INFECTION PREVENTION CONTROL SERVICE

2020-2023

Contents

DEFINITIONS/ ABBREVIATIONS

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

AMR
Anti-microbrial resistance

Care Quality Commission (CQC)
Shall mean the Care Quality Commission or any Statutory successors

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

CM PHEC
Cheshire and Merseyside Public Health England Centre

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

DIPC
Directors of Infection Prevention and Control

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

HCAI
Health Care Associated Infections

IG
Information Governance - the management of information at an organisation

IPC
The Infection Prevention and Control Service

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

Patient
In the context of this specification is used to refer to an individual within a variety of settings with potential to require infection control related support. This includes residential or nursing home care, dental settings, early years provision etc.

PHE
Public Health England

PIR
Post Infection Review - a process that helps organisations to identify the detail of how a case(s) of an

infectious disease occurred, in order to identify actions that will prevent it reoccurring.

PPE
Personal protective equipment - protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection.

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

RCA
Root Cause Analysis - the process by which an untoward event can be evaluated in order to identify learning points, which can prevent that event happening again

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

Service User
Usually a term which is used to refer to an individual in receipt of care services

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

1. Introduction and Population Need

1.1 Introduction and Summary

There are a broad range of communicable diseases that the population is at risk of. Typical examples include influenza, tuberculosis, norovirus, gastroenteritis, as well as healthcare associated infections such as methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile. Such infections can lead to increased morbidity and mortality amongst the population, increasing short and long term health care needs.

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

1.2 Service Vision

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

1.3 Overall aims of the service

Primary Prevention.

- o To reduce the burden of infectious disease within the population of Cheshire East (and particularly target population groups) through a range of actions focused on prevention. This includes in relation to Health Care Associated Infections (HCAI), Influenza and other communicable diseases.

Secondary Prevention

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

This following objectives are also encompassed by these aims:

- To provide strategic support to the local Health Economy on infection prevention and control by working collaboratively with Cheshire East Council, Acute Trusts, emergency services, NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS England area teams and Public Health England.

- To work with a range of providers within the community, quality assuring their infection control processes and building their knowledge, expertise and capacity around infection control.

- To maintain an accurate and robust public health surveillance system which facilities preventative work and timely response, though recording and analysis of disease patterns and trajectories.

1.4 The Commissioners

Cheshire East Council is commissioning the Infection Prevention and Control services in partnership with the local health and social care economy with advice from Public Health England.

1.5 The Contract

The annual contract value will be up to £106K. The contract is for three years with an option to extend for two further years (on an annual basis).

1.6 National and Local Policy

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

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

1.7 Statutory Requirements

Health Protection is a statutory responsibility of Councils under the Health and Social Care Act 2012. As part of this, Local Authorities commission Infection Prevention and Control services to support and receive assurance that appropriate standards are being met by relevant local services.

In addition to this, providers such as GP Practices, Dental Practices and Care Providers must meet infection control standards as set out under the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections. Other relevant legislation includes the Health and Safety at Work Act 1974, and Control of Substances Hazardous to Health (COSHH) Regulations 2002.

1.8 Service demand/ Population Need

A key factor in the spread of infectious disease is the age and health condition of the individual. As such, those most at risk include the under 5s and over 65s and those who are immunocompromised (such as people who are malnourished, have diabetes or cancer). Cheshire East has a population of an

---

[1] The Cheshire East Council Corporate Plan (2016-2020)
https://moderngov.cheshireeast.gov.uk/documents/s45997/CEC%20Corporate%20Plan%202016%20d.pdf
[2] https://moderngov.cheshireeast.gov.uk/documents/s56340/Appendix%20PEOPLE%20LIVE%20WELL%20FOR%20LONGER%20-%20V5%20-8.5.17%202.pdf

estimated 378,800 in total[3]. Around 22.5% are aged over 65 and 3% are over 85. There are also 4.8% aged less than five. The estimated prevalence of diabetes in the Borough is 8.6% or 26,710 people[4].

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

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

Specific Settings

In addition to this, this contract is particularly relevant to people in the following settings:

- *Care home residents* - In total, there are 96 residential homes in Cheshire East of which 47 are nursing homes. There were 46 separate outbreaks/incidents in care homes from April 2018- March 2019. This affected 393 residents in total. In addition to this, there were 9 outbreaks/incidents in April-June 2019 affecting 79 residents. The majority of these incidents related to diarrhoea and vomiting although there were incidents of scabies and influenza like illnesses.

  Generally speaking, the most common outbreaks in relation to care home residents are outbreaks of respiratory infections (often caused by influenza viruses), and gastrointestinal infections (often caused by noroviruses). Four organisms tends to make up the majority of infectious agents; influenza, norovirus, salmonella and S pyogenes.

- *Children and young people attending nurseries and schools* due to their susceptibility to disease and the number of people they come into contact with. There are 205 nurseries/pre-schools and 155 schools in total in Cheshire East. The latter includes 125 primary schools, 25 secondary schools and 5 special schools. There were 8 outbreaks in schools over the April 2018-March 2019 period. This affected 296 pupils in total and 22 staff. However, these figures are skewed by a single outbreak of an influenza/ diarrhoea and vomiting like illness affecting 287 pupils in total. There was only one incident in a school in the April-June 2019 period affecting 2 pupils.

- *Patients receiving treatment /consultation from a dental or GP Practice.* There are 40 GP practices within Cheshire East and 51 dental practices.

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

---

[3] ONS Local Authority Estimates 2017
[4] Public Health Outcomes Framework,
https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/par/E12000002/ati/102/are/E06000049/iid/92952/age/164/sex/4, 2015

Specific Diseases

Health Care Associated Infections (HCAI)

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. HCAI's can affect any part of the body but the gastrointestinal and respiratory systems and the urinary tract are most commonly affected.

Risk factors associated with HCAIs include; prolonged and inappropriate use of invasive devices and antibiotics; high-risk and sophisticated procedures; immuno-suppression and other severe underlying patient conditions; insufficient application of standard and isolation precautions [5].

In 2018/19, there was a single case of MRSA in Cheshire East, 67 cases of C-Difficile, and 225 of e-Coli in the community. A key vulnerable population segment in relation to HCAIs are individuals in residential homes both due to the likelihood of them having compromised immune systems, as well as through utilisation of medical devices such as catheters.

Notifiable Diseases

In Cheshire East in 2018 the most prevalent notifiable disease was scarlet fever with 359 cases, this was followed by 111 cases of food poisoning, 53 cases of mumps and 11 cases of whooping cough and measles. For all other notifiable diseases the number of cases was less than 10. Data is displayed in Graph 1. Graph 2 allows comparison with North West England as a whole for the same diseases. Historic data is displayed in Table 1.

Graph 1: Notifiable Diseases in Cheshire East 2018 [where incidence>0]
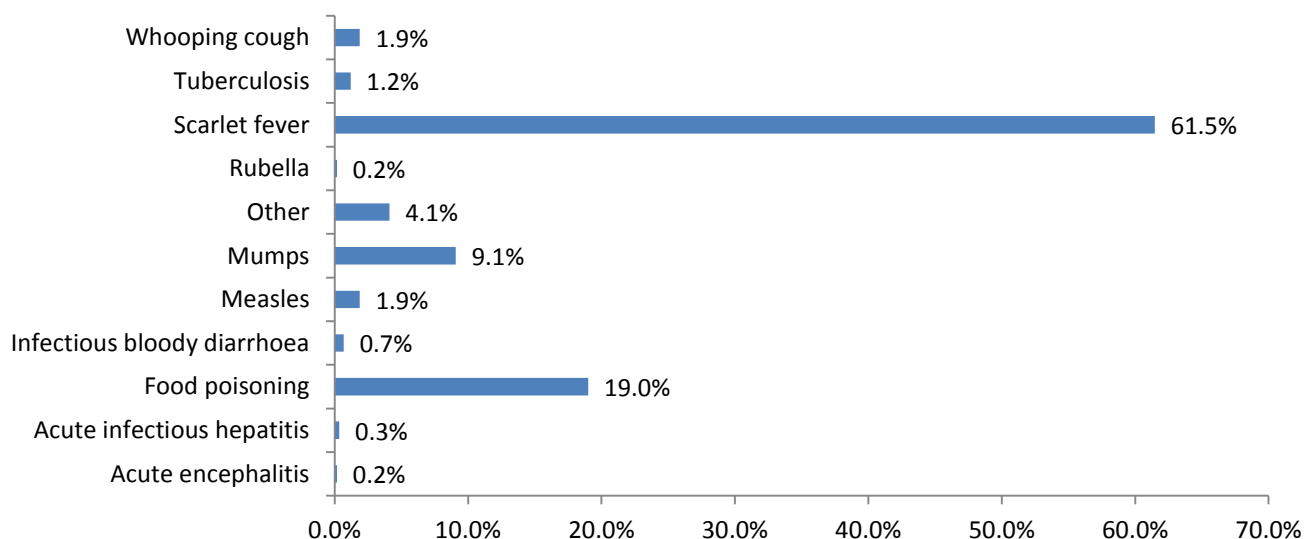
Graph 2: Notifiable Diseases in North West England 2018 [same categories]

