violence and domestic violence];
- Health & Safety Inspection, and fire safety;
- Clinical Governance;
- Complaints and Compliments management for paid staff, volunteers and patients;
- Stakeholder 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 patients;
- Documented processes/procedures for managing outbreaks and preventative infection control work.

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 [including with sub contracted services]. Clear and routine review arrangements to maintain effective governance would also be expected. Patients must be made aware of the range of policies which may impact upon their support and be given access to them if they wish.

#### 7.1.2 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.

- a) 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 Patient
- b) The quality assurance processes will include the standards required, the method of attaining the standards and the audit procedure
- c) 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
- d) A quality assurance report summary will be made available to Patients and the Council upon request
- e) There must be various means for stakeholders (such as organisations being supported) to supply feedback with regards to Service delivery and outcomes being met. These methods

need to take into account 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)

- f) 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
- g) The Provider will be committed to continuous Service development.

## **7.3 Performance Management**

### **7.3.1 Performance Management Reporting**

The Provider must ensure that a dedicated 'Performance Management Function' is established as part of the contract to provide system wide reporting. The Provider will ensure the effectiveness of such reporting, demonstrating assurance processes for systems and procedures to commissioners and other key stakeholders, and to 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.

- a) 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
- b) 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
- c) The Council may choose to further verify submitted claims through feedback from Patients, Council Staff, Provider staff interviews and/or feedback as required
- d) 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
- e) The Provider will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to patients, the staff team, the overall organisation or the Council is highlighted well in advance to the Council of any potential or actual incident
- f) 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 staff to ensure legal compliance and any other information deemed necessary by the Council to ascertain the stability of The Provider workforce or business
- g) The Provider must ensure that their nominated managers attend reviews, multi-disciplinary meetings and submit monitoring information to The Council
- h) The Council reserves the right to review or amend the contract management and quality assurance process during the contract term with one months' notice

Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements e.g. as directed by Public Health England. The Commissioner will hold quarterly contract monitoring meetings with annual performance reviews. The Commissioner will co-produce contract metrics with the Provider. Please also see the appended Performance Management Framework.

### **7.3.2 Underperformance by Provider**

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

- a) 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
- b) 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
- c) 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
- d) Where there has been a serious breach or multiples breaches which may affect patient 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

## **7.4 Complaints, Compliments and Ombudsman Investigations**

### **7.4.1 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 patients/or their representatives/ and organisations supported are aware of the Complaints Policy and how to use it.

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

Patients/organisations 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 Patient 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 must be recorded and will be made available to the Council upon request.

### **7.4.2 Ombudsman Investigations**

The Council is under a legal obligation by virtue of the Local Government Acts, 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.

## **7.5 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 understand 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 Patients 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 will have robust Whistleblowing policies, procedures and processes in place for all staff within the organisation. This will be available to the Council upon request.

## **7.6 Managing Information**

### **7.6.1 Commissioner rights to information**

The commissioner requires the Provider to provide timely information to support commissioning 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 patients 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.

### **7.6.2 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.

### **7.6.3 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 will include patient 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 local Health and Social Care to consider the most effective system for the service to be delivered.

### **7.6.4 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.

### **7.6.5 Storage of information**

The Provider have 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].

## **7.7 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 will 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
- Infection Control Policy
- Risk Assessment Policy
- Data Protection / Confidentiality Policy
- Whistleblowing Policy
- Supervision, Appraisal and Employee Development Policy
- Managing Challenging Behaviour Policy
- Environmental/Sustainability Policy
- Business Continuity Management Plan (localised to Cheshire East borough)

- Referral Policy/Procedure
- Freedom of Information Policy

## 7.8 Equality and Diversity

The Provider will provide the Service in a way which does not discriminate against patients or Employees in respect of any of the protected characteristics under the Equality Act 2010.

The Provider is required to deliver programmes and their content in a flexible, person centred way aligned to this legislation.

In addition to this, 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.

