

Personal Budgets (Version 4 - April 2014)  
Appendix 4 – Essex Provider Communication  
Documentation

Personal Budgets (December 2013)

Appendix 1 – Essex Provider Communication  
Documentation

## NHS North Essex Cluster PCT's (The Partners)

### Response to Qualified Provider Specification and Statement of Compliance

#### Service Specification: *Children and Young People's Continuing Care Services*

##### **Potential providers to Note:**

This response to the Service Specification (as advertised on the PARTNERS website and 'Supply2health') is required for services that are specified at a higher risk than those provided by a supplier under existing NHS contracts. This Response, the Technical Requirements, and the Statement of Compliance form the basis against which the Willing Provider's Response to the Specification will be quality checked and evaluated. The following Response and Statement of Compliance provides potential providers with a list of the key areas that **must** be addressed. Potential providers shall respond to **all** of these areas relating to the requirements of the service specification (Section 2) and the technical requirements (Section 3). In the event that a potential provider cannot meet any of the specific requirements, the potential provider shall provide a detailed reason as to why a response cannot be given. The THE PARTNERS may seek to clarify Responses given by a potential provider but reserves the right to reject any application which fails to pass these Governance checks.

By submitting a response to the Service Specification applicants are agreeing to comply with the NHS Mid Essex corporate and clinical governance arrangements described in the Service Specification. The Potential providers' response to the Specification should be divided into four sections:

The four sections are:

1. Company Details
2. Response to the Specification & Technical Requirements
3. Price and costs where applicable
4. Completion of the Statement of Compliance

## 1. Company Details

Please complete, "Company Details".

INFORMATION REQUIRED	RESPONSE
<b>Registered Company/Practice Name</b>	
<b>Registered Company/Practice Address</b>	
<b>Registered Number</b>	
<b>Contact Name for Enquiries related to your Application</b>	
<b>Contacts company position</b>	
<b>Contacts email address</b>	
<b>Contacts landline telephone number</b>	
<b>Contacts mobile telephone number</b>	
<b>Date of Registration:</b>	
<b>VAT Registration Number</b>	

<b>Charities or Housing Association or other Registration number (if this applies). Please specify registering body:</b>	
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Guidance note – the table above will be populated by the Potential provider.

## 2: RESPONSE TO SPECIFICATION & THE TECHNICAL REQUIREMENTS

The following table needs to reflect all the elements of the Technical Requirements. A number of points are highlighted in red; these are considered aspirational requirements that will be worked towards and implemented by April 2012.

Responses to Specification & Technical Requirements will be scored 0-3

3 = Satisfactory – has answered NO to the question

2 = Minor Concerns – has answered YES to the question but has given sufficient explanation to give assurance that this would not be an issue or concern

1 = Major concerns – has answered YES to the question with an explanation that has not given assurance that this issue has been addressed

0 = Unsatisfactory – has not answered this question or has answered YES to this question but has not provided a satisfactory explanation

Specification & Technical Requirement	Details of Requirements	Response
<b>MODULE A – THE AGREEMENT</b>		
COMMENCEMENT, DURATION & TRANSITION	<p>The Provider shall accept the referral of patients, subject to the provision and agreement of relevant care plans.</p> <p>Receipt of referral to be confirmed within 2 working days.</p> <p>Response to referral request confirmed within 5 working days of receipt.</p>	
REPRESENTATIONS AND WARRANTIES		

SERVICES		
BUSINESS AND SERVICE CONTINUITY	<p>What are the main business activities of your organisation?</p> <p>Please provide details of three recent contracts that are relevant to the PCTs requirement. If you cannot provide three references, please explain why.</p> <p>Please include a brief description, including where services were carried out and roles and responsibilities of your organisation.</p>	
SERVICES ENVIRONMENT AND EQUIPMENT		
PRICES & PAYMENT		
STAFF	<p>How many managerial staff does your organisation currently have?</p> <p>How many non-managerial staff does your organisation currently have?</p> <p>How many staff does your organisation currently have in total?</p>	
CONSENT		
DATA PROTECTION & FREEDOM OF INFORMATION		
INFECTION CONTROL	<p>Systems are in place to ensure appropriate infection control procedures are in place</p>	<p>Infection control policy in place which includes procedures and staff training for:</p> <ul style="list-style-type: none"> <li>Hand washing</li> <li>Sharps</li> <li>Waste management</li> <li>Decontamination</li> </ul>