---

[5] WHO, Health Care-Associated Infections – Factsheet, 2011, www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf

Chart: Notifiable diseases (by percentage)

- Whooping cough — 2%
- Tuberculosis — 5%
- Scarlet fever — 57%
- Rubella — 0%
- Other — 2%
- Mumps — 17%
- Measles — 4%
- Infectious bloody diarrhoea — 1%
- Food poisoning — 12%
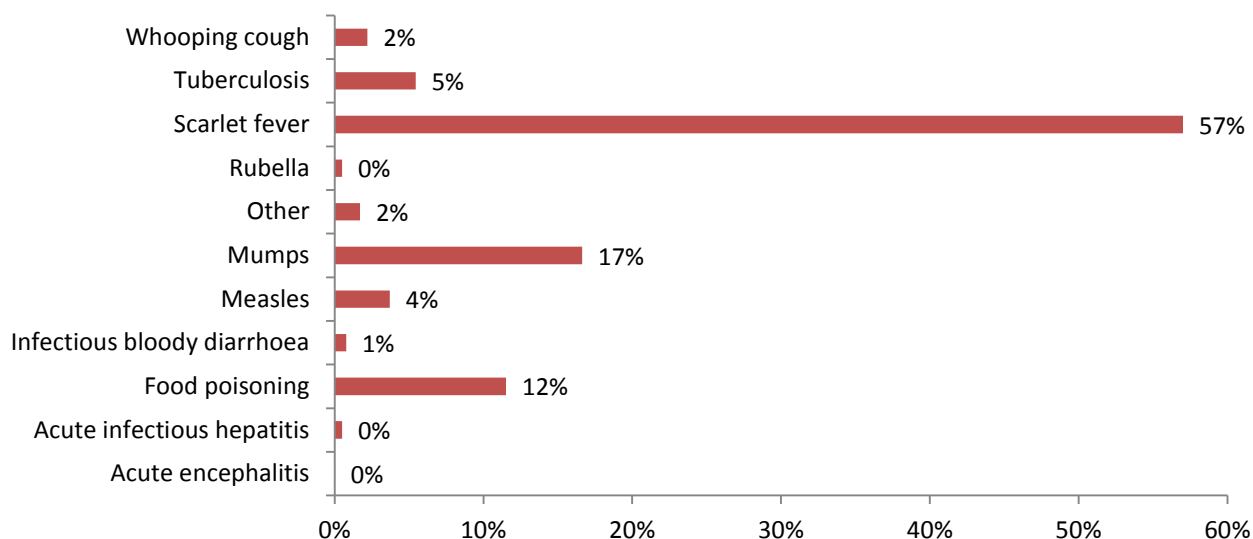- Acute infectious hepatitis — 0%
- Acute encephalitis — 0%

Table 1: Cases of Notifiable Diseases 2015-18 (by calendar year)

	Acute infectious hepatitis	Acute Meningitis	Botulism	Brucellosis	Cholera	Diphtheria	Enteric fever (typhoid or paratyphoid fever)	Food poisoning	Haemolytic uraemic syndrome (HUS)	Infectious bloody diarrhoea	Invasive group A streptococcal disease	Legionnaires' Disease	Leprosy	Malaria	Measles	Meningococcal septicaemia	Mumps	Other	Rubella	Scarlet fever	Tuberculosis	Whooping cough
2018	2	0	0	0	0	0	0	111	0	4	0	0	0	0	11	0	53	24	1	359	7	11
2017	1	1	0	0	0	0	0	81	0	3	0	0	0	0	7	2	39	4	2	131	8	26
2016	0	3	0	0	0	0	0	67	1	3	3	0	0	1	5	3	25	2	2	165	25	35
2015	1	13	0	0	0	0	0	60	0	1	3	0	0	0	14	5	34	1	0	142	24	24

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

Deprivation in the Borough

Eighteen of Cheshire East's 234 Lower Layer Super Output Areas (LSOAs) are among the 20% most deprived in England, according to the most recent (2015) Index of Multiple Deprivation (IMD), which is up from sixteen in the previous (2010) IMD. Most (thirteen) of these eighteen areas are in Crewe, though there are others in Macclesfield (two) and in Alsager, Congleton and Wilmslow (one each). Six LSOAs, all of them in Crewe, rank among England's top (most deprived) 10%. One of these is in the top (most deprived) 5% nationally, though it is outside England's top 4%.57 Several of the Borough's

other towns and larger settlements – Handforth, Knutsford, Middlewich, Nantwich and Sandbach – each have a single LSOA that is outside England's most deprived 20% of LSOAs, but inside its most deprived 30%. Several Crewe LSOAs and one in Macclesfield also fall within this range. Poynton is the only Cheshire East town whose LSOAs all lie outside England's most deprived 30%.

1.9   Evidence Base

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

IPC
NICE Quality Standard – QS64
www.nice.org.uk/guidance/qs61
Health Protection in Schools (PHE)
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
Care Homes Infection Control (PHE)
https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published
Health protection Infectious diseases
www.gov.uk/health-protection/infectious-diseases
Learning from patient safety incidents
www.nrls.npsa.nhs.uk/resources/?entryid45=75240

HCAI
PHE Healthcare Associated Infections
https://www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards
NHS Improvement Centre
https://improvement.nhs.uk/resources/healthcare-associated-infections/
Staphylococcus aureus (MRSA)
https://www.gov.uk/government/collections/staphylococcus-aureus-guidance-data-and-analysis
Clostridium difficile (C. difficile)
https://www.gov.uk/government/collections/clostridium-difficile-guidance-data-and-analysis
Gram Negative Bacteria
https://www.gov.uk/guidance/gram-negative-bacteria-prevention-surveillance-and-epidemiology
Escherichia coli (e-Coli)
https://www.gov.uk/government/collections/escherichia-coli-e-coli-guidance-data-and-analysis
Norovirus
https://www.gov.uk/government/collections/norovirus-guidance-data-and-analysis
NICE Guidance PH36 for Healthcare-Associated Infections
https://www.nice.org.uk/guidance/ph36
Healthcare-associated infections: prevention and control in primary and community care
NICE Clinical Guideline CG139
https://www.nice.org.uk/guidance/CG139
Urinary tract infection (catheter-associated): antimicrobial prescribing - NG113
https://www.nice.org.uk/guidance/ng113
Preventing healthcare associated Gram-negative bloodstream infections (GNBSI)
https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/

Medical and Dental Practices
National Specification for Cleanliness

Decontamination in primary care dental practices (DH 2013)
www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices
National specifications for cleanliness in the NHS
http://faad.co.uk/Includes/NPSA%20cleaning%20specification.pdf
Primary medical and dental practices (NPSA 2010)
www.nrls.npsa.nhs.uk/resources/?entryid45=75241
Decontamination in primary care dental practices (dental)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf

Health and Social Care
Health and Social Care (Safety and Quality) Act 2015
http://www.legislation.gov.uk/ukpga/2015/28/resources

The Health and Social Care Act (2012) http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

The NHS Outcomes Framework
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current

CQC Regulations for service providers and managers
www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf

Health and Social Care Act 2008: code of practice on the prevention and control of infections
https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Influenza
Seasonal influenza: guidance, data and analysis
https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis

Tuberculosis
NICE Guidance – NG33
https://www.nice.org.uk/guidance/ng33
NICE Quality Standard - QS141
https://www.nice.org.uk/guidance/qs141

Public Health England

Public Health England Infectious Diseases Strategy 2020-2025
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831439/PHE_Infectious_Diseases_Strategy_2020-2025.pdf

1.10 Key Challenges

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

- The ability to play a strong preventative role in controlling outbreaks despite limited resources and competing time demands.
- The need to have an effective influencing role within the local health and social care economy due to the inability to mandate actions (note: the Council has a contractual relationship with care providers which allows the option of a separate approach when working with this particular sector)
- Ensuring that staff within residential homes are conforming to infection control standards through training and the supply of advice and information against a backdrop of high staff turnover and variable experience.
- To play a meaningful role in reducing health inequality in Cheshire East through targeted support where it is appropriate.
- To ensure the service has resilience so there is capacity to cope with unforeseen events such as staff sickness, and multiple outbreaks at a single point in time.
- To meet targets for infections as set by the Department of Health (DoH), NHS England and PHE.
- To reducing Gram-negative bloodstream infections and spread of anti-microbial resistance.