## 7.9 Health and Safety

- The Provider will do all that is reasonably practicable to prevent personal injury and to protect Staff, Patients and others from hazards.
- The Provider shall ensure that Health and Safety risk assessments are in place at all times for all aspects of the Service. The Provider shall be responsible for risk assessment, hazard control and other Health and Safety matters affecting its staff in the delivery of Services
- The Provider will need to demonstrate compliance with all relevant Health and Safety legislation and guidance relating to every element of the Service
- The Provider shall issue to all their Staff a detailed Health and Safety policy statement in compliance with the Health and Safety at Work Act 1974
- The Provider shall ensure that its staff comply with safe working practices.

## 7.10 Safeguarding

Providers(s) will ensure 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.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 the Provider will address the following:

- Safe provision and storage of medication;
- How to make a referral for 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 Unlawful Incidents and the reflective learning from such events informs future practice and continuous service development.

Provider will be responsible for informing the commissioner 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.



### 7.10.1 Exceptional Service Exclusion

Providers may at times need to consider whether a patient may need to be excluded from the service. A professional risk assessment must be undertaken to assess the risk to other patients, staff and or members of the public. This risk assessment will 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 patient 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.

### 7.10.2 Safeguarding for Vulnerable Children and Adults

The safeguarding of children and vulnerable adults 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 will 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 will 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.

The Safer Recruitment and selection of Staff, and Volunteers must be robust and include appropriately the undertaking of Disclosure and Barring Scheme checks [DBS]. If these checks reveal information which would make the person unsuitable for work with children or vulnerable adults the Provider shall not employ or otherwise use such persons in any way.

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 patients' 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 North West Adults Safeguarding Policy, the Care Act 2014 and, especially Chapter 14 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 of the Care Act and the North West Adults Safeguarding Policy, 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 will determine whether it is appropriate for the concern to be dealt with under Safeguarding procedures.

Where a safeguarding allegation comes to light, the Provider will make a safeguarding referral to the relevant social work team. Where possible, (unless it exacerbates risk), consent will be sought from the patient as well as the patients wishes 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. It is anticipated in the future, that Providers may have to collate and report LOW LEVEL concerns on a monthly basis to the Contracts Management Team

Providers are required to respond to any safeguarding enquiries 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.

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 North West Adult Safeguarding policy.

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 patients 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;
- Only authorised Employees are allowed into the Patient's home and no friends, relations or children of the Worker will accompany the member of staff.

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; 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.

Will 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 patients

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, in its opinion, such Employees have harmed or poses a risk of harm to the patients' and / or Children / Adults at risk and provide the Council with written details of all actions taken under this clause.

### 7.10.3 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 patients' 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.

**The service must immediately notify the Commissioner of any improper conduct by any of its staff or by one patient towards another, in connection with any part of this contract.**

**Note examples of improper conduct of staff or Volunteers include:**

- **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 vulnerable person 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 or sexuality.
- **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.

Any staff member who is the subject of allegations must be suspended from providing any services under this contract until the matter is resolved to the satisfaction of the Commissioner. Where appropriate a report will 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 Independent Safeguarding Authority where they have dismissed an individual, or an individual has

resigned, because they harmed or may harm a vulnerable person. Consideration of subsequent reporting to professional registering bodies will also be needed e.g. GMC, NMC.

### **7.11 Prevent and Channel Duties**

The Provider must ensure that they adhere to Prevent and Channel duties. The national Let's Talk about it campaign<sup>6</sup> 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.

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<sup>6</sup> Let's Talk about it: Working together to prevent terrorism <http://www.ltai.info/what-is-prevent/>

## 8. Governance

### 8.1 Legal compliance

The Provider will ensure that the service is fully compliant with all relevant legislation and regulations. 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.

