

**Direct Payment Support Service**

**2019 to 2021**

**(with the option to extend for one 12 month**

**period until 2022)**

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Definitions

Definitions within this service specification are defined below:

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Asset Based Approach | An asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain improved outcomes. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life’s stresses.  An asset is any of the following:   * the practical skills, capacity and knowledge of local residents * the passions and interests of local residents that give them energy for change * the networks and connections – known as ‘social capital’ – in a community, including friendships and neighbourliness * the effectiveness of local community and voluntary associations * the resources of public, private and third sector organisations that are available to support a community * the physical and economic resources of a place that enhance well-being.[[1]](#footnote-1) |
| Brokerage / Broker | Transaction between the purchaser (service user) and seller (organisation e.g. Care Agency / Personal Assistant ) |
| Care Agency | A Care Agency is an agency that provides care workers to help in a person’s home. The agency can be employed by the council to provide services, or an individual can employ the agencies staff from either their own resources or using a direct payment. |
| Carers Assessment | A Carers Assessment is an assessment carried out by social care to determine and identify the help and support they might need to maintain their own health and wellbeing |
| Commissioners | The commissioning organisation and lead is Cheshire East Borough Council. The Commissioners include authorised representatives of the Council including the Contract and Quality Manager |
| Direct Payment | An amount of money paid directly to an individual, into a bank account to arrange and buy their own support instead of having support arranged or delivered by the Council. |
| Financial Assessment | A Financial Assessment is an assessment carried out by the Council Financial Department to assess the Service Users financial circumstances and determine if there is a requirement for the Service User to pay towards the cost of their care and support |
| Lead Provider / Provider | Refers to the Provider who is responsible for the management, coordination, provision and delivery of the Service |
| Nominated and authorised person | Individuals who are not able to manage Direct Payments themselves can still access Direct Payments via a nominee. Where the person has the capacity to request a Direct Payment they may nominate someone to manage Direct Payments on their behalf. In this situation the nominee signs the Direct Payments agreement and becomes legally responsible for its administration and the requirements set out in the agreement. They are expected to act in the best interests of the person the Direct Payments are for. |
| Peer Support Network | A Group for anyone who need help, support and advice with managing or using their direct payment |
| Personal Assistant | A Personal Assistant is someone who is employed to provide day to day support at home and in the community to enable the individual to live as independently as possible in the community |
| Provider Partners | Refers to the partners of the Provider (if any) that shall be providing the Service in this specification in collaboration or partnership with the Provider |
| Social Care Assessment | A social care assessment helps to find out the information so that it can be decide whether a person needs care and support to help them live their day-to-day lives. A Carer can also have an assessment of their needs, which can be undertaken at the same time as the person they care for or can be undertaken separately. |
| Self – Funder | Self Funder is a term used to describe anyone who has capital (savings and assets) worth more than £23,250, or a weekly income high enough to pay for their own fees and who would not be eligible for local authority funding. If this is the case the individual will have to pay for their own care. This is called self-funding. |
| Service | The Direct Payment Support Service to be provided by the Provider in accordance with this service specification |
| Service User | Service User is a term used to describe anyone who is a user of services |

# Introduction and Service Description

## Introduction / The Service to be Commissioned

Cheshire East Borough Council is seeking to commission a Direct Payment Support Service. This service includes the following two core components , as well as the opportunity to income generate.

* Universal, impartial, independent information and advice to the residents of Cheshire East. The Service will promote independence, enable and empower individuals. This will reduce dependency on formal ongoing arrangements for the provision of information, advice and guidance as well as brokerage of care and support.
* A brokerage function to Service Users who wish to receive their personalised budget as a direct payment to meet their eligible support needs.
* There is also the potential for the Provider to income generate for residents classed as ‘‘self funders’’ (this is a term given to someone who can pay for the own care and support) who may require assistance to ‘broker’ their own care and support.

**Direct Payment Support**

**Service**

Component 2

Brokerage function

(Eligible needs)

Component 1

Universal information & advice

(All)

Opportunity to income generate (“self funders”)

Brokerage

The scope of the Service is for adults 18+ (including older people) who are resident in Cheshire East Borough providing a range of activities for the components (as noted above) including:

*Universal Information and Advice (component 1)*

* Impartial, independent, clear, concise and comprehensive, information and advice to residents in Cheshire East on all aspects of directing their own care
* Employing staff legally and acting as a good employer
* Managing the paperwork for their Direct Payments
* Ensuring management of Direct Payments is aligned in accordance with the Cheshire East Council Direct Payment Policy and practice. The Provider will work with the Council and adapt the service in line with any changes/policy developments. Note: the Direct Payment amount given by Cheshire East Council does not include any contribution towards the costs associated with a payroll or managed account service
* Formalised links with Cheshire East Council
* Signposting
* Workshops, peer support, training
* Offering initial telephone / email contact and /or proactive support based on individual need
* Supporting individuals with employment law issues, recruitment, retention, training, audit, just checking/follow up checks for those with eligible support needs

*Brokerage Function (component 2)*

* A brokerage function to Service Users who wish to receive their personalised budget as a Direct Payment to meet their eligible support needs (via a Care Agency or Personal Assistant )
* Assisting with recruitment of a Personal Assistant or assisting with the arrangement of care via a Care Agency
* Carrying out Police Checks on Personal Assistant s DBS (Disclosure Barring Service)

*Income Generation (component 3)*

* There is the opportunity for the Provider to income generate for those ‘‘self funder’s’ who may require further support to ‘broker’ their own care and support which will fall outside this contract
* Signposting with employment issues if arrangement agreed between the individual and provider

The Service will maximise choice of support, and empower Service Users with their understanding of Direct Payments and the ensuing responsibility to purchase their own support to meet their needs. This will enable Service Users to have greater control over their lives and how their care is delivered giving them increased flexibility and control.

The Provider will help Service Users to understand their level of responsibilities in accessing a Direct Payment. The Provider will help and support Service Users to navigate adult social care and the care market. This may include accessing a range of support to meet their needs for example, a Personal Assistant and/or care agency. The provider will ensure that Service Users have sufficient information to enable them to make an informed choice and to assist them with the implementation and ownership of their chosen care package and Direct Payment. As noted, there is an opportunity for the Provider to income generate by offering individual support to “self funders” who require further assistance to broker their care and support.

The specification identifies the range of activities by which the service should be provided. Therefore, it should be noted that the level of support required for each Service User will vary.

## Services Not in Scope

The Direct Payment Support Service does not include Payroll or Managed Bank Accounts. These are two service areas which may be accessed and provided by independent providers to support direct payment recipients to manage the administration of their direct payment. These two components are not currently commissioned by Cheshire East Council, but are under review. Options are currently being explored to support Service Users who may wish to access payroll or managed accounts.

## Service Vision

The vision for the Direct Payment Support Service is that:

*“Cheshire East residents have access to high quality, informative, independent information and advice to support their level of understanding of care and support options. Service Users will feel empowered, supported and enabled to make an informed choice and have control over the care and support which they are seeking.*

*There will be equity in provision of information, advice and guidance and service irrespective of whether they have eligible support needs or is a “self funder”. Service Users will be equipped with the knowledge and understanding of their responsibilities and management of accessing direct payments and what it entails.”*

## Overall Aims and Purpose of the Service

The overall aim and purpose of the service is to empower and enable the residents of Cheshire East Council to receive clear, concise, impartial, independent, comprehensive information, advice and guidance on Direct Payments (including the management and administration of them). Residents of Cheshire East who are classed as a “self funder”, will receive the same information, advice and guidance over accessing care and support to meet their needs. However, should a formal arrangement be agreed between the Provider and “self funder” then this will sit outside the remit of this contract and is a matter between the two individual parties e.g. Provider and ‘‘self funder’’.

## The Commissioners

The Direct Payment Support Service is being commissioned by Cheshire East Council. Commissioners will work closely with the successful Provider to ensure that the Direct Payment Support Service meets the needs of the residents of Cheshire East. It is essential that the Provider works closely with Commissioners and internal stakeholders particularly where formalised routes and relationships have been identified as core to service delivery. This will ensure that the service is efficient, effective, empowers service users and meets the challenges and demands of direct payments.

The service specification identifies the minimum standards/requirements to which the service should be provided. The level of support required by each Service User will vary depending on their needs and wishes.

## The Contract

The contract value will be up to £120k, per annum. The contract is for an initial 2 year term, with the option to extend for a further year.

## National and Local Policy

The Cheshire East Council Corporate Plan (2016-2020)**[[2]](#footnote-2)** consists of 6 priority outcomes. The most pertinent of these in relation to Direct Payment Support Service is Outcome 5 ‘People Live Well and For Longer’.

This is supported by the Cheshire Commissioning Plan[[3]](#footnote-3) which describes how Cheshire East Council as a developing, commissioning council intends to shape services in Cheshire East from 2018 – 2020. There is the inclusion of a 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.

The Social Care Outcomes Framework for 2018/19 includes the following relevant domains; enhancing quality of life for people with care and support needs; delaying and reducing the need for care and support; ensuring that people have a positive experience of care and support; safeguarding adults whose circumstances make them vulnerable and protecting individuals from avoidable harm.

The NHS Outcomes Framework[[4]](#footnote-4) includes the following relevant domains; preventing people from dying prematurely; enhancing quality of life for people with long-term conditions; helping people to recover from episodes of ill health or following injury; treating and caring for people in a safe environment and protecting them from avoidable harm.