		Mandatory Audit reports and action plans
VARIATION OF CONTRACT		
INSURANCE AND INDEMNITY	To operate a Patient consent policy	Indemnity insurance document
DISPUTES, ESCALATION AND RESOLUTION		
NHS NATIONAL INDEPENDENT SECTOR CONTRACT		
SEVERABILITY	Is in, or has been in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings	
TERMINATION		
ASSIGNMENT AND SUB-CONTRACTING		
STATUTORY AND OTHER REGULATIONS		
MODULE B – PERFORMANCE REQUIREMENTS – SPECIFICATION, QUALITY AND PRODUCTIVITY		
STANDARD 1 ~ INFORMATION		
STANDARD 2 ~ NEEDS ASSESSMENT		
STANDARD 3 ~ MEETING NEEDS		Care plans should be person focused.
STANDARD 4 ~ THE PATIENT (AS SPECIFIED WITHIN THE INDIVIDUAL REFERRAL AND FUNDING FORM) CONTRACT WITH THE PROVIDER		
STANDARD 5 ~ CONFIDENTIALITY		
STANDARD 6 ~ RESPONSIVE SERVICES		
PERSONAL CARE ~ STANDARDS 7		
STANDARD 7 ~ ACCESS TO THE SERVICE: SERVICE USER PLAN		
STANDARD 8 ~ PRIVACY AND DIGNITY	Proactive feedback from users with regard to an individual and family's privacy and dignity.	Patient feedback through satisfaction survey
STANDARD 9 ~ AUTONOMY AND INDEPENDENCE		
STANDARD 10 ~ MEDICATION	Effective management of medicines in the community.	Robust procedures including administration, ordering, storage and disposal of medicines,



		<p>incorporating management of oxygen and management of all medicines</p> <p>Evidence of general and child specific medicines management training.</p> <p>CQC Standards of Quality and Safety – Outcome 9 applies</p>
<p>STANDARD 11 ~ SAFE WORKING PRACTICES</p>	<p>In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal?</p> <p>In the last three years has your organisation been the subject of a formal investigation on grounds of alleged unlawful discrimination by, for example, the Commission for Racial Equality (CRE), Disability Rights Commission (DRC), Equal Opportunities Commission (EOC) or Equality and Human Rights Commission (EHRC)?</p> <p>Does your organisation have, and fully comply with a written health and safety at work policy?</p> <p>If yes, please supply an electronic copy of your organisational Health and Safety</p>	

	General Policy Statement	
STANDARD 12 ~ RISK ASSESSMENT	<b>Systems are in place to ensure premises, environment and equipment are fit for purpose</b>	Risk assessments reports and plans H&S checks Fire safety checks Equipment maintenance checks and equipment managed in line with Managing Medical Devices Guidance for healthcare and social services organisations DB2006(05) Procedure for reporting RIDDOR Procedure for MDA Alerts, NPSA Alerts, DH Alerts and EFA alerts being received and acted upon
STANDARD 13 ~ FINANCIAL PROTECTION		
STANDARD 14 ~ PROTECTION OF THE PERSON		
PART 1 – SAFEGUARDING CHILDREN AND YOUNG PEOPLE	Please confirm that your organisation has, and fully complies with the following policies.  Incident reporting policy  Policy for implementing requirements of Patient Safety Notices  Control of Infection Policy  Decontamination Policy  Safeguarding Vulnerable Adults and Safeguarding Children Policy  Maintenance of Medical Devices  Medicines management  Disability Discrimination Act	
STANDARD 15 ~ SECURITY OF THE LIVING LOCATION		
STANDARD 16 ~ RECORDS KEPT IN THE HOME	<b>Record keeping</b>	

STANDARD 17 ~ RECRUITMENT AND SELECTION	<p><b>Do you use any of the following to assess the suitability of and compliance of potential workers?</b></p> <p><i>Person specifications</i>  <i>Written references</i>  <i>CRB Checks</i>  <i>Interview</i>  <i>Professional Registration</i>  <i>Professional Qualifications</i></p>	
STANDARD 18 ~ REQUIREMENTS OF THE JOB	<p><b>Systems are in place to ensure job descriptions and contracts are in place and reviewed appropriately</b></p>	<p>Job descriptions  Contracts</p>
STANDARD 19 ~ DEVELOPMENT AND TRAINING	<p><b>Systems are in place to ensure staff receive Continuous Professional Development, relevant training</b></p>	<p>Annual Appraisal of staff  Personal Development plans  Supervision /mentoring arrangements  Training records for essential training</p> <ul style="list-style-type: none"> <li>• Fire</li> <li>• Basic Life Support</li> <li>• Equipment training records</li> <li>• Child and adult protection training</li> </ul> <p>Evidence that all staff have received training in this area.</p>
STANDARD 20 ~ QUALIFICATIONS		
STANDARD 21 ~ SUPERVISION	<p>Supervision in line with statutory requirements</p>	<p>Clarity of specific job roles and sufficient time and support for individuals.  Staff have access to a named supervisor.</p>
STANDARD 22 ~ BUSINESS PREMISES, MANAGEMENT AND PLANNING		
STANDARD 23 ~ FINANCIAL PROCEDURES		
STANDARD 24 ~ RECORD KEEPING		