2. High Level Service Principles and Values

2.1 Service Principles

It is expected that the Infection Control Service will be delivered according to the following key principles:

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

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

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

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

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

Accurate and reliable – delivery of an accurate Public Health surveillance system requires the maintenance of good quality records, strong links with partners and an effective ICT system

Proportionate Support – high quality support will be given to providers but this will not replace the responsibilities of organisations to deliver appropriate training and management to their staff, as well as adequate resources for infection control.

2.2 Service values

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

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

2.3 Social Values

Provider will be expected to identify targets within their model aligned to one or more of the following social value objectives:
- **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;

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

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

3. Service Model

3.1 Service Overview

The provider will run a service providing the following functions:

a) Preventative Support
b) Outbreak Response
c) Maintenance and delivery of a Public Health surveillance system
d) Miscellaneous Support

This includes work with the following types of organisations (which in particular relates to functions; a and b):

- o GP Practices
- o Care Providers (including Nursing and Residential Care Homes, Domiciliary Care)
- o Dental Practices
- o Early Years Providers (including nurseries),
- o Schools (particularly SEND schools -special education needs and disability)
- o Tattooists/piercers

3.2 Service Areas

a) Preventative Support

Preventative support will be conducted with organisations as detailed above. A key concept is to prioritise actions, where they have the greatest impact. As such, the provider may choose to have more limited contact with certain types of organisations as long as they can justify their approach to the Contract Manager/ Commissioner. As part of this, particular focus is expected on nursing and residential care homes.

Prevention will encompass the following areas:

Awareness Raising
Awareness amongst professionals and the public will be raised of infectious disease (including HCAIs) via the use of appropriate communications activity. This could include articles in relevant local newsletters, production of service newsletters, use of social media, leaflets at key locations in the Borough (e.g. GP practices, libraries, community centres, hospitals, health centres). It will also require attendance at appropriate public and provider events. Particular focus will be given to supporting national infectious disease/ hygiene related campaigns. A communications plan will be used to identify and shape required actions.

Training

A rolling series of training programmes will be delivered to provider staff on infection control standards and practice. This could encompass:

- hand hygiene at the five moments (as recommended by WHO);
- the importance of assessing new residents before admission to a care home and seeking advice if there is an infection risk; as well as educating visitors to residential homes over infection risks
- managing care equipment and the care environment safely (including sharps and waste management);

- use of Personal Protective Equipment;
- appropriate use of invasive devices (e.g. urinary catheters);
- promoting good sneezing and coughing hygiene
- common disease symptoms
- utilisation of an outbreak plan (with testing by the provider of this process at regular intervals to confirm staff understanding)
- The importance of a whole team approach to infection control including cleaning personnel and practice (including frequency).
- Hydration
- Reducing Gram-negative bloodstream infections and spread of anti-microbial resistance.

This will be positioned to complement, rather than replace, the training and support that an organisation would be expected to provide to staff. Liaison will take place with the Council's Quality Assurance Team over support required by Care Providers.

Training will also be supported by online and written resources for staff unable to take up the training or to cover new starters [note: online information could be facilitated through the existing Cheshire East Council Live Well website]. Exploration will also take place of a train the trainer approach with 'Infection Control Link Workers' to ensure that best practice is disseminated effectively amongst staff. The service will also explore the use of existing forums attended by relevant staff to disseminate training e.g. Council Provider Forums, Practice Nurse events etc. All activities will be underpinned by mechanisms and materials to increase the capacity of staff and residents around infection prevention and control.

Updates will be provided to training where appropriate e.g. where legislation or best practice changes. This might take the form of newsletters or shortened training sessions.

Appropriate training will also be provided to Cheshire East Council Quality Assurance Staff. This might use pre-existing sessions with providers.

Note: requirements around number of training sessions per year are contained in the Performance Management Framework (see Appendix A).

Information Provision

Model infection control procedures/guides will be made available for providers to utilise. These will be consistent with Department of Health, Public Health England and NICE guidance and be made specific to the type of provider. Other information materials relevant to infection control will be made available either by the provider or via links made to national information sources e.g. factsheets on handwashing etc. Training/ materials will be in non-technical language to increase comprehension.

All materials will be available on Infection Control webpages. These will be easily accessible both to providers and the general public. This information will be updated as guidance/local circumstances change. This will complement but not duplicate the work of other organisations e.g. the Food Standards Agency's food safety advice.

Telephone/Email Enquiry Service

A well advertised telephone/email based enquiry service will be available 9am-5pm Monday to Friday (except bank holidays). An answerphone facility will also be available to allow message recording outside of these hours. Responses will be given within 24 hours to non-urgent requests. Urgent requests will be responded to within 4 hours. Information on this service will be maintained on the Live Well Cheshire East resource.

Liaison with Providers

Relevant providers within the area and members of the public will have a clear understanding of who to contact in the infection control service and the support the service can provided (particularly in relation to outbreaks).

Infection Control Surveys

The IPC Service will conduct survey work with providers in order to understand their knowledge and capabilities around infection control. This will be sent electronically to providers and will be a key indicator of the need for a formal visit or other follow up work.

Quality Assurance Team

Appropriate links will be made with the Council's Quality Assurance Team so that basic infection control checks can be made by these staff during their visits to care providers. This will provide a first stage check that appropriate procedures are being followed.

Infection Control Audits

On-site Infection Control audits will be conducted with providers. These visits will be prioritised appropriately via use of intelligence from infection control surveys, CQC inspection reports, outbreak alerts, or information from key partners such as the Quality Assurance Team, the Care Quality Commission, or Environmental Health.

The audit will include checks of infection control practices as well as the fitness of premises in which care is provided. Unannounced audits of residential homes may be required if there are serious safety concerns. This will enable health and social care providers to ensure compliance with CQC requirements in relation to infection prevention control, together with compliance in relation to Council and CCG contracts. This work is likely to be more effective if it communicated as a means of support for providers.

Audit reports/summaries will be circulated to the Council (Consultant Lead in Health Protection, Quality Assurance Team where relevant to residential/nursing homes), CCGs and NHS England where useful. Follow-up work will take place within an appropriate period where concerns have been identified to understand if remedial steps have been undertaken.

There may be opportunities for income generation if providers desire additional support than required within this specification. For instance, a GP Practice may wish to purchase an audit in cases where this would not have been offered by the service (e.g. due to prioritisation of resource). However, delivery against this contract must be the primary focus of the service.

Antimicrobial Resistance

Communications, training and other support will also encompass issues in relation to antimicrobial resistance and appropriate use of antibiotics

Seasonal Impacts

Preventative work will be responsive to seasonal patterns in diseases such as for Influenza or Norovirus to reduce their potential impact, with team resource managed accordingly.

b) Outbreak Response

The team will assist providers to manage disease outbreaks, with immediate priority given to this when they arise. This assistance may take place via direct liaison with the provider (e.g. for outbreaks in residential homes) or in a support role under the guidance of Public Health England where appropriate (i.e. in cases of notifiable diseases, for schools etc.). It may also include support to Environmental Health Teams where required if the outbreak relates to foodborne pathogens. This will include documenting, reporting and controlling community outbreaks and incidents using agreed PHE protocols and defined pathways.

This work may incorporate advice around containment including; decontamination, implementation of constraints on visits to premises, use of personal protective equipment, review of use of infection control procedures followed by staff. It will also provide assurance on the treatment of affected individuals. In addition to this, liaison with local consultant microbiologists may be required for complex cases.

Post Infection Review (PIR) and root cause analysis (RCA) will take place for cases of MRSA, CDI (where no other health care provider is involved) to ensure that learning from these events is utilised. These documents will be submitted to Commissioners on completion. All documents for PIR panels will be sent to the commissioner at least 48 hours before the PIR panel meeting.

The provider will be able to meet fluctuating demands for support around disease outbreaks through flexible service delivery. This will include contingency planning for unforeseen circumstances such as major outbreaks.