## Statutory Requirements

Direct Payments along with personal budgets and personalised care planning, was mandated and set out in the Care Act 2014. It is also detailed in the Section 117 (2C) of the Mental Health Act 1983 and the Care and Support (Direct Payments) Regulations 2014.

The Care Act 2014 introduced a new responsibility to local authorities to treat Carers in the same way as those requiring care. As such Direct Payments can be offered to Carers to meet their assessed eligible needs.

The Care Act 2014 and in particular Chapters 3 (information and advice) and Chapter 12 (Direct Payments) highlights for example:

* Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people’s wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people’s need for care and support.
* The local authority has a key role in ensuring that people are given relevant and timely information about direct payments, so that they can make a decision whether to request a payment, and if doing so, are supported to use and manage the payment appropriately. The route to a direct payment is for a person to do this, but the local authority should support the person’s right to make this request by providing information and advice. People must not be forced to take a direct payment against their will, but should instead be informed of the choices available to them.
* Promoting wellbeing is not always about local authorities meeting needs directly. It is just as important for them to put in place a system where people have the right information they need to take control of their care and support and choose the options that are right for them.
* Council’s are required to provide guidance on direct payments to: adults with and without capacity, on administering, monitoring and reviewing Direct Payments, using the direct payment, becoming an employer, paying family members, hospital stays, harmonisation and termination of a direct payment.

## Service Demand / Need

A Direct Payment is one of the ways in which an individual can request to receive their personal budget. This provides flexibility and control over the range of services an individual can receive, allowing them to arrange and choose the care and support that meets their needs and lifestyle beyond services commissioned by the Council. For instance, care and support could be provided by employing a Personal Assistant, a Care Agency, or via a more novel approach.

At January 2019, there were 729 people in receipt of a Direct Payment from the Local Authority. However, this number will fluctuate over time due to a number of different factors. For instance, it will depend on the number of new service users over a period of time, and their ability and desire to make use of Direct Payments for their support needs.

A summary of direct payment recipients is detailed below by client group:

* 254 – learning disability
* 61 – mental health
* 40 – access and mobility
* 261 – personal care
* 26 – dual, hearing and visual impairment
* 13 – social isolation
* 41 – carer
* 33 – memory and cognition

During January to December 2018, the following information was recorded for the existing service:

* 930 – total number of referrals
* 254 – of the 930 were self funders
* 203 – of the 254 self funders were referred to the service by the Council

Based on the performance information detailed above, the following assumptions have been applied:

* 28% - General information and advice
* 62% - Reviews and audits

As further background, currently within Adult Social Care, there are 4,115 Service Users receiving ‘long term support’ services. These include: residential care, home care, direct payments, shared lives and extra care housing. A breakdown is detailed below for current and new service users during 2018:

|  |  |  |
| --- | --- | --- |
| **Client Group** | **Current total Number of Service Users** | **Total number of new Service Users (2018)** |
| Physical Support - Personal Care Support | 1,606 | 553 |
| Learning Disability Support | 940 | 41 |
| Support with Memory and Cognition | 616 | 200 |
| Mental Health Support | 491 | 66 |
| Physical Support - Access and Mobility Only | 273 | 133 |
| Social Support - Support for Social Isolation / Other | 93 | 20 |
| Sensory Support - Support for Visual, Dual and Hearing Impairment | 87 | 8 |
| Social Support - Substance Misuse Support | 7 | 3 |
| Social Support - Support to Carer | 2 | 3 |
| **Total** | **4,115** | **1,027** |

## Key Challenges

There are a number of high level challenges that Local Authorities face in relation to the delivery of Direct Payments. These include: ensuring residents are supported appropriately; have equity of access to information, advice and guidance; and are able to access efficient and effective services. As such, it is essential that residents are assisted to understand, manage and understand their responsibilities when accessing a Direct Payment to meet their eligible support needs.

In addition to this, these link with the following requirements:

* Ensuring that stakeholders (in particular Cheshire East Council adult social care and finance stakeholders) are engaged in meaningful dialogue over Service User need, service delivery trends and gaps
* Ensuring that there is meaningful engagement with Service Users who may wish to access a personal budget as a Direct Payment in order that they are fully informed, empowered and are able to make appropriate use of their Direct Payment
* Ensuring that service delivery practice is aligned to Cheshire East Council Direct Payment Policy
* Ensuring that during the mobilisation period all reasonable steps have been undertaken to ensure any transition happens smoothly and has minimum impact on Service Users
* Ensuring that Service Users understand their responsibilities when using and administering a Direct Payment
* Making certain that information, advice and guidance is financially appropriate in respect of the public purse and the ways in which Direct Payments are spent to meet the eligible support needs of Service Users.
* Providing, impartial information and advice to residents classed as “self funders”.

## 

# High Level Service Outcomes

## Service Aims and Outcomes, Public Health, National

The Direct Payment Support Service will work closely with Commissioners and will align with Cheshire East Council Direct Payment Policy and practice. The Direct Payment Support Service will work closely with Commissioners to ensure that the service provides equity of provision in ensuring that information, advice and guidance is compliant with the Care Act irrespective of whether the individual is a direct payment recipient or ‘self funder’. The Provider will offer face to face, telephone and ongoing support to Direct Payment recipients. Qualitative and quantitative outcomes will be reported quarterly. See Appendix 1 Guidance.

## 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

## Social Values

The 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.

The 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.

## Outcomes

The Provider must deliver a Service to meet individual Service User Outcomes, and the service should also be delivered in line with the ethos and standards as detailed in the Service Specification.

High level Outcomes are represented in the diagram below:

|  |  |
| --- | --- |
| **Outcome** | **Service delivery** |
| Person Centred Care | Service User at the centre, rather than fitting them into services |
| Choices and preferences | Empowering choice, control and preferences for Service User and carers |
| Respecting and Involving Service Users | Respecting, listening, involving and acting upon Service Users support needs |
| Care & Welfare of Service Users | Ensure that Service Users have access to appropriate care and support and that the service users welfare is at the centre |
| Safeguards from Abuse or Risk of Abuse | Ensure that policies and processes are in place which safeguard Service Users from Abuse or Risk of Abuse, for example appropriate checks such DBS, references, CQC registration |
| Appropriate Workforce to Meet Needs | Ensure the workforce (Personal Assistant , agency, and Provider) has the appropriate skills, competencies, to meet the needs of Service Users |
| Access to a Quality Service | Ensure up to date, accessible information in respect of legislation, and staff are appropriately trained |
| Right to Complain | Ensure that there is a system in place so that Service Users are informed and empowered and understand their right to complain |
| Record Keeping | Ensure that there is effective governance and systems in place and that accurate record keeping is provided and maintained for example for audit and reviews |

# Service Requirement and Deliverables

## Service Model

The Council is seeking to appoint a Provider who will deliver a Direct Payment Support service that will provide:

* Universal information, advice and guidance to all residents in Cheshire East
* Provide a brokerage function to broker care and support for those individuals with eligible support needs
* There is also the potential for the Provider to income generate for those residents who are classed as a “self funder” (this is a term given to someone who can pay for their own care and support) who may require assistance to broker their care and support.

The Service will maximise the support and flexibility for Service Users to ensure that they receive appropriate support to meet their needs.

It is essential the Provider ensures residents are fully informed; as well as understand the concept, application and core responsibilities of Direct Payments. This includes, for example, initial enquiry to full implementation. There is also the additional requirement to assist the individual to navigate the range of care and support options available to them if applied to a Direct Payment in terms of range of responsibilities and associated activities in respect of employment, finance and audit.

Therefore, the Provider will ensure that Service Users are supported, encouraged, and empowered to make informed choices and to have control over the range of care and support which they can access. This also means that Service Users understand the support the service will provide in order to help them to manage their direct payment successfully.

The service should build upon the successes of current provision and provide information, advice, guidance and brokerage so that Service Users feel empowered and assisted to access a range of care and support to meet their individual need. Service Users can access the Service for as long as they are eligible for a personal budget and/or direct payment. However the Provider must discourage a dependence on the service on a long term basis, and encourage and empower, the Service User.

The Provider will deliver the following components which will be reflective of the Adult Social Care Outcomes Framework:

* **Outcome 1 – Enhancing quality of life for people with care and support needs**. This will be evidenced by quarterly reporting from the case recording system including numbers and percentage of clients with care and support needs who feel that their quality of life has been improved by the service. Case studies and testimonials may be used to add supporting qualitative evidence.
* **Outcome 2 – delaying and reducing the need for care and support.** This will be evidenced by quarterly reporting from the case recording system of numbers and percentage of clients with care and support needs who feel that they are adequately supported to live their daily lives and will be evidenced by case studies. This will also include overall customer satisfaction with regard to the support which they have received from the Provider.
* **Outcome 3 – ensuring that people have a positive experience of care and support.** This will be evidenced by quarterly reporting from the case recording system of numbers and percentage of clients with care and support needs who feel that they have a positive experience of care and support. Case studies and testimonials may add supporting qualitative evidence.
* **Outcome 4 – safeguarding adults whose circumstances make them vulnerable, and keeping them safe from harm.** This will be evidenced quarterly by the number of safeguarding referrals made to Cheshire East Council. Details of ongoing safeguarding training provided to staff will also be reported to Cheshire East Council.