### 8.2 Lead Provider / Consortia / Multiple or Joint Providers

The Provider[s] must ensure strong organisational governance and compliance of any/all sub-contracted services covering all aspects of service delivery. This will include but not be limited to:

- confidential and appropriate communication between services;
- communication with patients and other relevant contacts;
- communication between staff and services;
- effective reporting arrangements;
- effective patient record keeping;
- service data and access to record arrangements;
- data protection;
- incident reporting;
- safeguarding;
- health and safety;
- whistle blowing;
- recruitment;
- risk management;
- compliance with the human rights act;
- Equal opportunities.

### 8.3 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, there Plan will 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.

### 8.4 Strategic Governance

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

## 8.5 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 patient has given explicit consent. Where consent is not given by the individual patient 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 patient'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 patients/ organisations 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 patient;
- 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](#).

## 8.6 Clinical governance

Appropriate and robust clinical governance arrangements are of paramount importance to the commissioner and it is intended that these will be monitored through contract monitoring arrangements and through any other Clinical Governance forum arrangement deemed appropriate by the commissioner. We would expect compliance with NHS Standards and Clinical Governance arrangements and protocols in line with NICE, NHS and Public Health England guidance, Local Government Association.

The Provider will ensure that the service has robust mechanisms in place to manage all aspects of clinical governance including medicines management and other aspects of shared care and complete care pathway services. Such arrangements will account for but not be limited to:

- Safeguarding incidents and concerns – suspected and occurred abuse / violence;
- Serious untoward incidents (SUI) – clinical incidents that do not fall under the definition requiring safeguarding processes to be followed, including staff vacancies and absences that cause service disruption and compromise minimum safety requirements determined by the Provider;
- Risk prevention and management;
- Medicines management;
- Service Inspection and Registration;
- Safe service transitions between Providers;
- Policies and procedures including Audit and Clinical Governance, and Clinical Supervision;
- Medical and clinical interventions it delivers including psychosocial interventions ensuring that these are evidence based and delivered by appropriately qualified, experienced and supervised practitioners;
- To utilise evidence based assessment tools to assess the nature and severity of substance misuse.

All processes will include escalation and notification of events to the Provider who will be responsible for assuring the commissioner of the services compliance with clinical governance standards and policies and learning from any breaches or serious incidents.

The Provider must report all serious and untoward incidents (SUIs), complaints and compliments to the commissioner. Where compliments and less serious complaints occur these can be reported as part of the quarterly monitoring cycle. However serious complaints, untoward incidents and safeguarding occurrences must be reported to the commissioner at the first available opportunity.