Residential Homes Contractual Requirements

A number of requirements are mandated within the Council's 'Accommodation with Care' contract. Please see Appendix B for reference. These contractual arrangements may be used to foster cooperation from these providers.

c) Delivery of a Public Health Surveillance System

A Public Health surveillance system will be used to allow timely reporting of disease outbreaks and analysis/ monitoring of trends. Software currently supplied is called ICNET. This is also utilised by a range of staff within the local healthcare system (including the current Infection Prevention Control Service).

The Provider will be responsible for undertaking the management and administration of this clinical surveillance system. Support provided will include:
- A customer service contact system (service desk)
- Clinical systems support
- Performance management
- Configuration, creation, maintenance of user accounts including infection reporting rules
- The provision of support and advice to users

- Inputting appropriate data on to the system in order to ensure that records are up to date.

- System change management
- Supporting critical care processes using technical and local knowledge in the event of clinical system failure
- Investigating and analyse clinical system failures and ensure that the appropriate actions, policies and process are in place including for disaster recovery.
- Attending meetings with suppliers and commissioners to discuss requirements, issues and service improvements

- Managing the process for software upgrades

The ICNET Surveillance System is currently hosted on the Mid Cheshire NHS Trust server. However, arrangements are being made for this to be hosted by the software provider. As part of the Provider's usage of this system, appropriate data sharing agreements will need to be put in place with the Council, East Cheshire NHS Trust, Mid Cheshire NHS Trust, and the Microbiology Lab (based at East Cheshire NHS Trust). The Provider will also be required to ensure access to N3 connectivity for secure use of the software.

The Council currently funds the surveillance system as well as contributing to hosting costs. However, the proposal is for responsibility for software and hosting to be passed to the Provider in Year 2 of this contract. This would require a contract variation and would be carried out through negotiation with the Provider. The increase in contract value would be commensurate with hosting and software costs.

d) Miscellaneous

Meeting Attendance/ Liaison

Representative(s) from the provider will be expected to liaise with a range of stakeholders (as listed under the section 'service links').

This will include attending the following meetings:
- Local Health Protection Forum (quarterly)
- Contract review meetings (quarterly)
- Hospital Infection Control Meetings x 2 (circa quarterly)
- e-coli action plan meetings (irregular)
- Cheshire East Council Quality Assurance Governance Meetings (quarterly)

Ad-Hoc Tasks

Additional ad-hoc tasks may result from liaison with stakeholders e.g. Public Health England. As such, a proportion of the team's time will be set aside for this work. This work will be prioritised appropriately alongside other core team functions.

On rare occasions, evidence based advice may be required relating to community health and social care estate developments and/or renovations. This will ensure consideration is given to infection control in these matters.

Reporting

Quarterly reports will be provided in line with the Performance Management Framework (Appendix A), as well as an annual infection prevention control service report.

Timely alerts will be given on outbreaks within Cheshire East as well as weekly surveillance reports on disease prevalence. This will enable the Council to understand disease trajectories against national prevalence rates.

3.2   Service Links

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

- Cheshire and Merseyside Health Protection Team
- Hospital Infection Control Teams
- Relevant Healthcare Professionals such as Hospital Consultants
- Microbiologists
- Environmental Health
- Clinical Commissioning Groups (CCGs)
- Local Authority (including Director of Public Health, Consultant in Health Protection, Health Protection Manager, Infection Control Commissioner and Contract Manager, Quality Assurance Team, information analysts)
- Cheshire East TB Nursing Service

In addition to this, the provider will link collaboratively with other stakeholders across the health and social care economy to ensure a seamless service for all residents. These include (but is not limited to):

- Directors of Infection Prevention and Control (DIPC)
- Public Health England - Cheshire and Merseyside (PHE)
- NHS Commissioning Board – Cheshire Area Team & Merseyside Area Team
- Primary Care staff within GP and Dental Practices
- Care Providers (including Nursing and Residential Care Home Managers and staff)
- Community Health Staff
- Local Acute Trusts
- School Health Teams
- Nursery Managers
- Homelessness Nurse and hostel staff as needed
- Probation Centre Staff
- Care Quality Commission
- Other Health and Social Care Commissioners
- Neighbouring Infection Prevention and Control Teams
- Patients and Carers
- Emergency Services.

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

Escalation Process

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

Quality Assurance Team (QA Team)

A vital link for the IPC service will be the Council's Quality Assurance Team which manages contracts and standards with 'Accommodation with Care' and 'Care at Home Providers'.

The QA Team are planning to introduce a Quality Mark with providers. It is expected that IPC Service will liaise with the Team to ensure that infection control standards are incorporated into this.

The service is expected to complement rather than duplicate the QA Team's work. However, in cases of real concern it may be appropriate for the service to conduct a joint visit to a provider.

3.3   Mobilisation

The Council require the Provider to carry out certain initial services prior to formal commencement of the service. These initial services or mobilisation services will include (but not be limited to) the following actions:

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

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

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

These mobilisation services will be performed from the mobilisation date as detailed in the agreement and will need to be completed by the formal commencement date of the agreement.

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

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

The Successful Provider will have clear pathways in place within the transition phase of the contract for communication with key services as follows:
- o Reporting by laboratories at MCHT
- o Access to the Public Health Surveillance System
- o PHE mandatory enhanced surveillance system for HCAI
- o PHE Health protection team communicable disease surveillance data and gastro-intestinal surveillance data

 (This list is not exhaustive)

4. Further Service Delivery Requirements

4.1   Exclusions

- Organisations already covered by Infection Prevention & Control Teams with existing providers including Mid Cheshire Hospital Trust and East Cheshire NHS Trust.
- Social care or health providers not registered with the Care Quality Commission.
- Services/providers outside of the boundaries of the Borough of Cheshire East
- Private healthcare providers (except where required to support PHE, where needed in an outbreak situation).
- Provision of TB Nursing Support as this is provided by a separate service.

4.2 Location and Access to Services

Location will be flexible according to need. Examples include: Care Homes, GP Practices, HMP Styal, Schools, Nurseries, Dental Practices and Hospices.

4.3 Operating hours

The Services will be delivered Monday to Friday between 9am to 5pm, excluding Bank Holidays. There is a requirement to work outside these hours to cover unforeseen events such as outbreaks and contact tracing and management at no extra charge to the price submitted in the pricing schedule.

4.4 Response Times and Prioritisation

The service provider must respond immediately if there is an outbreak or a serious case of infection. If this is not possible then the response will ideally be on the same working day. Response may be on the same or next working day for non-urgent matters.

The Service Provider must develop a Resilience Plan to respond to major incidents that require the realignment of the Services. This must be agreed with the Council's Consultant in Health Protection.

4.9 Accommodation/ Premises

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

4.10 Communications, Marketing and Branding

The Service will be actively promoted and marketed to stakeholders, providers and the public across the population of Cheshire East. The Service will develop and promote a marketing strategy, in line with objectives of the contract and report progress through performance meetings, which will encompass:

- Service branding
- Promotion of Services
- Response to general enquiries

- Handling of crisis/emergency situations
- Media and press enquiries.

This strategy will be reviewed at regular intervals.

The Service is expected to maximise the use of available technology and social media to effectively support its marketing strategy and communications. All information will be accurate and appropriate and will be accessible in accordance with the Council's Equality and Diversity Access Guide.

The Service will need to demonstrate their understanding of the population 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.

Clear and coherent communication will ensure that the public and professionals have an accessible route to access the service, and that partnership working between stakeholders is facilitated.

The service will have an independent brand/brands that will be approved by the Commissioner, and which will be appropriate across the range of its provision in the borough. The Commissioner reserves the right to own the copyright of all materials, resources and logos. The Service must seek explicit permission before using any council logo/branding in any manner.

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

The Service will make advice and information regarding its Services available to the public and organisations through a range of media. It will include information about these parties can receive support.

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

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

4.11 Service Interdependencies

The provider will ensure that the service establishes suitable working arrangements.

The successful Provider will have clear care pathways in place within the transition phase of the contract for communication with other key services as follows:
  o Reporting by laboratories e.g. at MCHT
  o Access to the Public Health Surveillance System
  o PHE mandatory enhanced surveillance system for HCAI
  o PHE Health Protection Team communicable disease surveillance data and gastro-intestinal surveillance data
  o Cheshire East TB Nursing Service.
(This list is not exhaustive)

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

4.12 Equality of Access to Services and Rural Geography

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

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

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

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

The provider will ensure that the service gives adequate consideration to specific service venues, any satellite venues such as in primary care and other universal settings, outreach settings, and to service opening times.