## Service Requirements

The service will deliver in a way orientated around the following components (as noted in section 1.1). These are:

### Universal Information and Advice (component 1)

This will encompass the following assistance:

* Impartial, independent, clear, concise and comprehensive, information and advice to residents in Cheshire East on all aspects of directing their own care. This includes employing staff legally and acting as a good employer.
* Advice and information over direct payments (for Adult Social Care service users), and responsibilities when managing care support. This will be provided in a way which is aligned to Cheshire East Council Direct Payment policy and practice. Note: this will also require the Provider to work with the Council to adapt the service to take account of any changes in policy or Council service provision.
* Signposting to other services where relevant (such as the Carers Hub, Universal Information and Advice Services)

Information and advice provision will be provided over the telephone, by email and will be proactive based on the needs of individual users. It will also be supported by the use of workshops, training and facilitation of peer support. See section 3.2.7.

Information and advice will be provided to members of the public irrespective of whether individuals have eligible care and support needs or are classed as a “self funder”.

### Brokerage Function (component 2)

A brokerage service will be provided to adults (or carers of adults) in receipt of a Direct Payment from Cheshire East Council to meet their eligible support needs.

This will include:

* The offer of a designated worker who will ‘broker’ on behalf of the Service User. This brokerage work will include liaising/ negotiating care and support for the user (including signposting to relevant community based services). This will ensure that agencies, and/or Personal Assistants have the appropriate skills and competencies to deliver the care and support. It will also include advice on related financial costs and the budgeting process. The service provider will also ensure that the user’s welfare is supported during this process.
* In cases where recruitment of a Personal Assistant is required, the provider will give ongoing support and specialist advice relevant to this. This includes in relation to employment law and administrative paperwork. It will also include carrying out Police Checks on Personal Assistants via a DBS (Disclosure Barring Service).
* Support will also encompass advice and information related to: insurance, third party managed account / payroll, money mentoring services or other funding sources (e.g. charitable grants). It will also support the audit process.
* Advice will also facilitate service usersto make robust alternative arrangements for holidays, sickness, maternity and emergency cover. This could be facilitated by the employment of a Personal Assistant on a casual basis or by issuing the Service Users with relevant information on agencies.

Brokerage support will be provided over the telephone, by email or via face to face meetings. See section 3.2.7.

It is required that an early help check will be offered to service users within 4 weeks of them being set up with a Direct Payment. This should also be followed up with further support within 4 months of set up.

Note: The Direct Payment amount given by Cheshire East Council does not currently include any contribution towards the costs associated with a payroll or managed account service

### Brokerage Function – Self-Funders (component 3)

This component affords the opportunity to the Provider to income generate from self funder’s who may require further support to ‘broker’ their own care and support. This service will fall outside of this contract.

This could also entail supporting the individual with employment issues via an arrangement agreed between the individual and the provider.

### Additional Requirements

Key to delivering these components will be:

* Ensuring formalised links are made with Social Care/ Finance. This will support and assist the implementation, delivery and management of direct payments for those with eligible support needs. It will also mean that there is a clear route to escalate concerns in an appropriate fashion.
* Ensuring the advice/information supports positive risk management
* Ensuring that appropriate communication methods are utilised to meet the needs of the individual for example, pictorial, British Sign Language, translation services
* Providing assistance with financial costings / budgeting.
* Contingency planning to help the service user/carer deal with unexpected circumstances / additional costs.
* Facilitating, establishing and maintaining peer support networks, workshops, and informal support
* Ensuring advice positively encourages the use of innovative alternatives rather than traditional services where relevant to the needs/wishes of the service users.

### Promotion/Engagement

The service will be promoted by a number of different methods including:

* Promotional events, themed workshops, presentations/ meeting attendance with key stakeholders.
* Use of written and web based information (including leaflets and posters). Note: any information provided should be complementary to materials produced by Cheshire East Council.
* Holding of drop in surgeries (geographical locations to be agreed such as for example the use of existing community assets e.g. Connected Communities Centres) with regular frequency e.g. bi monthly. This will provide users with an opportunity to discuss a specific question, concern, issue, and practical implementation etc., with a Provider member of staff.

Promotion/engagement work should take account of the communication needs and behaviours of target groups.

### Collaborative Working

Partnership working is a core component of the delivery of the Direct Payment Support service. As such, evidence should be provided on a quarterly basis of attendance at events, provider training sessions, workshops, and formalised links (specifically with Adult Social Care and Business and Finance). There should also be evidence of wider partnership working, e.g. details of attendance at events and training sessions, together with outcomes which have resulted from this work.

### Single Point of Access

The Provider with promote and provide a single point of access to brokerage and universal information and advice services. These will support an individual to access a Direct Payment which meets their eligible care and support needs.

This support will be available via the telephone and face to face meetings with individuals. It will also be enhanced by the use of workshops, training sessions and through facilitating support from peers.

This single point of access will also allow the opportunity for the Provider to income generate. This will be by allowing self-funders to pay for brokerage support from the provider. This would be via an arrangement between the Provider and individual and would not involve the Council.

### Social Care and Finance – Formalised Pathways

As part of service implementation a key component of mobilisation and service delivery is the interdependency with Cheshire East Council – Adult Social Care and Business and Finance Departments. Pathways will need to be developed and processes agreed between the two departments and the Provider. The formalised links need to be encouraged and embedded within service delivery. As part of mobilisation of the service a data sharing agreement will be developed and agreed.

The Direct Payment Support Service will need to be flexible and responsive to operational practice rather than a having a prescriptive approach. A potential development opportunity could be presenting at staff induction sessions or annual event for practitioners. This will ensure that relationships are fostered so that there are reciprocal arrangements should either party require support and assistance with regard to implementation, management, training, issues or concerns, and good practice in relation to direct payments. There is also an expectation that the Provider will support Service Users with the audit. This will ensure Service Users are informed, supported and understand their responsibilities in relation to Direct Payments.

### Direct Payment Policy

The service will be aligned to the Cheshire East Council Direct Payment Policy. As such the expectation is that the Provider will work with the Council and respond to any changes in this policy.

The Cheshire East Council Direct Payment Policy along with the procedures and practice guidance is based on the Council’s understanding of the relevant legislation, government guidance. Therefore it sets out how the Council should go about performing its care and support responsibilities and ensures that the Council meets its statutory obligations in relation to:

* The Care Act 2014
* Care and Support (Direct Payments) Regulations 2014
* Care and Support Statutory Guidance issued with the Care Act 2014
* Section 117(2C) of the Mental Health Act
* Children and Families Act 2014
* Mental Capacity Act 2005
* Special Educational Needs (Personal Budgets & Direct Payments) Regulations 2014
* Chronically Sick and Disabled Persons Act 1970
* Children Act 1989
* Equality Act 2010
* Think Local Act Personal (TLAP): Improving Direct Payments delivery 2011

### Telephone and Email Enquiries

The Provider should establish and maintain a telephone number. An answerphone facility should also be available to allow message recording outside of the hours of 9.00am to 5.00pm Monday to Friday inclusive. Responses to messages must be made on a daily basis and responded to within 24 hours, excluding weekends.

### Representation at Meetings

The Provider will be expected to attend relevant meetings at the request of the Council.

### Target Client Group

The service will support all adults aged 18+ across Cheshire East within the following/combination of client groups:-

* Physical Impairment
* Acquired Brain Injury
* Sensory Impairment
* Mental Health issues (including Dementia)
* Learning Disabilities
* Autism
* Long Term Health Conditions
* Carers

### Peer Support Network Meetings

As a way of connecting with others the Provider should establish, maintain and promote Peer Support Network Meetings. This approach provides and encourages the sharing of knowledge, experience and practicalities and level of understanding of the benefits of a Direct Payment. A peer support network empowers, encourages and supports people in terms of their choice and control of their lives by helping them to achieve greater independence. This is an opportunity for Service Users to share their experiences, get help and support from people who understand their individual circumstances / situation and help to find solutions to any problems.

Peer Support Network Meetings will be Service User led, and will empower Service Users to be at the centre of the design of how Peer Support Network meetings are delivered and to help shape and improve the delivery of Direct Payment Support Service in Cheshire East.

Therefore it is a minimum requirement that peer support meetings take place on at least a quarterly basis or monthly at maximum. Therefore the frequency of Peer Support Network Meetings will range between 4 and 12 meetings per year, at different geographical occasions. There may be opportunities to facilitate by use of web or telephone based groups.

### Workshops

The Provider should provide informative workshops that provide an overview of a Direct Payment. This will empower, support, Service Users or those considering accessing a Direct Payment with the skills, knowledge and information to successfully manage a direct payment. Workshops should be scheduled for example on a bi-monthly basis; however the Provider will be flexible with the approach and frequency. The workshop could include for example:

* Customer Journey – setting the scene for the beginning of their journey, expectations, what works well, what can be improved and strategies for success
* Contingency Planning – how to mitigate risks associated with a Direct Payment
* Monitoring and Contribution – best practice, monitoring requirements, contribution – monetary value and client/carer time
* Personal Assistant – what does it mean to be an employer, how to improve employee performance, minimise problems/concerns, training, responsibilities
* Agency – what to look for in an agency, sharing best practice, quality assurance
* Training – overview of training that can be accessed by Direct Payment recipients and “self funder’s” which is offered by the Skills for Care organisation
* Direct Payment Policy – what does this mean in Cheshire East, how to use your Direct Payment
* Responsibilities – employment, insurance, keeping safe, managing a Direct Payment for yourself or on someone’s behalf

This list is not exhaustive, but is by way of example, and can be tailored and adapted to meet the target audience.