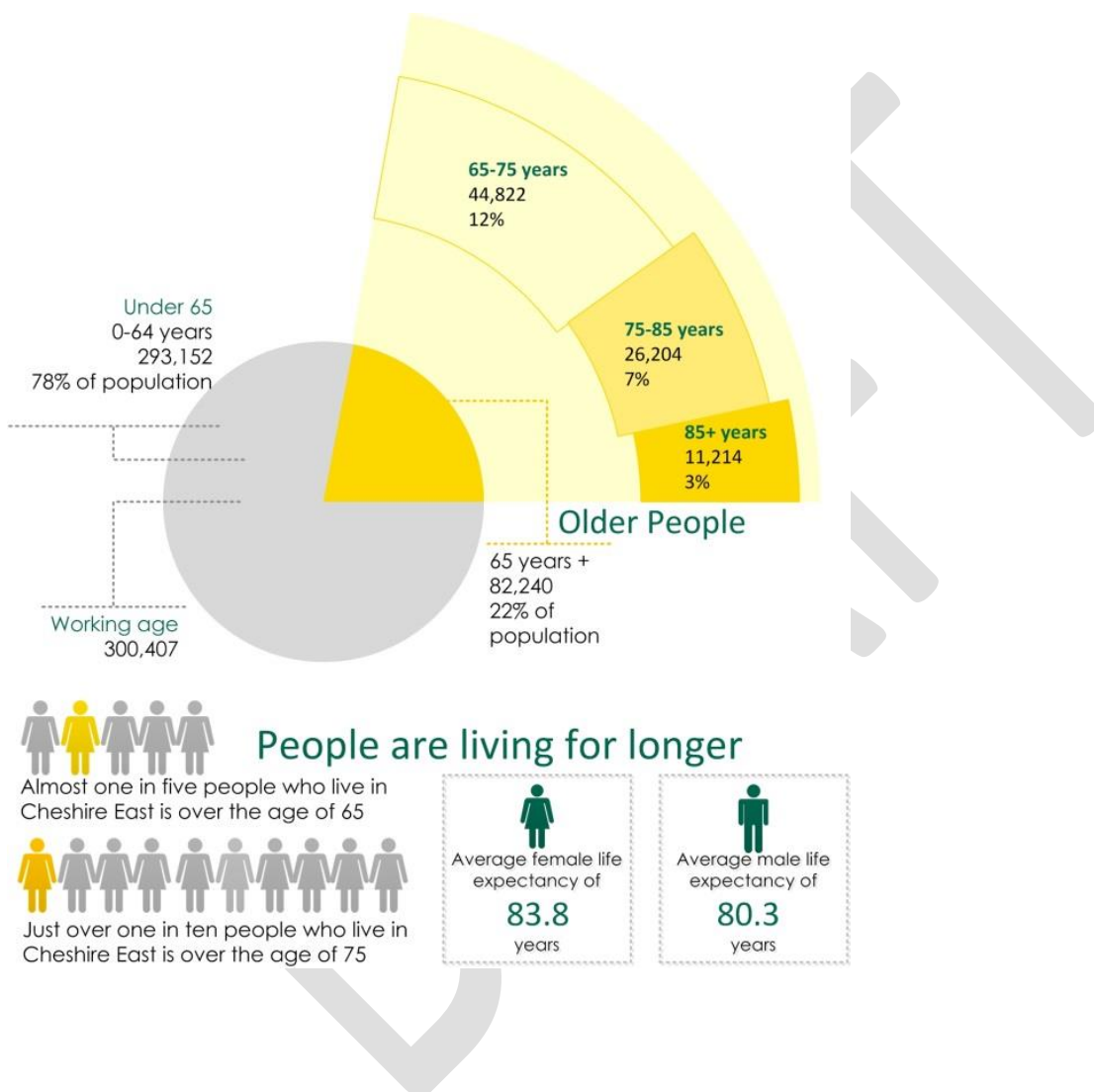
The Provider must adhere to local prescribing governance arrangements and ensure compliance with requirements of the relevant Controlled Drugs Accountable Officers (CDAOs)