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

4.13 Using Information Technology

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 service's web page and Live Well Cheshire East entry. Leaflets and other forms of information such as contact cards will also be provided.

5. Workforce

5.1 Workforce requirements/ Structure

Those delivering the service are required to have a Management of Infection Prevention & Control Diploma to enable them to offer expert, specialist IPC advice, support and training. Those within the service will maintain continued professional development to ensure they are up to date with relevant national and local policies and guidance related to IPC.
Clinical Supervision will be a core requisite

5.2 Workforce Management/Development

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

6. Service Improvement

6.1 Service Feedback, Engagement and Co-production

Engagement and co-production with stakeholders must be a core principle within the Infection Prevention Control Service. Engagement and co-production must be embedded within the service practice to ensure that stakeholders and relevant individuals 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 stakeholders as follows:

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

6.2 Continuous Service Improvement

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

7. Contract Management/ Performance

7.1 Quality Specific Standards

The Provider is expected to have robust governance framework and supporting processes in place which ensure that it is compliant with appropriate legal requirements and standards. We would expect the governance framework to include but not be limited to the following:
- Communication between patients/ general public, and staff (including managers and clinicians);
- Communication between staff across wider services, including clinicians and managerial staff;
- Effective reporting and monitoring mechanisms for issues of concern whether relating to patients, or people connected to them, or employees;
- Service IT / data recording and storage systems;
- Incident reporting and health and safety matters;
- Reporting and monitoring of incidents and accidents to staff, volunteers and patients [including the management of violence and domestic violence];
- Health & Safety Inspection, and fire safety;
- Clinical Governance;
- Complaints and Compliments management for paid staff, volunteers and patients;
- Stakeholder engagement and co-production;
- Records Management;
- Equality of opportunity in service provision, recruitment and employment;
- Occupational health;
- Information Sharing and Information Security;
- Policies relating to confidentiality of information;
- Codes of conduct for staff;
- Documented processes/procedures for managing outbreaks and preventative infection control work.

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

7.1.2 Quality Assurance

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

a) The Provider will have quality assurance processes which clearly includes the standards and indicators to be achieved and monitored on a continuous basis by the Provider to ensure that the Service is delivered in accordance with the best interests of the Patient
b) The quality assurance processes will include the standards required, the method of attaining the standards and the audit procedure
c) The quality assurance processes will analyse feedback and measure the success of the Service in meeting the requirements set out in this Service Specification and the Monitoring Schedule
d) A quality assurance report summary will be made available to Patients and the Council upon request
e) There must be various means for stakeholders (such as organisations being supported) to supply feedback with regards to Service delivery and outcomes being met. These methods need to take into account their preferences as to the mechanism of feedback (questionnaire,

interview, phone call, Service review etc.) and the most appropriate format (i.e. language, pictorial, font size)

f) When negative written feedback is received by the Provider, either formally or informally, a formal written response from the Provider will be supplied noting its receipt and the action that will follow. This feedback will be copied to the Council

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

7.3 Performance Management

7.3.1 Performance Management Reporting

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

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

a) The Provider is responsible for having performance and quality assurance processes that are capable of providing evidence of achieving outcomes, quality of Service and Key Performance Indicators

b) It is the Providers' responsibility to submit performance and quality information as per the schedule and failure to complete and return the required information will be dealt with under Service failure and contractual action

c) The Council may choose to further verify submitted claims through feedback from Patients, Council Staff, Provider staff interviews and/or feedback as required

d) The Provider must have robust business continuity and contingency plans in place with regards to all levels of Service interruption or disruption. If Service interruption or disruption occurs, the Provider is to notify the Council immediately and ensure that alternative provision is sought

e) The Provider will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to patients, the staff team, the overall organisation or the Council is highlighted well in advance to the Council of any potential or actual incident

f) The Provider will allow inspection (insofar as it is relevant to the provision of care and the financial stability of the Provider) of financial records upon being given reasonable notice in writing. This shall include details of rates of pay for staff to ensure legal compliance and any other information deemed necessary by the Council to ascertain the stability of The Provider workforce or business

g) The Provider must ensure that their nominated managers attend reviews, multi-disciplinary meetings and submit monitoring information to The Council

h) The Council reserves the right to review or amend the contract management and quality assurance process during the contract term with one months' notice

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

7.3.2 Underperformance by Provider

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

a) The Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance

b) Suspension of referrals to the Provider will be initiated where any monitoring or feedback obtained exposes performance issues or incidents relating to breaches in Service delivery, which may also include safeguarding incidents

c) Suspension of referrals to the Provider will be initiated whereby an active informal Improvement Notice or formal Default Notice is in place or the Provider is under Large Scale Safeguarding Enquiry (LSE) procedures

d) Where there has been a serious breach or multiples breaches which may affect patient safety and wellbeing, the Council retains the right to move existing Provider business to alternative Providers. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion

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

7.4 Complaints, Compliments and Ombudsman Investigations

7.4.1 Complaints and Compliments

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

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

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

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

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

7.4.2 Ombudsman Investigations

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

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

Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council. The Provider shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent

act or omission by or on behalf of the Provider resulting from failure to observe and perform the obligations under this Agreement.

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

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

7.5 Whistleblowing

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

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

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

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

7.6 Managing Information

7.6.1 Commissioner rights to information

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

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

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

7.6.2 Commissioner Information Requests

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

7.6.3 Expectations in using systems

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

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

7.6.4 Record Keeping

The Provider will:

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

7.6.5 Storage of information

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

7.7 Policies and Procedures

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

- Health and Safety Policy including Lone Working
- Safeguarding / Vulnerable Adults Policy
- Complaints Policy
- Administration of Medication including prompts, handling, recording and auditing
- Manual Handling / Moving and Handling Policy
- DBS Policy
- Food Hygiene Policy
- Infection Control Policy
- Risk Assessment Policy
- Data Protection / Confidentiality Policy
- Whistleblowing Policy
- Supervision, Appraisal and Employee Development Policy
- Receipt of Gifts Policy
- Key Safe Policy

- Managing Challenging Behaviour Policy
- Environmental/Sustainability Policy
- Business Continuity Management Plan (localised to Stoke-on-Trent)
- Social Media Policy
- Referral Policy/Procedure
- Freedom of Information Policy

7.8 Equality and Diversity

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

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

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

7.9 Health and Safety

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

7.10 Safeguarding

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

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

http://www.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:
o Safe provision and storage of medication;
o How to make a referral for children in need, or a vulnerable adult, under safeguarding procedures;
o How to raise a concern in relation to domestic abuse;
o How to report and respond to safeguarding concerns about the practice of staff or volunteers;
o Set out how they will manage a complaint investigation and how the learning will inform practice and continuous development of the service;
o 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.

7.10.1 Exceptional Service Exclusion

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

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

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

7.10.2 Safeguarding for Vulnerable Children and Adults

The safeguarding of children and vulnerable adults must underpin all practice and Providers are expected to adhere to relevant legislation and guidance:
o The Care Act 2014 https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
o Safeguarding Children and Young People https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
o as well as statutory responsibilities within 1989 and 2004 Children Acts, critically:

'' Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.
Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation will exist and be effective at all levels of the organisation, from strategic level through to operational delivery.
Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. ''

Cheshire East Local Safeguarding Children Board and Local Safeguarding Adults Board have policies that must be adhered too and evidenced within Providers own policy, practice documents and records. The primary principle[s] here is that Providers have robust policies, practices and pathways in place to escalate matters will this be required, therefore being able to: **Recognise, Respond, Record, Recruit Safely and Risk Assess well in respect of service user/patient 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 user's from any form of abuse and to provide an early warning, the Provider must have in place a written Adult Safeguarding Policy and Procedure. This must mirror the principles of the North West Adults Safeguarding Policy, the Care Act 2014 and, especially Chapter 14 of the Care Act guidance. The Provider must supply the Council with a copy of its policy and procedure on request. The policy will include employee training, adequate record keeping and procedures for alerting other professionals.

In the event of any allegation under Chapter 14 of the Care Act and the North West Adults Safeguarding Policy, the Provider must work in co-operation with appropriate statutory agencies, other Providers, the complainant, their advocates and significant others to agree and implement a Support Plan aimed at providing support and preventing further abuse.

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

Where a safeguarding allegation comes to light, the Provider will make a safeguarding referral to the relevant social work team. Where possible, (unless it exacerbates risk), consent will be sought from the service user/patient as well as the patient/ 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

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

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

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

In the event that a Regulated Activity, as defined by the Disclosure and Barring service, is to be delivered by the Provider under this Contract, the Provider will be a Regulated Activity Provider for the purposes of the Care Act 2014, and also comply with all relevant parts of the Cheshire East Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, (which can be found on our website) and the North West Adult Safeguarding policy.