### Direct Payment Overview

The Provider will signpost Service Users to relevant information on the key components for service delivery. These include:

* General advice, guidance on Direct Payments
* Employment practices, policies, and legislation
* Termination by providing advice and guidance re: Personal Assistant
* Disciplinary procedures
* Statutory sick, maternity, paternity, and adoption pay
* Managing sickness
* Payroll / Payments to Personal Assistants
* Care Agencies
* Insurance
* Managed / supported bank accounts
* Health and safety
* Risk management
* Contingency planning
* Redundancy issues
* Managing
* payments
* Bereavement
* Holiday cover
* Good employer – must do, and what not to do
* Responsible person – agreements

### Nominated / Authorised Person – Responsibilities

Individuals who are not able to manage Direct Payments themselves can still access Direct Payments via a nominee. Where the person has the capacity to request a Direct Payment they may nominate someone to manage Direct Payments on their behalf. In this situation the nominee signs the Direct Payments agreement and becomes legally responsible for its administration and the requirements set out in the agreement. They are expected to act in the best interests of the person the Direct Payments are for. Therefore, this should be aligned to the Direct Payment Policy.

### The Care Agency

The Provider will need to ensure that they develop a good understanding of the care market in Cheshire East. As good practice, there is an expectation that the Provider will develop positive working relations with Care Agencies, to ensure that they are equipped to offer a range of information, advice, guidance and support to service users should they wish to access a Care Agency for the use of their Direct Payment.

The Provider will impart sound information in terms of the range of responsibilities for the individual Service User and/or their carer and the Care Agency. The Provider should avoid signposting to services who are rated as inadequate by Care Quality Commission (CQC).

### The Personal Assistant – Service User requirements (minimum)

The Provider will with agreement of the Service User, provide information, advice, guidance and support with the recruitment and selection of Personal Assistants. This will include, for example:

* Direct Payment recipient responsibility
* Developing a job specification and job description
* Contract of employment
* Probationary period
* Notice period
* 5 day working / 7 day working
* Insurance requirements – level of cover (standard/full) and benefits in respect cover should a redundancy situation arise
* Holiday entitlement
* Sick leave and sick pay arrangements
* Pension arrangement / pension contribution
* Reference to disciplinary and grievance procedures
* Redundancy
* Confidentiality
* Dismissal
* What happens when the Direct Payment recipient is away
* Training
* Maternity / paternity leave
* Promotion and links to the Personal Assistant Finder register

### Personal Assistant Finder

The Provider will establish, and maintain an electronic web based Personal Assistant Finder register which will include a list of Personal Assistants currently working or willing to work in Cheshire East. The register will include:

* A summary of skills, and experience, including range of care and support tasks
* A summary of qualifications and training undertaken
* Languages spoken
* Service User groups supported
* Ages supported
* Personal Assistant gender
* Geographical area covered
* If Personal Assistant is a smoker
* Personal Assistant availability
* Disclosure and Barring status
* Driving License status

The Provider will provide a search function on the Personal Assistant Finder to enable any potential employer to use this search function in order to find a suitable candidate.

### Personal Assistant – Promotion, Engagement and Marketing

The Provider will develop a good understanding of the current employment market in Cheshire East and proactively work to identify potential Personal Assistants who would be suitable for inclusion on to the Personal Assistant Finder. The Provider will actively promote and encourage Personal Assistants to enrol on their Personal Assistant Finder register. It is envisaged that this will include for example:

* Actively encouraging recruitment e.g. attendance at job fairs, links with local job centres and recruitment agencies
* Accessing social media as a way of promoting the opportunity of becoming a Personal Assistant
* Local roadshows, events, and pop up opportunities at local community venues
* Peer Support Network – broadening and encouraging the reach
* Market Engagement – opportunity via alternative routes such as apprenticeships
* Self registration on the Personal Assistant Finder website
* Inform Personal Assistant s of training opportunities

The Provider will equip the Service User with the knowledge and confidence, to employ a Personal Assistant. They will also make their responsibilities clear as an employer. This will include for example (this list is not exhaustive):

* Safety - Recruitment and selection of Staff, and Volunteers must be safe and robust and include appropriate undertaking of Disclosure and Barring Scheme checks [DBS].
* The need to keep up to date in relation to law, legislation, practice and improved ways of working
* Providing and instilling confidence in both the Service User and the Personal Assistant in terms of the range of training (as a minimum) which is available. This may be provided to the Service User directly or accessed via the Skills for Care: Topics would include:
* Moving and handling
* Food hygiene
* Emergency First Aid
* Infection Control
* Formal training – for example Skills for Care have developed the Adult Social Care Qualification in partnership with employers to give individuals the opportunity to learn in a flexible way. Direct Payment recipient can apply in their own right for a grant from Skills for Care to facilitate this.

The Provider will proactively work to identify potential Personal Assistants who could be suitable for inclusion on the Personal Assistant register. The Service Provider will actively encourage the Personal Assistants that they identify to enrol on their Personal Assistant finder register. It is anticipated that this will involve but will not be limited to:

* Attendance at job fairs
* Exhibitions
* Social Media Promotion
* Self-registration on the electronic register (Personal Assistant Finder)

### Employing a Personal Assistant

The Provider will provide information, advice, support and guidance to Direct Payment recipients for those who wish to employ a Personal Assistant.

The provider will inform Service Users that Cheshire East Council strongly recommends that all potential Personal Assistants have enhanced Disclosure and Barring Service (DBS) checks. These DBS checks should be completed prior to employment commencing, and shall also be subject to any other checks or registration requirements that may be implemented by law during the Agreement. If the Service User does not does not have capacity to consent, manage their Direct Payment (managed by a third party via a managed account or nominated/authorised person) then any potential Personal Assistant must undergo a DBS check.

The range of activities that will need to be supported are as follows:

* Writing job descriptions and adverts
* Supporting in helping the Service User to short-list, and hold an interview and take up references
* Employment contract
* Employment issues for example, tax, payroll, insurance, holiday cover, sick pay, maternity and fostering cover
* Hours and rates of pay including holiday entitlement, pension etc.,
* Ensuring that the employee is legal to work in the UK, and useful information on what checks is required if someone is legal to work in the UK.

### Legislation

The Provider must ensure that they keep up to date with legislation in respect of Direct Payments and the impact that this may have on the service delivery model, and for the Service User.

### Local Policy

The Provider must ensure that they keep up to date with Cheshire East Council – Direct Payment Policy and any associated policies and practices and any implications this may have upon service delivery.

### Market Development

The Provider should take an active participatory role in encouraging and shaping the market in respect of Direct Payments be this:

* Personal Assistant Finder register
* Personal Assistant employment opportunities, including apprenticeships
* Working closely with Cheshire East Council as a conduit between the wider market and local authority.

### Service User Information

The Provider will ensure that the Service User is provided with and informed of the relationship between both parties. It is essential that roles and responsibilities are conveyed and understood by the Service User in respect of information, advice and guidance and the support that is potentially available to them.

The Provider will ensure that the Service User is empowered and enabled to have choice and control, in order for them to seek care and support to meet their eligible support needs, that they are equipped to make decisions about their care and support, and that they can effectively manage their direct payment (management and budgeting).

There will be a range of different settings that the Provider will offer support within, these may be in terms of Service User visits be that in the persons home or at a mutually agreed venue for example the Provider premises. The Provider will where deemed appropriate be required to undertake joint visits if requested by adult social care staff, this will be at an agreed date and time between the Provider, social worker and/or social care assessor.

The Provider will ensure that the Service User sets up a bank account solely for the purposes of Direct Payment monies. This will be in either the service users name or in the name of the responsible person managing the bank account on their behalf. The Provider will support the Service User with understanding what their roles and responsibilities. These also include ensuring the Service User is fully understands if client contributions are required.

The Provider will make the Service User aware of the range of provision of service to meet their eligible needs e.g. care agency, Personal Assistant and/or how the direct payment can be used innovatively to meet their support needs.

An agreement is signed by the Service User which clearly requires them to administer their Direct Payment as per certain conditions, for example maintaining and keeping an audit trail of all transactions, receipts, and any expenditure incurred for example payments to the Care Agency and/or Personal Assistants.

The Provider must ensure that the Service User is aware of their responsibilities should they decide that a Personal Assistant is the preferred option to meet their care and support needs. The Service User will need to be made aware of HM Revenue and Customs (HMRC) requirements, employment, insurance, pension, holiday pay, sickness pay, under and over payment, contingency planning and any other entitlements or requirements when employing a Personal Assistant.

The Provider will notify Cheshire East Council if there has been any change to the way in which the Direct Payment is being administered. For example, if the Service User is using their direct payment inappropriately or if the Service User is not receiving care and support to meet their eligible support needs.

The Provider will support the Service User where appropriate with a range of activities. These include:

* Understanding roles and responsibilities
* Management of Direct Payment and what it entails
* Personal Assistant / care agency
* Separate bank account
* Payroll options / managed bank account facilities available upon request
* Budgeting / audit

### Audit

The Provider will assist Cheshire East Council with supporting Direct Payment recipients with audit checks. During consultation and engagement Service Users affirmed that additional support should be provided during the audit period.