## 9. Background

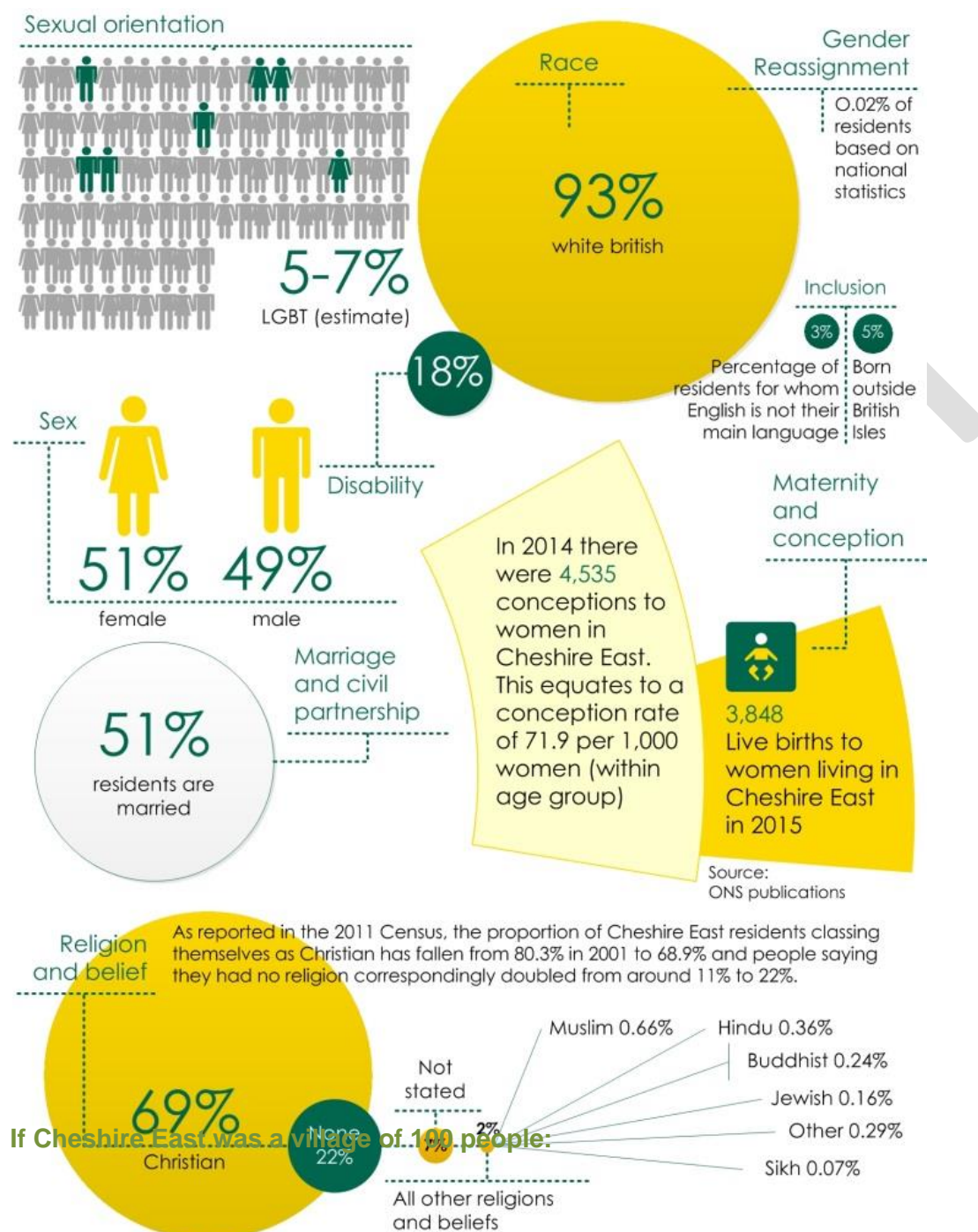
### Local Context

The borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km<sup>2</sup> and has a population of 372,700 people.<sup>7</sup>