This can be found on the Safeguarding Board Website www.stopadultabuse.org.uk

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

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

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

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

- are registered with the DBS in accordance with the Safeguarding Vulnerable Groups Act and regulations or orders made thereunder; and

- are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service (DBS) including a check against the adults' / children's barred list; and

- In performing its obligations under this contract or any applicable call off contract, the Provider shall comply with all applicable anti slavery and human trafficking laws (including, but not limited to, the Modern Slavery Act 2015)

- Receive appropriate training regarding any policy put in place by the Council regarding safeguarding and promoting the welfare of Adults / Children at risk and regularly evaluate its employees' knowledge of the same.

- The Provider will monitor the level and validity of the checks under this clause for all Employees.

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

Will the Provider wish to employ a person who has a positive response (other than barring) on their DBS check, the Provider must undertake and put in place an appropriate Risk Assessment of the risk to patients

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

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

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

7.10.3 Provider and Named Safeguarding Lead

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

The successful Provider and their safeguarding lead must have in place:
- Clear referral and access criteria and documented pathways;
- Arrangements for the management of escalating risk;
- An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains patients' rights and responsibilities;

o A risk assessment process that accounts for a history of abuse and the person's vulnerability to abuse, including predatory behavior or sexual vulnerability
o A Quality Audit / Performance Monitoring system for safeguarding activity, that complies with contract and safeguarding performance reporting / monitoring requirements
o A clear process for reporting and managing allegations in relation to a member of staff or volunteer.

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

Note examples of improper conduct of staff or Volunteers include:

o **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*
o **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.*
o **Sexual** - *Sexual activity of any kind where the vulnerable person does not or is not able to give consent.*
o **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)*
o **Discriminatory Abuse** - *Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity or sexuality.*
o **Organisational Abuse** - *Where routines and rules make a person alter his/her lifestyle and culture to fit in with the institution.*
o **Financial** - *Taking money and/or property without permission. Using pressure to control a person's money/property/ benefits. Taking or offering any financial inducements.*
o **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.*
o **Radicalisation** - *is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.*

Any staff member who is the subject of allegations must be suspended from providing any services under this contract until the matter is resolved to the satisfaction of the Commissioner. Where appropriate a report will be made to the local authority – for those working with children and young people to the LADO [Local Authority Designated Officer].

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

7.11 Prevent and Channel Duties

The Provider must ensure that they adhere to Prevent and Channel duties. The national Let's Talk about it campaign[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

---

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

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.

8. Governance

8.1 Legal compliance

The Provider will ensure that the service is fully compliant with all relevant legislation and regulations. The service will be delivered within the allocated budget. Failure to meet agreed targets would result in the commissioner requiring a remedial time specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions.

8.2   Lead Provider / Consortia / Multiple or Joint Providers

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

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

8.3   Service sustainability and Business Continuity

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

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

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

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

8.4   Strategic Governance

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

8.5 Information Governance

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

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

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

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

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

8.6 Clinical governance

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

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

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

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

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

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

9. Background

9.2 Local Context

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

65-75 years
44,822
12%

75-85 years
26,204
7%

85+ years
11,214
3%

Under 65
0-64 years
293,152
78% of population

Older People

65 years +
82,240
22% of population

Working age
300,407

People are living for longer

Almost one in five people who live in Cheshire East is over the age of 65

Just over one in ten people who live in Cheshire East is over the age of 75

Average female life expectancy of
83.8
years
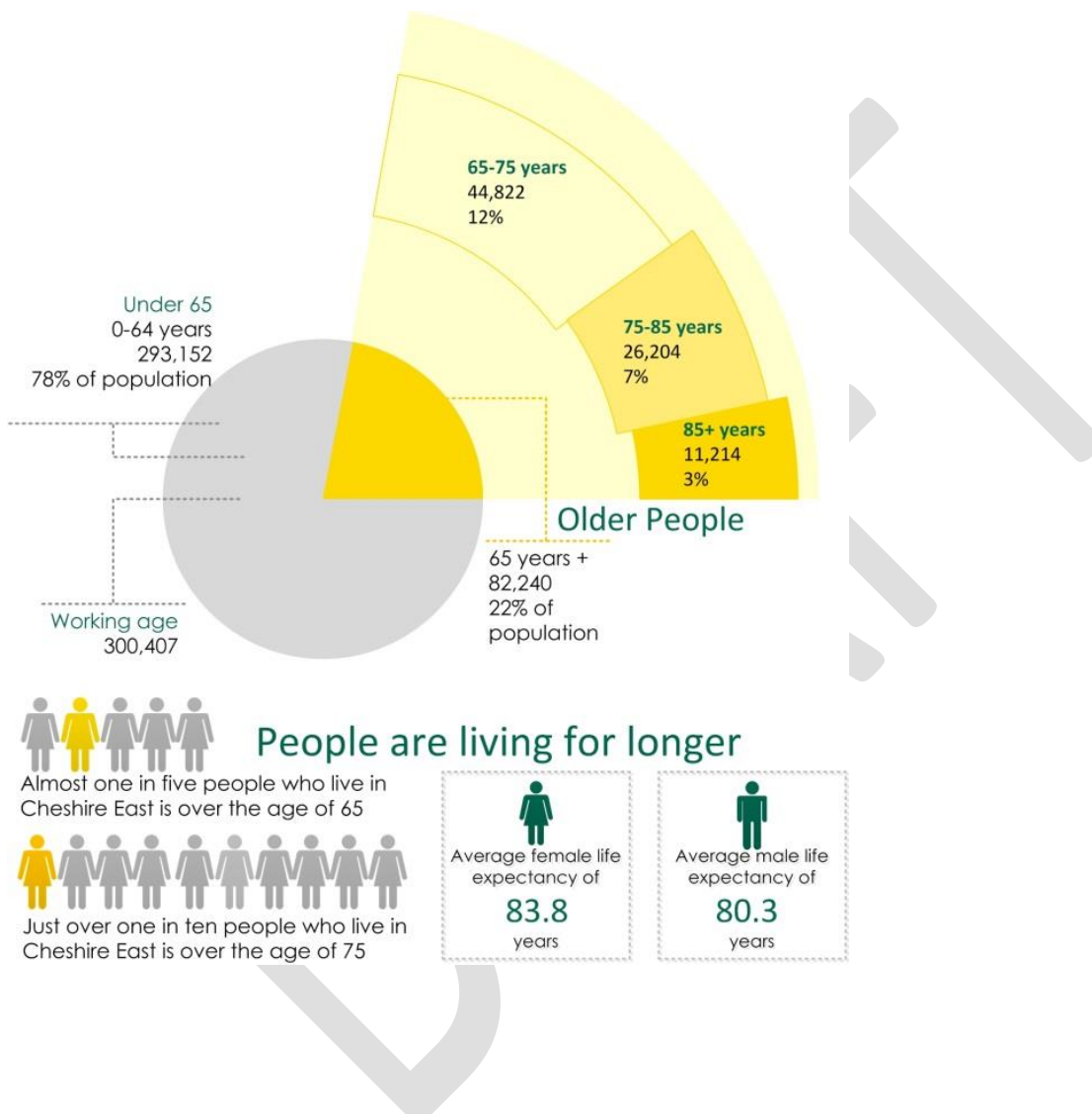
Average male life expectancy of
80.3
years