As part of the development and implementation of the Direct Payment Service, it is essential that an audit process pathway is developed in collaboration with the Cheshire East Council Business Support & Finance Team. The Provider will play a key part in supporting the audit process particularly with regard to notification and providing those Direct Payment recipients with support prior to commencement of the audit process (for instance, supporting individuals by allaying apprehension/fears with regard to the audit process, and assisting with documentation). As this is a key development, this will be agreed as part of the contract management of the service.

### Exclusions

The Provider will ensure that they align to the Cheshire East Council Direct Payment Policy. As such, the Provider will ensure that they are aware of the exclusions applicable to Direct Payments which are detailed in the Cheshire East Direct Payment Policy. The Provider will also need to consider suitability of a person to manage a Direct Payment and where applicable their mental capacity.

*Adults lacking capacity to make a decision to request a Direct Payment*

Where an individual lacks the capacity to make a decision to request Direct Payments an "authorised person" or a "suitable person" may request Direct Payments on the individual's behalf.

A person is authorised for the purposes of Direct Payments if

a) the person is authorised under the Mental Capacity Act 2005 to make decisions about the adults needs for care and support.

b) where a person is not authorised under the Mental Capacity Act 2005 as mentioned in a) above, a person who is so authorised agrees with the local authority that the person is a suitable person to whom to make the Direct Payments.

c) where there is no such person authorised under a) and b) above, the local authority considers that the person is a suitable person.

A person is a suitable person who falls within paragraph a) and b) above.

Where the individual lacks capacity to request Direct Payments the following conditions "must be met in their entirety":-

*where the person is not authorised under the Mental Capacity Act 2005 but there is at least one person who is so authorised, that person who is authorised supports the person’s request; the local authority is not prohibited by regulations under section 33 from meeting the adult’s needs by making Direct Payments to the authorised person, and if regulations under that section give the local authority discretion to decide not to meet the adult’s needs by making Direct Payments to the authorised person, it does not exercise that discretion; the local authority is satisfied that the authorised person will act in the adult’s best interests in arranging for the provision of the care and support for which the Direct Payments under this section would be used; the local authority is satisfied that the authorised person is capable of managing Direct Payment by himself or herself, or with whatever help the authority thinks the authorised person will be able to access; the local authority is satisfied that making Direct Payments to the authorised person is an appropriate way to meet the needs in question.*

There are some individuals for whom Direct Payments cannot be made whether or not they have capacity. These are set out in Schedule 1 of the Care and Support (Direct Payments) Regulations 2014. These are individuals who are subject to a court order for a drug or alcohol treatment programme or similar schemes.

In addition there are four conditions, as set out in the Care and Support Statutory Guidance (CSSG) are as follows:

*the adult has capacity to make the request, and where there is a nominated person, that person agrees to receive the payments; the local authority is not prohibited by regulations under section 33 from meeting the adult’s needs by making Direct Payments to the adult or nominated person the local authority is satisfied that the adult or nominated person is capable of managing Direct Payments either by himself or herself, or with whatever help the authority thinks the adult or nominated person will be able to access; the local authority is satisfied that making Direct Payments to the adult or nominated person is an appropriate way to meet the needs in question.*

### Start Up

The Provider will develop and gain a significant understanding and application of the range of additional financial support that may be available. Advice will be provided to individuals in relation to this.

The local authority may consider providing additional funding for services to meet the individuals’ eligible care and support needs; this may include for example insurance, advertisement costs, DBS checks. However, this would be in conjunction and agreement with the relevant adult social care practitioner.

### Volunteering

The Provider should actively encourage and support the opportunity for volunteers to assist with the Direct Payment Support Service. The Provider must ensure that the appropriate level of training and DBS checks has been undertaken by these individuals. This is an area for development but it is envisaged that this will provide added value by supporting volunteers to provide additional assistance to users. This will facilitated by them undertaking a volunteer role supporting the direct payment recipient and/or as an opportunity to enter a caring role such as a Personal Assistant.

### Training

The Provider will ensure that Service Users are aware of the training opportunities for themselves and Personal Assistants, be that via Provider training and/or Skills for Care training. A training suite should be developed to ensure consistency of approach and will assist in usage of direct payments.

### Publicity – Awareness, Newsletter and Promotion Awareness, Promotion

The Provider will produce information and promotional material about the Direct Payment Service in liaison with Cheshire East Council. The Provider will market, promote and publicise the Direct Payment Support Service in order to raise awareness, with individuals, stakeholders and organisations. This will include a variety of methods, such as:

* Social media and internet including social media applications such as twitter etc.,
* Awareness – events and training (including key stakeholders such as finance and social care)
* Newsletter to be produced quarterly for all direct payment recipients that showcases the Direct Payment Support Service, share good news stories and best practice, keeps individuals informed about legislative changes and promotes key messages from Cheshire East Council about Direct Payments, promotes peer support, as well as the Personal Assistant Finder and workshops
* Promotion through attending regular meetings such as workshops and peer support networks.

### Direct Payment – ‘Early Help check’ and ‘Follow Up’ Checks

As part of the service development for the Direct Payment Support Service, engagement and consultation has been undertaken with Direct Payment recipients and/or carers. Leading from this, a key area of improvement identified requiring additional support and assistance is via an ‘early help’ and ‘follow up check’.

The purpose of the ‘early help check’ is to ensure that the Direct Payment recipient and/or their parent/ carer understand their roles and responsibilities over how the Direct Payment is being managed and to see if any further support is required. The Provider will undertake an ‘early help check’ within the first 4 weeks of the direct payment being implemented. This will be via an initial telephone contact.

The Provider will undertake a ‘follow up check’ and this will be programmed in at a 4 month interval by the Provider. It provides a further level of contact with the Direct Payment recipient and/or their parent / carer to see if the Direct Payment is being administered appropriately and/or if any further assistance is required.

In summary, contact is required via telephone, email, face to face, in relation to a:

* Early help check within first 4 weeks of direct payment being implemented
* Follow up check programmed in at 4 month interval

The Provider will ensure that if any issues or concerns were encountered that social care are informed immediately so that solutions/remedies can be implemented. The number of early help check and follow up checks will be monitored as part of the contract management process.

### Surgeries

The Provider will offer and schedule drop in surgeries for Cheshire East Council staff members from finance and adult social care. These will take place bi-monthly as a minimum to facilitate meaningful discussion about individual cases, implementation and roll out of Direct Payments. This will be a two way process between Cheshire East Council representatives and the Provider.

### Transition

The Provider will work closely with Service Users particularly for those who are transitioning from children’s direct payments to adult direct payments. Pathways and processes will be developed during mobilisation.

### Annual Consultation and Service User Satisfaction Surveys

The Provider will consult with Service Users on an annual basis to gauge their level of satisfaction with the service and will undertake an annual Service User satisfaction survey. This will ensure that the Service meets their needs most effectively during the duration of the Agreement and will facilitate working towards continual service improvements. This can be in the form of an annual Service User satisfaction survey. Any such measures must be developed in consultation with Cheshire East Council.

### Operational service Model Requirements / Service areas

The Service will be based locally and will be accessible 52 weeks a year, excluding bank holidays. The hours of operation will be 9.00am – 5.00pm and there should be a range of flexibility of contacts e.g. place and/or time of contact.

The Provider will ensure that there is sufficient geographical coverage in order that the Service is responsive, flexible to changing demand and local need, by way of provision of Peer Support Meetings, Workshops, training, and the Personal Assistant Finder. There will be an expectation that Service User visits will take place in the Cheshire East areas where service users reside or at local accessible venues.

The operational model should provide innovation and foster working relationships with key stakeholders such as Cheshire East Council – Adult Social Care, and Finance representatives. Through the operational model there is an expectation that the Service will respond to the changing needs of Direct Payment recipients, in addition to any changes with regard to the application of Direct Payments from Cheshire East Council.

The Provider must ensure that buildings comply with health and safety regulations and are accessible by those with disabilities. The Provider will be required to be responsive to both Service User and carer groups. This may also require the provision for home visits, with reach extending further by making use of community assets such as Connected Communities where appropriate. The Provider will access digital solutions for example, social media, Skype, SMS text messaging service to enhance service delivery.

### Innovation

The Provider will empower and support individuals to seek creative and innovative ways in which to access care and support. As part of this, key areas will be highlighted and shared with Commissioners.

## Additional Services / Service Development

The Provider will act on behalf of the Service User who will have ultimate responsibility for any decisions. It may be a requirement from time to time that visits are undertaken at various locations in Cheshire East and/ or at the home of the service user. Therefore it is essential that the appropriate pathways / safeguarding and processes are developed. The service should be flexible with its approach to ensure that the needs of service users are met.

A key development will be in terms of the “self funder” market – it is essential that the residents of Cheshire East Council meet the requirements of the Care Act (as noted in Section 1.8). A development area is income generation for the Provider in respect of brokering on behalf of the “self funder” market.

## Direct Payment Policy

The Service will be aligned to the Cheshire East Council Direct Payment Policy.

## 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 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 Service Users’ 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 service users, potential service users 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.

# Service standards and delivery

## Service Specific Requirements / Service Delivery Expectations

As noted in section 3.1 the service will meet the Adult Social Care Outcomes 1 to 5 through a range of activities supporting residents in Cheshire East. The Service will ensure compliance with legislation, for example independent impartial information, advice and guidance in respect of Direct Payments. The Service as noted will encompass a range of activities and service development areas as detailed in this service specification.