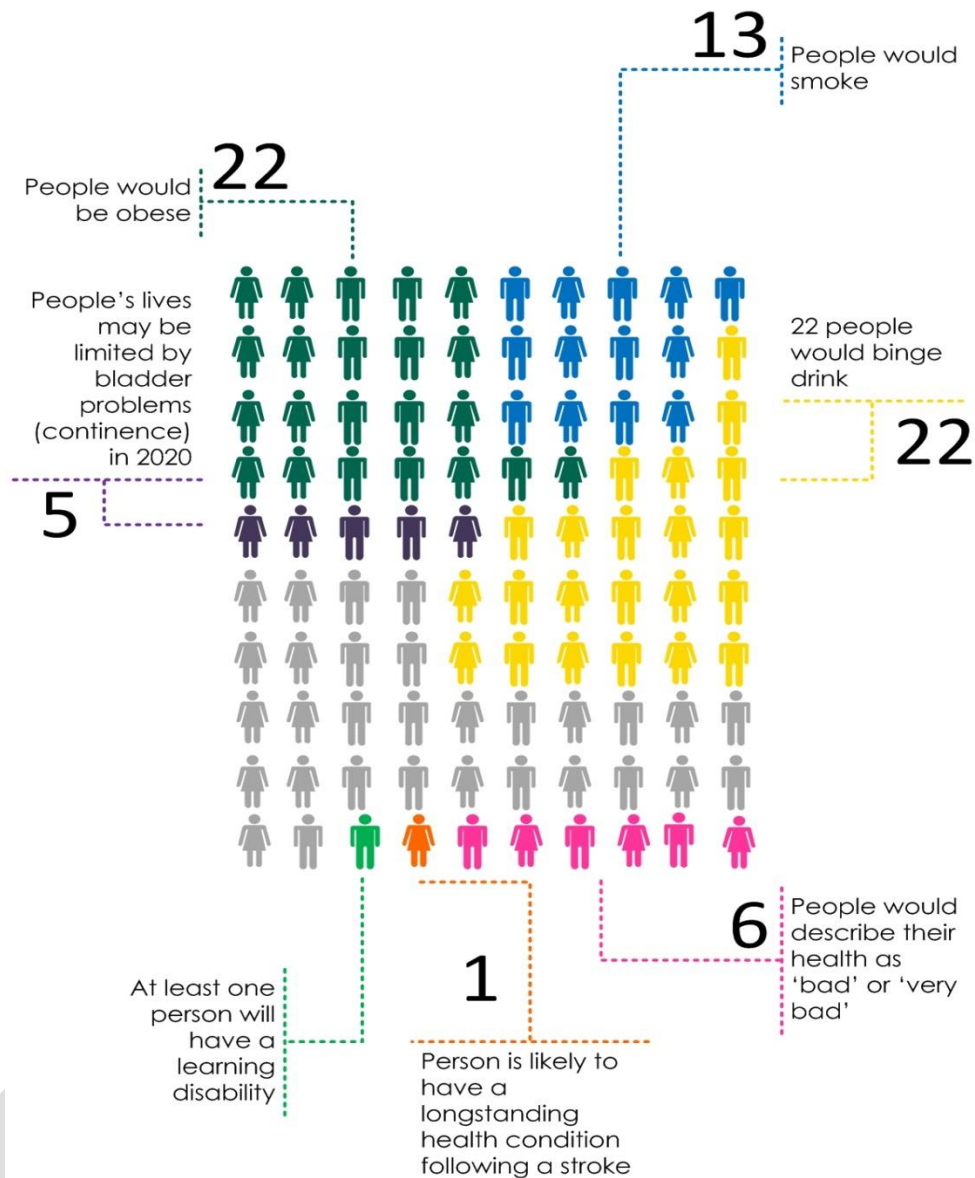


<sup>7</sup> 2013 mid-year population estimates, Office for National Statistics

The service transformation and re-commissioning of Infection Prevention Control and a TB Nursing Service is a priority within the **Cheshire East Council People Live Well for Longer Commissioning Plan (2017)**<sup>8</sup> 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.