The service transformation and re-commissioning of Infection Prevention Control is a priority within the **Cheshire East Council People Live Well for Longer Commissioning Plan (2017)**[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.
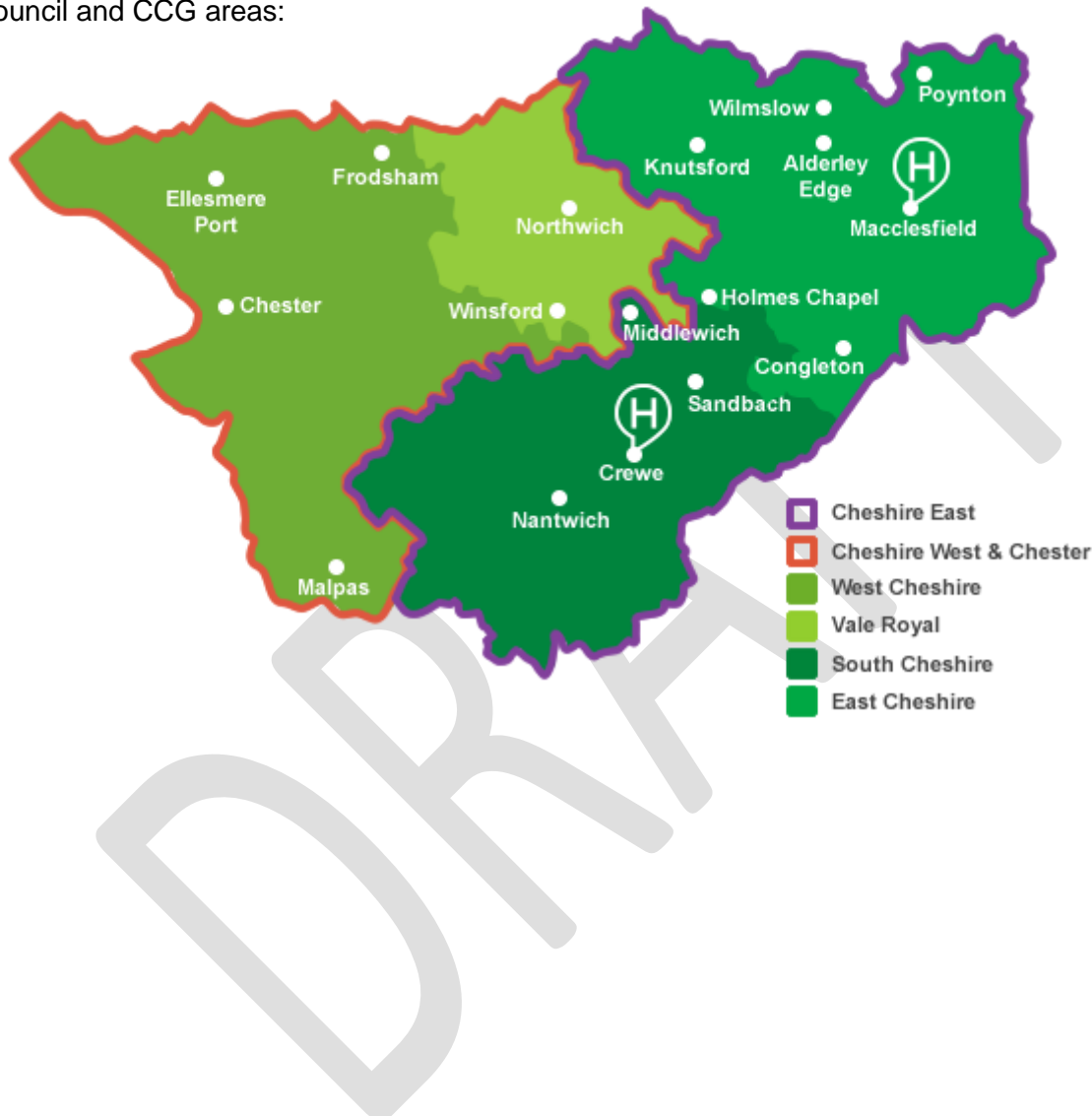
Sexual orientation

5-7%
LGBT (estimate)

Race

93%
white british

Gender Reassignment

0.02% of residents based on national statistics

18%

Inclusion

3% | 5%

Percentage of residents for whom English is not their main language | Born outside British Isles

Sex

51% female **49%** male

Disability

Marriage and civil partnership

51% residents are married

In 2014 there were 4,535 conceptions to women in Cheshire East. This equates to a conception rate of 71.9 per 1,000 women (within age group)

Maternity and conception

3,848
Live births to women living in Cheshire East in 2015

Source: ONS publications

Religion and belief

As reported in the 2011 Census, the proportion of Cheshire East residents classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% and people saying they had no religion correspondingly doubled from around 11% to 22%.

69% Christian

None 22%

Not stated 7%

2%

Muslim 0.66% | Hindu 0.36%
Buddhist 0.24%
Jewish 0.16%
Other 0.29%
Sikh 0.07%

All other religions and beliefs

[8] Cheshire East Council People Live Well for Longer Commissioning Plan (2017)

If Cheshire East was a village of 100 people:

13 People would smoke

22 People would be obese

People's lives may be limited by bladder problems (continence) in 2020

5

22 people would binge drink

22

6 People would describe their health as 'bad' or 'very bad'

At least one person will have a learning disability

1 Person is likely to have a longstanding health condition following a stroke
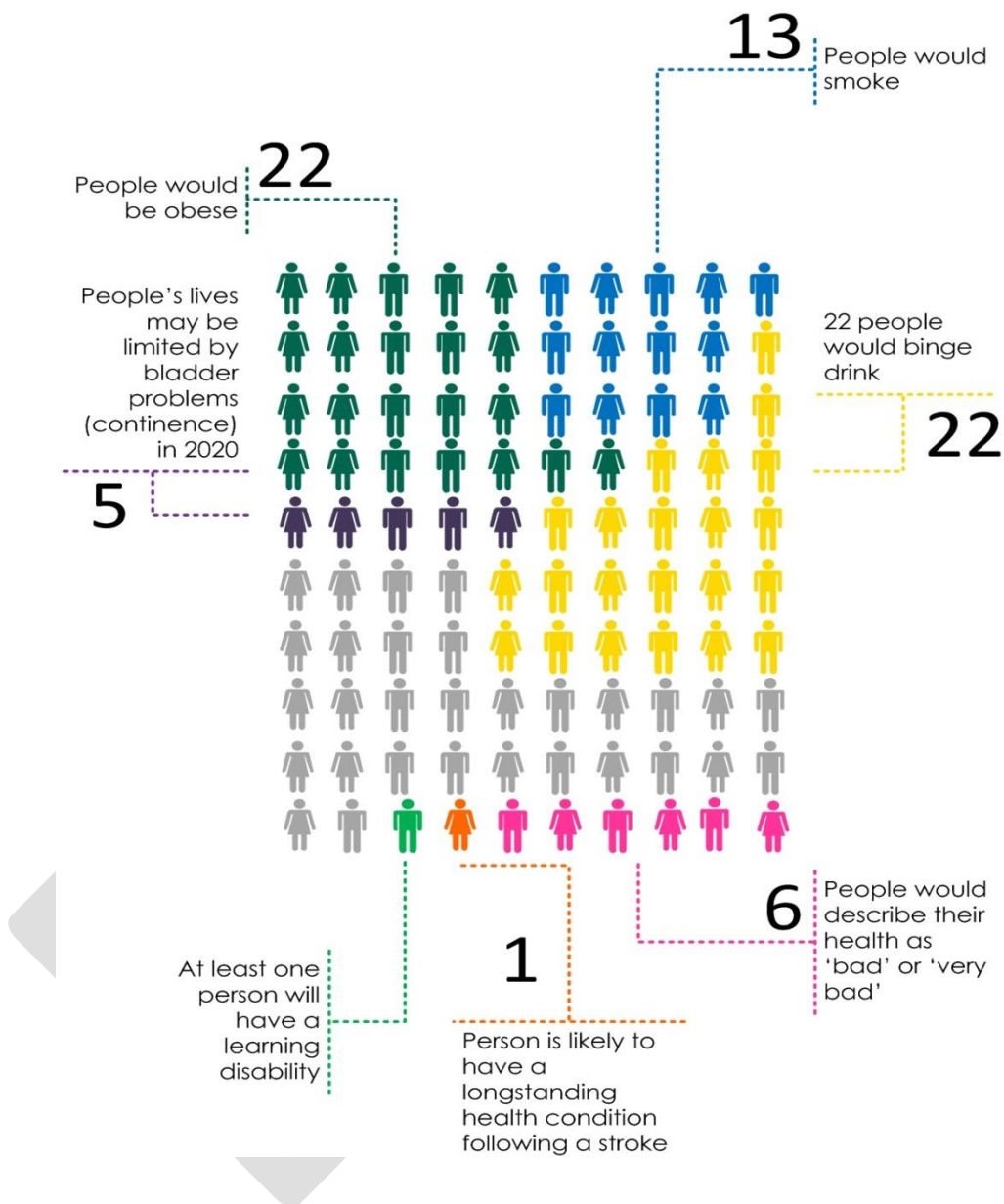
There are **82 elected members in Cheshire East** with **52 Wards** and **7 Local Area Partnerships (LAPS)**. The **Cheshire East Connected Communities Strategy (2017)**[9] describes how Cheshire East Council are undertaking community development activities through assets based approach (ABCD) to develop 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] consists of 6 priority outcomes which include:

[10] The Cheshire East Council Corporate Plan (2016-2020)
https://moderngov.cheshireeast.gov.uk/documents/s45997/CEC%20Corporate%20Plan%202016%20d.pdf
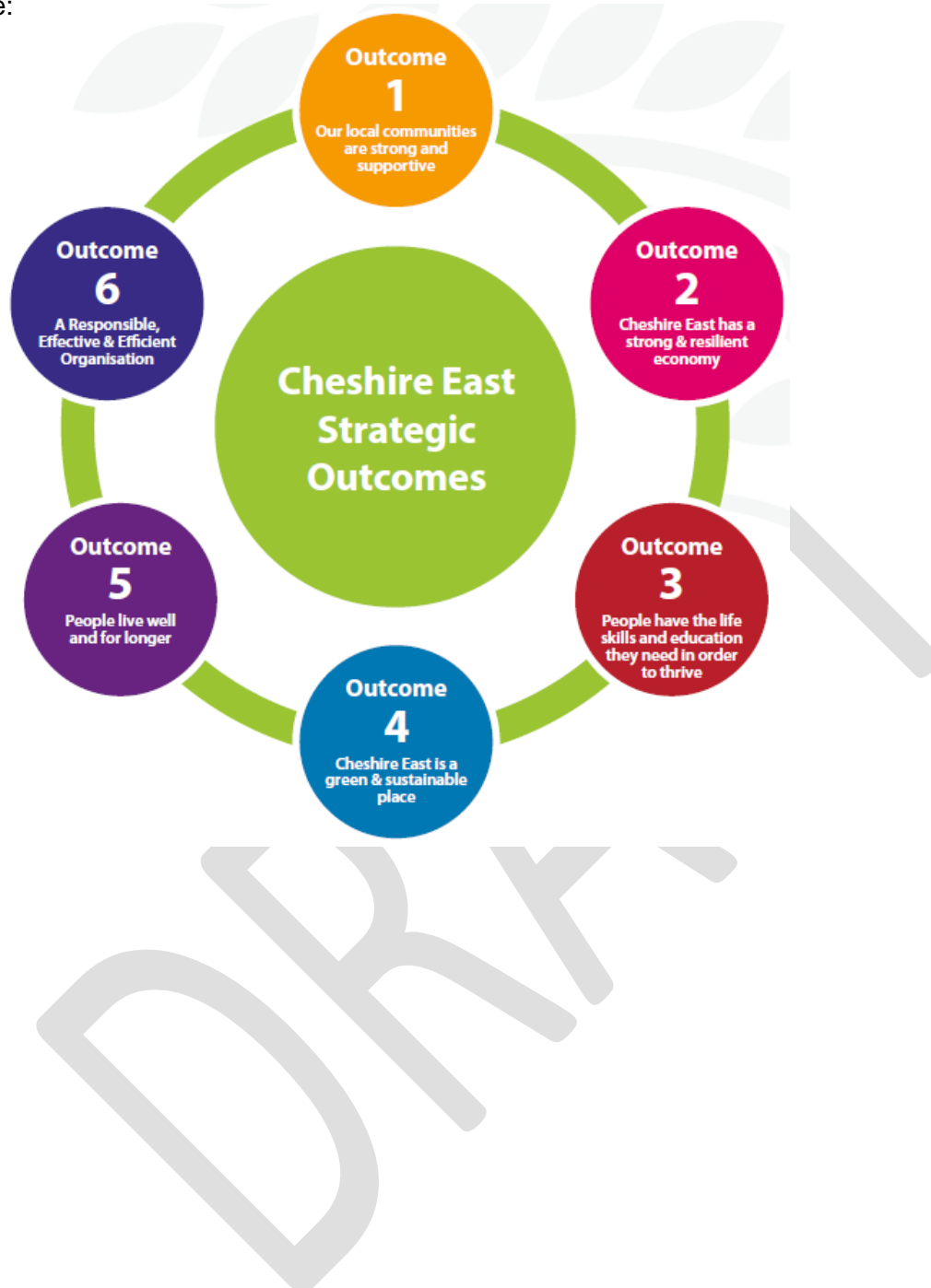
Live Well Cheshire East[11] is a new online resource developed by the Council launched Spring 2017, providing an asset map of local services and support, giving residents choice and control of available services and information on:

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

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

Service Specific Strategies

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

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

Further information can be found from**:** http://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/working-in-partnership/childrens-trust/childrens_trust.aspx

9.3 Needs Assessment and Asset Mapping

The Cheshire East Joint Strategic Needs Assessment (JSNA)
http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx

In addition to local need it is also important to understand local strengths and assets, which are particularly important to enable the Provider to take an asset based approach to service delivery. The **Live Well Website**Error! Bookmark not defined. provides an evolving asset map of local services and support. The website provides information about local services, as well as wider community assets such as faith groups, community centres, sports groups, and housing support etc.

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

---

[11] Live Well Cheshire East http://www.cheshireeast.gov.uk/livewell/livewell.aspx

Appendix B: Accommodation with Care - Infection Prevention Control Contractual Requirements

Note: this is provided for reference

General Infection Control Responsibilities

The Provider shall take all reasonable measures to reduce the risk of healthcare associated infections, and ensure:

- The provision of an annual infection prevention and control programme and statement, which includes training, education and audit;
- Infection prevention policies and procedures are implemented;
- Information is provided to other health/social care providers on resident's infection status and risk factors;
- Infection Prevention Teams and/or Public Health England are contacted as required regarding outbreaks of infection.

- The Provider will follow advice and guidance given by Public Health England and the Council's Infection Prevention Control Provider to minimize the spread of infection, including hand hygiene, isolation of cases, high temperature washing, staff exclusion, time requirements etc.
- The Provider shall ensure all appropriate staff are aware of and trained in their role in infection prevention and control. Designated staff shall be aware of Public Health England and local resources/arrangements for accessing advice on the prevention and control of infection;
- The Provider shall ensure that relevant staff have the knowledge and skills and equipment to manage and ensure good hygiene standards.
- The Provider shall ensure that at each of the Care Homes there is a nominated Infection Control Lead who shall:
- Be a senior nurse or other responsible person and will be responsible for infection control on the Premises;
- Undertake additional training in infection control to be able to recognise problems as they occur and seek specialist advice;
- Attend an annual training/link clinician session and disseminate information/training to other care staff in the care home.
- The Provider shall co-operate with and support screening procedures and any prescribed decolonisation procedures, in particular in relation to Residents at high risk of contracting healthcare acquired infections.
- Participate with the Council's Infection Prevention and Control Team's annual programme of audit.

Outbreaks/Root Cause Analysis

The Provider shall collaborate with the Commissioning Partners Infection Control Nurse to undertake root cause analysis of all healthcare associated infections and take suitable and all reasonable action to prevent further incidences; this must include but is not limited to:

- Training for staff in infection prevention and control measures
- Hand hygiene facilities for staff and visitors
- Personal protective equipment
- Cleaning schedules
- Reporting of outbreaks to the local Infection Prevention and Control Team
- Records will be kept in all cases of infection

- Premises occupied for the purpose of carrying on the regulated activity,
- Materials to be used in the treatment of Residents where such materials are at risk of being contaminated with a health care associated infection.
- Instances of national emergency
- The implementation of actions following root cause analysis of MRSA bacteraemia, CDI or other serious infections.
- The Provider shall follow such decontamination procedures and control of infection measures as are instructed as necessary by the Commissioner's Prevention and Infection Control Specialist.

Self Assessment/Surveys

The Council's 'Accommodation with Care' contract mandates that a self-assessment form will be completed in relation to Infection Control and provided to the Local Authority and Infection Prevention Control Service. The provider will also participate in an audit process within each financial year as required by the Infection Prevention Control Service.

Influenza and Residential Homes

Under the Council's 'Accommodation with Care' contract, providers have specific responsibilities to meet in relation to flu. This includes that:

- Workers will be provided with a flu vaccination by their employer.
- Residents will be facilitated to access seasonal flu vaccination, and their vaccination status will be documented. In the event of an outbreak of flu these records will be easily accessible to determine the proportion of residents vaccinated.
- The Provider will supply statistics on number of staff who have received a vaccination for the new flu season (the new flu season would be classified as beginning in September of each year) against total staff. This will be provided both to the Local Authority and the Infection Prevention Control Service.
- The Provider will ensure staff are aware of plans to respond to suspected or confirmed cases / outbreaks of Flu or Flu-like illness and put in place the necessary actions, including implementing basic principles of Infection Prevention and Control (IPC) and reporting to the Infection control team, Public Health England etc