## Assessment and Support Planning

The Provider will ensure that a case management approach is undertaken. This will ensure that for eligible service users there is a process in place whereby the Service User can share their assessment (undertaken by adult social care) of care needs and support plan in order that the Provider is (if required) able to support the individual to broker their care and support as per their individual assessment and support plan. It is not a requirement that the Provider undertakes the assessment and support planning. This function remains with adult social care.

## Referral, accessibility and Acceptance Criteria

The Service will be flexible, and offer choice and control for the residents of Cheshire East. The Provider will ensure that access to the universal offer of information, advice and guidance is available to the residents of Cheshire East. However, the Provider will need to ensure that for those individuals who are classed as “self funders” that individual arrangements are agreed if they require additional support in accessing care and support which fall outside the remit of this contract.

Referrals to the service from adult social care:

* It is the responsibility of the Social Worker / Social Care Assessor to provide a referral to the service and provide details of the Care and Support Plan at the point of referral

The Provider will:

* The Provider will respond to receiving a referral within 5 working days, however, if a referral is deemed as an emergency the Provider will work with Adult Social Care to ensure the needs of the Service User are addressed in a timely manner
* The Provider will be responsible for the coordination and allocation of referrals and for ensuring effective communication between the referrer and Service.
* The Provider will offer a range of activities to support the Service User. These range from:
* Home visit (in some instances it may be necessary to undertake a joint visit with the allocated social worker / social care assessor)
* If a joint visit is required the Provider will be notified by the social worker / social care assessor and mutual arrangements made to undertake the home visit
* Face to face meeting at the Provider premises or using a community asset e.g. Connected Community Centre
* The Provider will not refuse any referral made by Cheshire East Council without reason. If the Provider does they will need to provide details of the reason for refusal both verbally with the referral agent and also provide written confirmation of the reason for refusal. The number and reasons for refusal will be monitored and discussed as part of the contract management arrangements.

## Discharge / Exit from Service

The Provider will ensure that the Direct Payment Support Service is available to all residents of Cheshire East Council and will be available until such time as the Direct Payment is no longer required and /or the Direct Payment is ended.

## Exclusions

As noted in Section 3.2.22

## Location and Access to Services

As noted in Section 3.2.31

## Operating Hours

As noted in Section 3.2.31

## Waiting Times and Prioritisation

The Provider will establish and maintain a Provider Waiting List. The information which will need to be captured includes, Cheshire East Council – social care number, date of birth, gender, ethnicity, start date and reason for accessing waiting list, customer client details e.g. learning disability, mental health, physical, reason for the delay e.g. no care available, language barrier etc.

The Provider will also be required to establish and maintain the number of refused referrals to the service and capture the component details as noted above.

The Provider will be required to work closely with Cheshire East Council and develop, establish and maintain prioritisation criteria for the service. This will be developed as part of the mobilisation of the service. It is a requirement that there is a clear process map which includes prioritisation, waiting times, and refusal.

## Communications, Marketing and Branding

### Service branding – Direct Payment Support Service

The Provider will undertake, as part of the mobilisation of the Direct Payment Support Service, clear service branding for which there will be a clear communication plan that details the approach to be taken in ensuring that the residents of Cheshire East and stakeholders are aware and are notified of the Direct Payment Support Service.

The Provider should ensure that service branding is clearly identifiable and has been publicised through a variety of routes e.g. social media, website, links with Cheshire East Live Well and all service users and their parent and/or carers are aware of the branding.

### Communication and 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 / patients, potential service users / patients, MPs, Councillors, Local Safeguarding Children Board, Local Safeguarding Adults Board, Health and Wellbeing Board, Local Healthwatch 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 for example marketing of new Direct Payment Support Service.

The Provider will ensure proactive and innovative approaches to marketing and communications with all stakeholders to provide information and 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.

## Service Interdependencies

It is an expectation that the Provider will develop and sustain relationships with key stakeholders and service users, and that clear pathways will be developed to ensure implementation of service requirements. The Provider will have clear pathways in place within the transition phase of the contract for communication with other key services, as follows:

* Commissioners and Contract Managers
* Adult Social Care
* Care Agencies
* Personal Assistants
* Business and Finance Department
* Payroll and managed account providers
* Insurance Providers
* Training Providers
* Skills for Care
* Employment Law
* Her Majesty Revenue & Customs (HMRC)
* Disclosure Barring Service (DBS)

(This list is not exhaustive)

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

## Equality of Access to Services and Rural Geography

The Provider will ensure that access to services by individuals, 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 service users / patients 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 ethic 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;
* 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).*

The Provider 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.

## Using Information Technology

New technology should be utilised in the provision of the new service e.g. for service user records, making appointments, appointment reminders. This will be delivered in a way that supports the new service delivery model reflecting how service users now access information and services. The Provider 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. Leaflets and other forms of information such as contact cards will be provided.

# Workforce

## Workforce Requirements / Structure

Staff recruited to work within the Service should be competent, appropriately skilled and trained to enable them to offer independent, impartial, concise, information, advice and guidance in relation to Direct Payments. Staff members should also have the necessary skills and competencies to broker on behalf of the service user. All staff should enable, and empower individuals, ensuring that they have choice and control over the care and support which they receive, and that staff member views are impartial.

The Provider must demonstrate effective continued professional development to ensure that staff and volunteers are up to date with relevant national and local policies and guidance in relation to Direct Payments. Employed staff and volunteers should undertake a range of training, and competencies to ensure that they are equipped with the necessary skills to support them in their role.

The Provider will ensure that good communication and impartiality is embedded throughout the whole of the Service, for staff and volunteers. The Provider will assure the Commissioner that robust arrangements are in place for the assessment of workforce skill mix, qualification, continued professional development, and structured supervision and appraisal. The Provider will submit an audit, ongoing training schedule and attendance as part of the contract monitoring process.

## Workforce Management

The Provider will ensure that individual and volunteer supervision is viewed as an important contribution towards continued professional development and that supervisors have the appropriate level of training to supervise staff delivering specific interventions.

## Recruitment

The Provider shall ensure that staff are recruited who are appropriately qualified, competent, experienced and are confident to support the residents in Cheshire East. Workforce development, training, and supervision appropriate to the individual staff members must be available to ensure a high quality and safe service.

The Provider is responsible for ensuring that it employs staff with the following consideration:

* Staff have a range of skills and competencies for supporting the wide range of Service User needs and that staff so far as is possible reflect the diversity of society including any disability, age, religion, racial origin, sexual orientation, culture and language and generally comply with the Equality Act.
* The Provider must develop clear, written job descriptions and person specifications for all posts to be established for this service. The Provider may be required to supply copies of these documents to the Council and is expected to take reasonable note of any observations which the Council has.
* The Provider must put in support mechanisms that provide staff with regular supervision, training and development. Other supports services, for example, mentoring, counselling and buddy scheme should be on offer to staff.

## Vetting of Staff

The Safer Recruitment and selection of Staff, and Volunteers must be robust and the Provider will ensure that all staff are satisfactorily checked through the Disclosure and Barring Service (DBS) and consideration is given to the Update Service. Staff should also be advised that all Service posts are exempt from the Rehabilitation of Offenders Act 1984 and therefore all convictions, spent or otherwise, must be declared and that an enhanced DBS check will be carried out by the Provider.

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.

The Provider will obtain a minimum of two written references for each member of staff employed at the Service, one of which must be from a previous employer. Where staff have had previous employment in a care related field references should be sought from the most recent employer.

## Absence Management

Arrangements for covering staff absences must be factored into the core staffing capacity and the Service should not be reliant on staff working overtime, or the use of agency staff other than for exceptional unplanned staff shortages.

The Provider shall ensure that sufficient resources of trained and competent staff are available to cover all vacancies, holidays or staff sickness which may arise. The Provider will also be expected to manage any changes to working patterns brought about by the European Working Time Directive and ensure that the staffing structure is Working Time Directive compliant.

## Workforce Training and Development

The Provider will:

• have clearly developed workforce development plans, training records and professional registration records for its staff, and ensure that any Provider Partners and sub contracted provider(s) holds such records. This would be achieved through the provision of relevant training, continuing professional development sessions, through the provision of information, advice, guidance, clinical updates, appraisal, and line management supervision;

• ensure that staff are able to demonstrate they have participated in organisational mandatory and update training, for example safeguarding, legislation, risk assessment etc. as required;

## Performance Management of staff – behaviours and competencies

Staff members are any organisations greatest asset and directly impact the quality and performance of the Service both in terms of the quantity and the quality of the work achieved.

The Provider will therefore be expected to provide a Behaviours Framework, which will set out expectations for the way in which staff will work. This will include the ways in which staff will be supported and monitored to achieve the standards in their practice within the organisation and in their relationship with all key stakeholders, including Service Users, partners, community and Commissioners. It will also include the steps to be taken should staff fall short of expectations.

Hallmarks of quality in behaviours will include but are not limited to:

* Anti-discriminatory practice
* Respect
* Responsibility
* Reliability
* Effectiveness
* Innovation
* Creativity
* Flexibility
* A problem solving approach
* Reflective practice

The Provider will also set out a staff Performance Management Framework showing how staff are enabled to achieve and demonstrate the competencies and behaviours required to deliver their role and, where appropriate, to progress to more senior roles within the organisation. This will describe how staff are supported through supervision, appraisal, training, shadowing, mentoring and a range of other development mechanisms to reach the standards required for delivery and how any gaps or failures in competency are addressed.