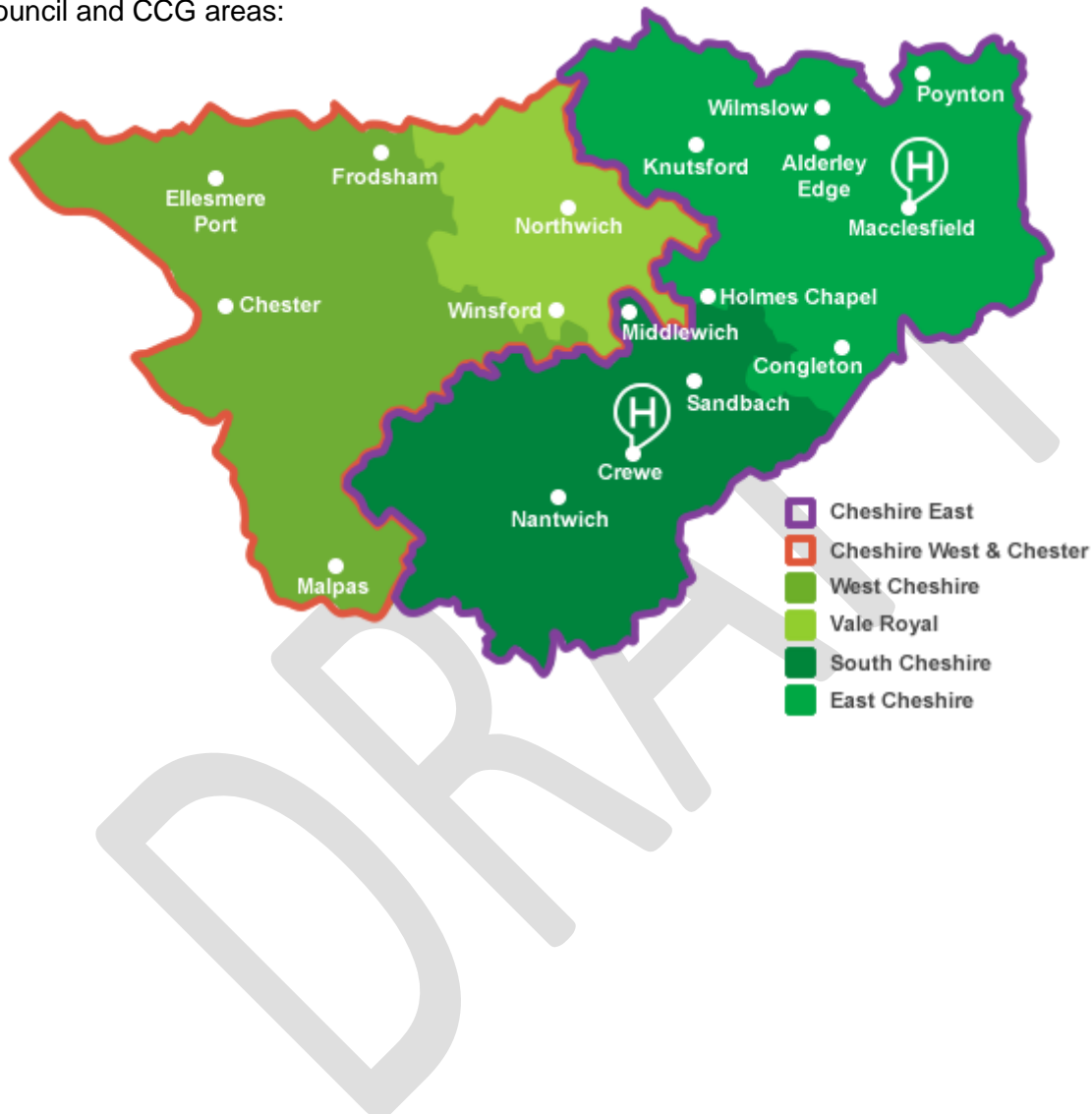


<sup>8</sup> Cheshire East Council People Live Well for Longer Commissioning Plan (2017)



There are **82 elected members in Cheshire East** with **52 Wards** and **7 Local Area Partnerships (LAPS)**. The **Cheshire East Connected Communities Strategy (2017)**<sup>9</sup> 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.