Delivery of this service will require a range of service users and informal carers (where appropriate) to be worked with who have different types of needs. This may include Service Users with:

* Dementia
* Learning disabilities
* Mental health disabilities
* Physical disabilities (including sensory impairment)
* Old age/ frailty
* Palliative care needs
* Young People’s needs
* Drug and alcohol issues
* Other vulnerabilities or impairments

Employees providing this service should have received relevant training in relation to these client groups so that they can they are able to meet their needs in a respectful and non-judgemental with compassion and empathy. Effective support for staff to fulfil their role and/or to progress contributes to staff retention ensuring continuity of provision for Service Users.

## Travel / Use of a Vehicle

The Provider needs to be flexible and will offer support to meet a range of Service User needs. This may include on occasions a home visit which may require the staff member travelling to the person’s home. However, it should be noted that where possible the service should be delivered in accessible community based settings.

# Service improvement

## 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 Direct Payment Support 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 on the following:

* 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)

## 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.

## Innovation and Added Value

As part of the development and implementation of the Direct Payment Support Service it is a requirement that the Provider provides evidence of added value in terms of service delivery via the contract management process.

As noted there is an opportunity for the Provider to income generate particularly for the “self funder” market which should not impact on the delivery of his service.

# Contract management and quality assurance standards

## 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);
* Communication between staff across wider services, 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;
* Inspections by 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 Authorised Officer 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. 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.

### 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
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
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

## Service specific standards

The Provider will ensure that all information and advice provided in respect of employment including for example pension contribution, tax and national insurance are in line with current HMRC, DWP guidelines.

## Performance management

### 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 on the Direct Payment Support Service. The Provider will ensure the effectiveness of such reporting, demonstrating assurance processes for systems and procedures to Authorised Officers 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’s 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

Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements. The Authorised Officer will hold quarterly contract monitoring meetings with annual performance reviews. The Provider will also be required to attend provider forums and work in partnership with service user forums. The Authorised Officer will co-produce contract metrics with the Provider in instances when required e.g. a change in legislation, a change in contract etc.,

### Underperformance by the 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 including timescales.
2. Where there has been consistent failure to achieving the KPI targets the Council reserves the right to reduce the costs paid for the services provided in line with the terms of the contract.

## 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 Service Users’ 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.

### 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.

## 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 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.

## Managing Information

### 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 Service User 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 the service.

### Expectations in using systems

The Provider will operate an appropriate IT system that enables safe prescribing, safe storage of 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 care and support.

### 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
* 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 in accordance with the contracted terms and conditions. The policy for safe storage and disposal of records must be set out in the Provider’s Governance Framework.

## 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
* Manual Handling / Moving and Handling Policy
* DBS Policy
* Risk Assessment Policy
* Data Protection / Confidentiality Policy
* Whistleblowing Policy
* Supervision, Appraisal and Employee Development Policy
* Receipt of Gifts 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

## Human Rights, Equality and diversity

The Provider shall, in providing the services detailed in this specification, take all reasonable steps to protect and promote the human rights of those to whom services are provided in order to comply with statutory obligations under the Human Rights Act 1998. The Human Rights Act lets individuals defend their rights in a UK court, and compels public organisations (including the Government, police and local councils) to treat everyone equally, with fairness, dignity and respect[[5]](#footnote-5).

The Provider will ensure that access to services by individuals considers the needs of individual groups to ensure that disadvantage does not occur. The Provider will need to demonstrate their understanding of the local population and geography to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct BME groups, gender, age, disability, sexuality, as it does for towns, villages and rural populations. The Provider understanding of local modes of transport and transport routes, acceptable service delivery locations for children, young people, families, adults and communities will be vital in ensuring accessible service locations and times of delivery.

The Provider will ensure that the service provides adequate consideration to specific service venues, any satellite venues such as universal settings, outreach settings, as well as service opening times.

If interpretation services for non-English speaking people, hearing impaired/deaf or blind are required these can be accessed via adult social care to support service delivery.

## 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.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:

* 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.

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.

### 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.

### 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 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.

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 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 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 Service User 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. Where possible, (unless it exacerbates risk), consent should be sought from the Service User as well as the Service User’s 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.

Where the Provider has any involvement in the management of a 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 Contract Management Team as part of regular monitoring.

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.

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 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 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;

With regards children, all Employees, shall be trained and comply with the Council’s interagency 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.

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, in its opinion, 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 behaviour 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 Service User 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 Service User 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 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 Independent Safeguarding Authority where they have dismissed a Service User, or a Service User 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.

### 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 are 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 use 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 are 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 and accountability for those who harm others including promoting the use of criminal sanctions and voluntary change programmes.

## Prevent and channel duties

The Provider must ensure that they adhere to Prevent and Channel duties. The national Let’s Talk about it campaign[[6]](#footnote-6) 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.

# Governance Requirements

## 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, abstinence and recovery. 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 Commissioners right to enter services at any time.

## Lead provider / consortia / multiple or joint providers

It is a requirement that the service be promoted and known by a single brand name ‘Direct Payment Support Service’ and all Provider Partners involved in the delivery of the service are to operate under this ‘brand’ heading. The Provider is responsible for ensuring Sub-Contractors or Provider Partners delivering services on behalf of the Service do so accordingly.

Prior to developing and managing the full service and commencing the sub-contracting or partnership arrangements, the Provider will determine via an open and transparent process:

* staffing levels
* competence levels and experience required of staff delivering the services
* accessibility and safety of premises in use if applicable
* safeguarding arrangements including recruitment and training of staff
* insurance arrangements
* quality assurance
* financial standing
* communication and relationship management

The Provider must ensure strong organisational governance and compliance of any/all sub-contracted services covering all aspects of service delivery in the community and from exit from inpatient treatment and or release from custody / prison. This should include but not be limited to:

* confidential and appropriate communication between services;
* communication with service users, parent / carers and families;
* communication between staff and services;
* effective reporting arrangements;
* effective Service User 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.

The Provider should agree how complaints regarding services delivered/ individual staff are managed with each Provider Partner. Complaints will be reviewed at quarterly monitoring meetings.

The Provider will establish a protocol agreement with the Provider Partners covering quality, communication flow/ PR, relationship management, development areas including innovation, user feedback, performance and payment mechanisms/ timeframes.

It is the role of the Provider to resolve issues and disputes with the Provider Partners. Issues will be escalated to the Commissioners if resolution cannot be sought to the satisfaction of both parties. It is important that the Provider creates a constructive, open, challenging but supportive relationship with the Provider Partners.

## 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; their 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.

## Strategic governance

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

## Information governance

The Provider will comply with the General Data Protection Regulations (GDPR EU 2016/679). Elements of this section may change in-line with the mandatory Data Protection Impact Assessment.

For the purposes of this contract the Provider is deemed to be the Data Owner and Controller.

All staff must be aware of their responsibilities and relevant guidance and legislation regarding record keeping, data governance and information sharing and this must be reflected in staff contracts.

The Provider must have in place a policy on the standards of recording information in case files. All information in case files should be recorded in a timely, factual and non-judgmental way. The Provider must have a policy on the retention of records which is in-line with the GDPR and national guidelines.

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 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.

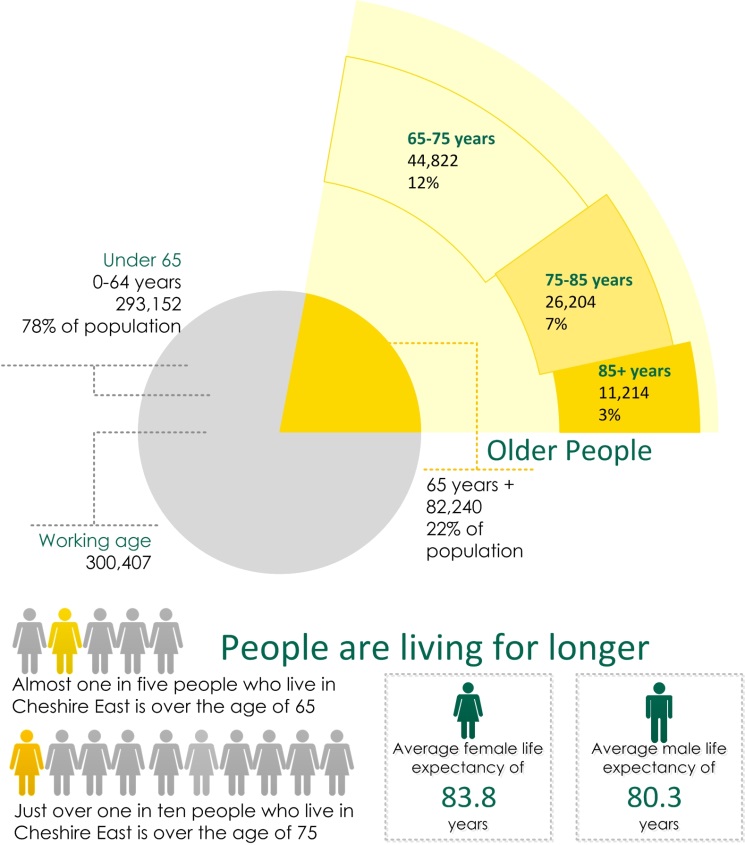
## External inspections

Local Health Watch also have enter and view responsibilities for adult health and social care services and compliance here is also expected.