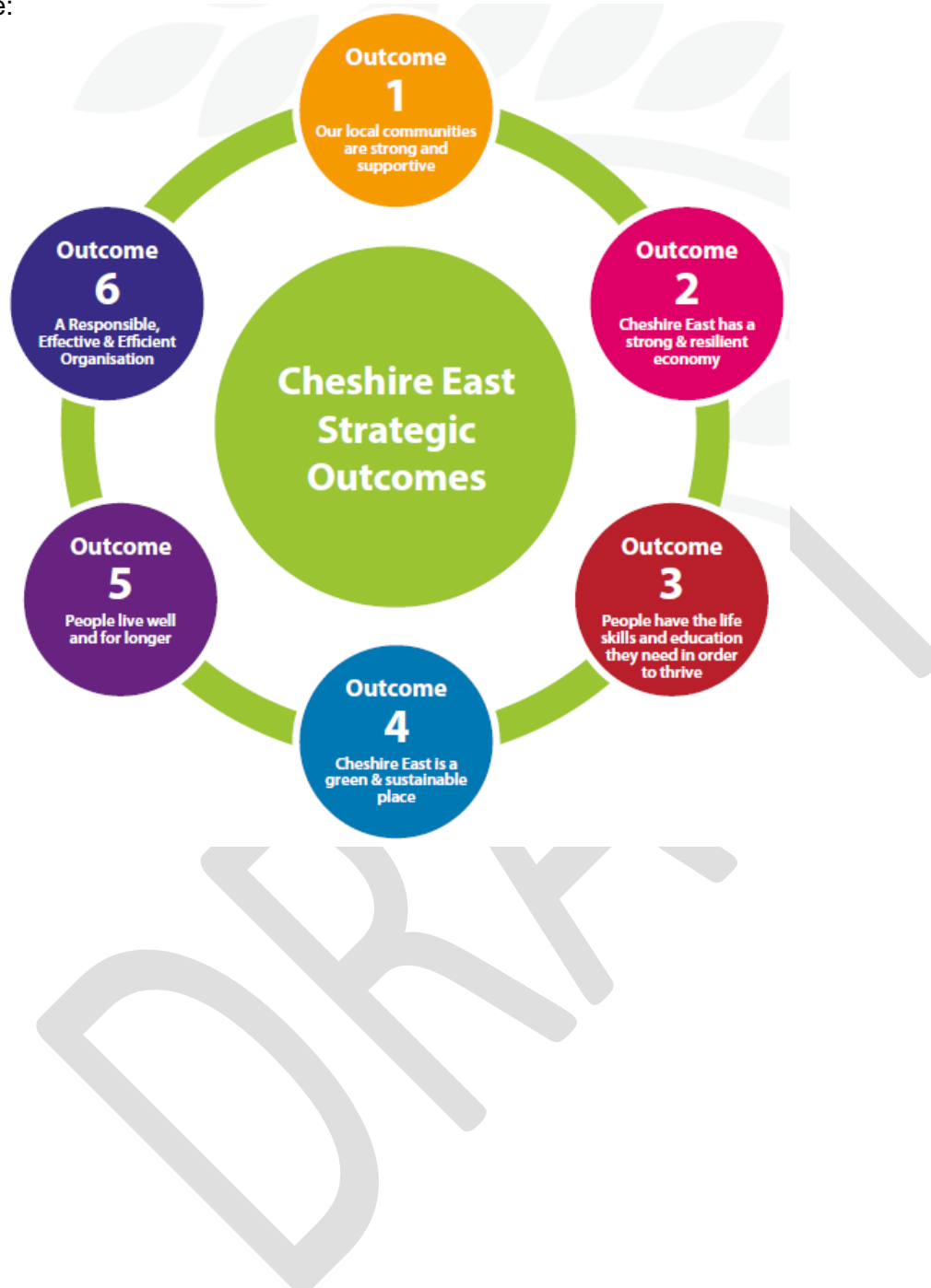
The following map indicates the borders for Cheshire East Council, Cheshire West and Chester Council and CCG areas:



<sup>9</sup> Cheshire East Connected Communities Strategy (2017)

[http://www.cheshireeast.gov.uk/council\\_and\\_democracy/connected-communities/connected-communities.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/connected-communities/connected-communities.aspx)

The **Cheshire East Council Corporate Plan (2016-2020)**<sup>10</sup> consists of 6 priority outcomes which include:



<sup>10</sup> The Cheshire East Council Corporate Plan (2016-2020)

<https://moderngov.cheshireeast.gov.uk/documents/s45997/CEC%20Corporate%20Plan%202016%20d.pdf>

**Live Well Cheshire East**<sup>11</sup> 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](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 to service delivery. The **Live Well Website** Error! Bookmark not defined. 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 Patients.

<sup>11</sup> Live Well Cheshire East <http://www.cheshireeast.gov.uk/livewell/livewell.aspx>