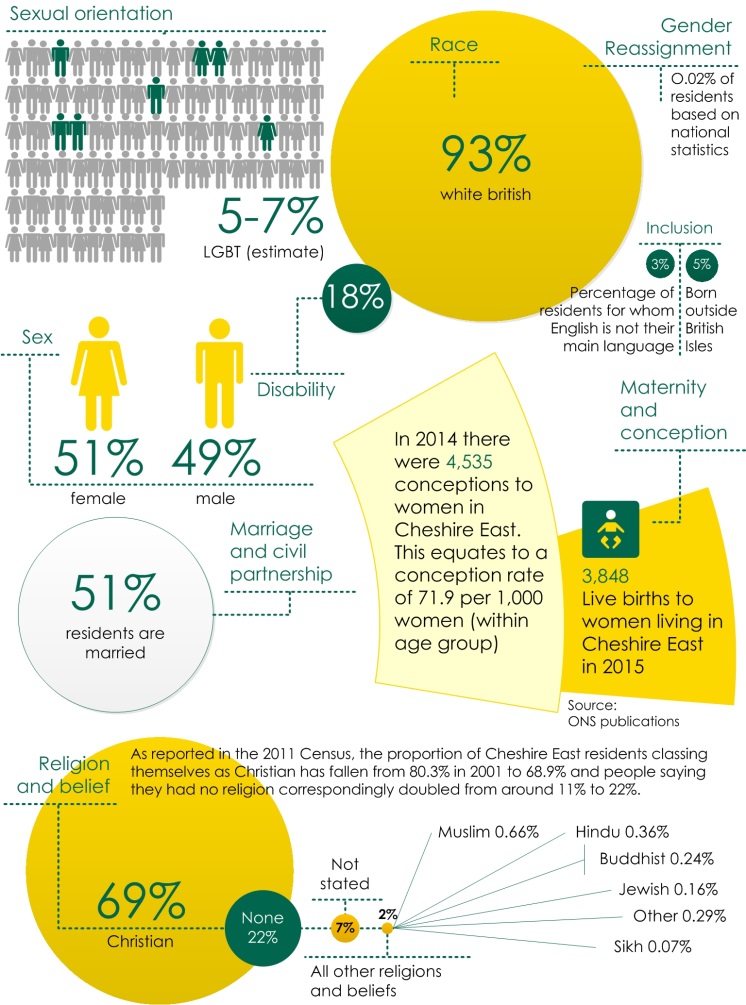
Appendix 1 - Guidance

**Local context**

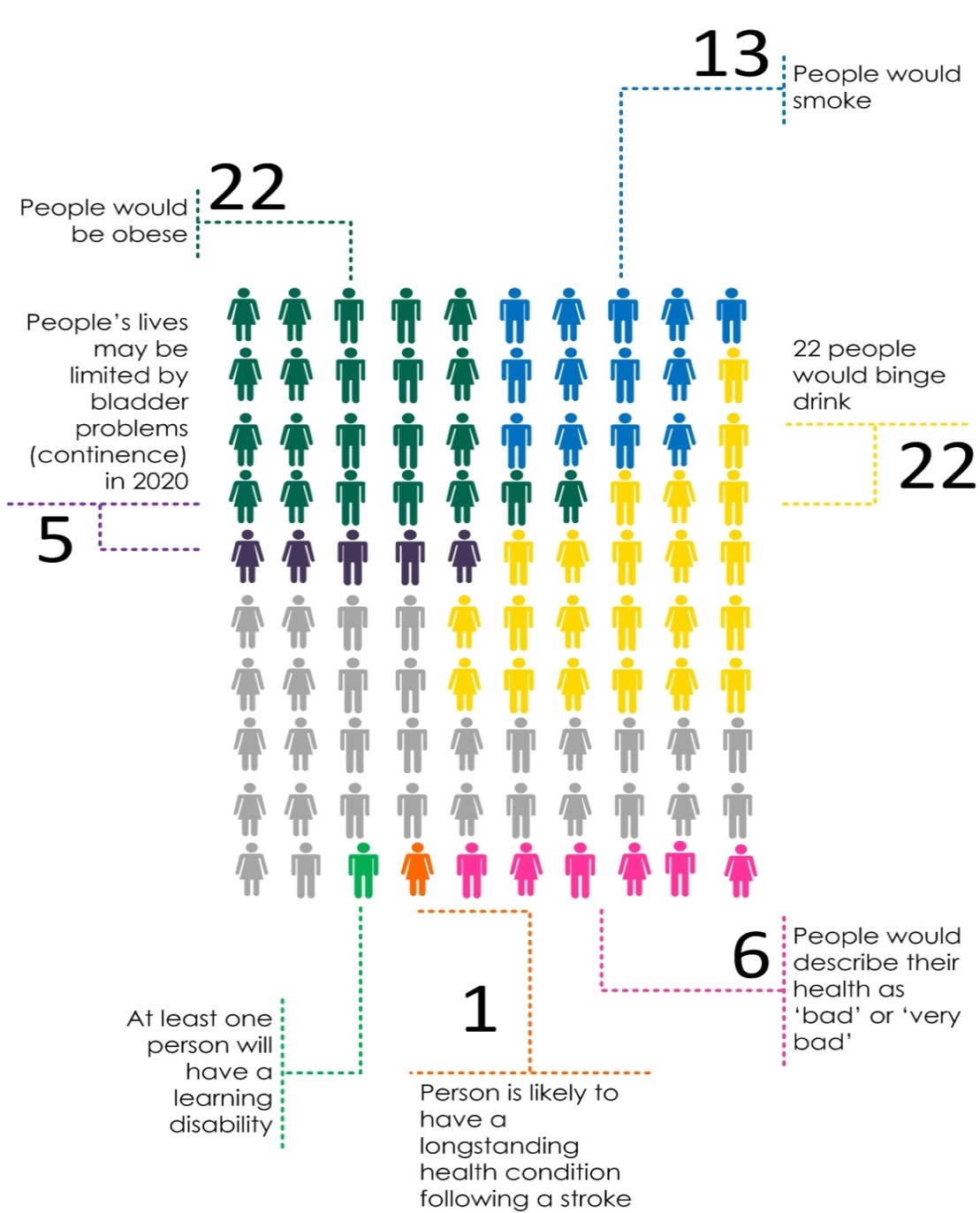
The borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km2 and has a population of 372,700 people.[[7]](#footnote-7)



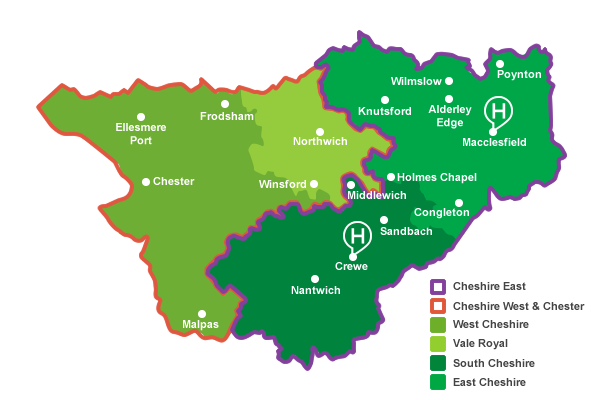
The service transformation and re-commissioning of a Direct Payment Support Service a priority within the **Cheshire East Council People Live Well for Longer Commissioning Plan (2017)**[[8]](#footnote-8) which states that there is an aging population in Cheshire East. The aging population means that 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)**[[9]](#footnote-9) 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)**[[10]](#footnote-10) consists of 6 priority outcomes which include:

**Live Well Cheshire East**[[11]](#footnote-11) 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>

**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>

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 *(Requires details)*. 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** available <https://www.cheshireeast.gov.uk/pdf/council-and-democracy/community/connected-communities-strategy.pdf> 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.

1. LGA (2010) **glass half-full:** how an asset approach can improve community health and well-being <http://www.local.gov.uk/c/document_library/get_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2> [↑](#footnote-ref-1)
2. <https://moderngov.cheshireeast.gov.uk/documents/s45997/CEC%20Corporate%20Plan%202016%20d.pdf> [↑](#footnote-ref-2)
3. <https://moderngov.cheshireeast.gov.uk/documents/s58082/People%20Live%20Well%20for%20Longer%20-%20appendix%20V6%2006.07.2017.pdf> [↑](#footnote-ref-3)
4. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf> [↑](#footnote-ref-4)
5. <https://www.legislation.gov.uk/ukpga/1998/42/contents> [↑](#footnote-ref-5)
6. Let’s Talk about it: Working together to prevent terrorism <http://www.ltai.info/what-is-prevent/> [↑](#footnote-ref-6)
7. 2013 mid-year population estimates, Office for National Statistics [↑](#footnote-ref-7)
8. Cheshire East Council People Live Well for Longer Commissioning Plan (2017) [↑](#footnote-ref-8)
9. Cheshire East Connected Communities Strategy (2017) <http://www.cheshireeast.gov.uk/council_and_democracy/connected-communities/connected-communities.aspx> [↑](#footnote-ref-9)
10. The Cheshire East Council Corporate Plan (2016-2020) <https://moderngov.cheshireeast.gov.uk/documents/s45997/CEC%20Corporate%20Plan%202016%20d.pdf> [↑](#footnote-ref-10)
11. Live Well Cheshire East <http://www.cheshireeast.gov.uk/livewell/livewell.aspx> [↑](#footnote-ref-11)