STANDARD 25 ~ POLICIES AND PROCEDURES		
STANDARD 26 ~ COMPLAINTS AND COMPLIMENTS	<p><b>Staff satisfaction</b>  <b>Systems are in place to ensure all complaints are investigated, appropriate action taken and learning takes place</b>  <b>Patient / user experience is sought and acted on</b></p>	<p>Annual staff survey with action plan  Policies / procedures  Compliments / Complaints / PALS reports  Evidence of learning from complaints / changes to practice  Annual Patient/ user surveys / feedback mechanisms with action plans  Patient reported outcome measures if available</p>
STANDARD 27 ~ QUALITY ASSURANCE AND MONITORING	<p><b>Systems are in place to ensure patient/public consultation</b>  <b>EXTERNAL ACCREDITATIONS / VISITS</b></p>	<p>Patient / public input into planning and evaluating services  Reports on any professional, quality, Health and safety, or audit or Local Involvement Networks (LINKS) visits.</p>
SERVICE DESCRIPTION		
DISCHARGE CRITERIA AND PLANNING		
PREVENTION, SELF-CARE AND PATIENT AND CARER INFORMATION		
CONTINUAL SERVICE IMPROVEMENT/INNOVATION PLAN		
BASELINE PERFORMANCE TARGETS – QUALITY, PERFORMANCE & PRODUCTIVITY	<p>Have you had any contracts terminated for poor performance in the last three years, or any contracts where damages have been claimed by the contracting authority?</p>	
ACTIVITY		
SECTION 2 – SUMMARY OF ACTIVITY, FINANCE & PAYMENT		

SUMMARY OF ACTIVITY PLANS		
SUMMARY OF FINANCE AND PAYMENT		
SECTION 3 – SUMMARY OF BASELINE QUALITY, PERFORMANCE AND PRODUCTIVITY REQUIREMENTS		
SECTION 4 – INCENTIVE SCHEMES		
INFORMATION REQUIREMENTS		
SCHEDULE 1: SERVICE PROCEDURES		
SCHEDULE 2 – ESSENTIAL SERVICES		
EQUALITY AND DIVERSITY		<p>Policies include legislation for equality and human rights - specifically Race, Disability and Gender.          Equality data is collected and used to improve access to services          Impact assessments undertaken on policies and services          Consultation on new services in respect of equality</p>

Guidance note – the table above will be populated by the Potential provider, additional rows should be added to the table as required.

### 3. Price – (where applicable)

Not applicable

#### 3.1 Price Variation

The price will remain fixed (As stated in Appendix 1 of the Service Specification) for the full term of the Agreement unless agreed by contract variation.

### **3.2 Parent Company Guarantee**

If requested to do so by the THE PARTNERS, Potential providers must be willing to provide a Parent Company Guarantee or other such deed of guarantee as considered appropriate by the THE PARTNERS.

### **4. Statement of Compliance**

*I warrant that I have all the requisite corporate authority to sign this response and confirm that I have complied with all the requirements set out.*

Signed for and on behalf of the above named Potential provider:

Signature: .....

Position: .....



**NHS North Essex**

Swift House  
Hedgerows Business Park  
Colchester Road  
Chelmsford  
Essex  
CM2 5PF

Tel (direct): 01245 459356  
Fax: 01245 397770  
Email: [carolyn.lowe@nhs.net](mailto:carolyn.lowe@nhs.net)

Dear parent / carer,

## Can You Help?

NHS Essex PCT's and Essex County Council are working in partnership to deliver joint packages of care for children and young people who are eligible for NHS continuing care funding. It is our priority that the services we commission are of high quality, fit for purpose and value for money and meet the required standard agreed by NHS Essex PCT's and Essex County Council. To ensure these priorities and standards are met we are inviting care providers to participate in an assessment and accreditation process which will determine approval for commissioning packages of care in the future.

As parents/carers of children and/or young people who are in receipt of continuing care we recognise that you have unique knowledge and experience of what you expect from a care provider. This information is vital to our accreditation of these organisations and therefore we would welcome you to inform us of any questions you would like us to ask providers so that we can incorporate these within our assessment process.

If you have any questions you would like to put forward then please telephone or write to:

Carolyn Lowe  
Children's Continuing Care Commissioning Manager  
Swift House  
Hedgerows Business Park  
Colchester Road  
Chelmsford  
Essex  
CM2 5PF  
Tel (direct): 01245 459356  
Fax: 01245 397770  
Mobile: 0780 1557977  
Email: [Carolyn.lowe@nhs.net](mailto:Carolyn.lowe@nhs.net)

Kind Regards



Carolyn Lowe  
Children's Continuing Care Commissioning Manager







NHS North Essex



NHS South East Essex  
and NHS South West Essex

**Document 3**  
**NHS North Essex**

**MEMORANDUM OF INFORMATION**

**For the Provision of:**  
**Any Qualified Provider for**  
**Children and Young People's Continuing Care**

**On behalf of:**  
**The NHS Essex PCT's**

# PROVISION OF CONTINUING CARE SERVICES FOR CHILDREN AND YOUNG PEOPLE ACROSS ESSEX

## MEMORANDUM OF INFORMATION

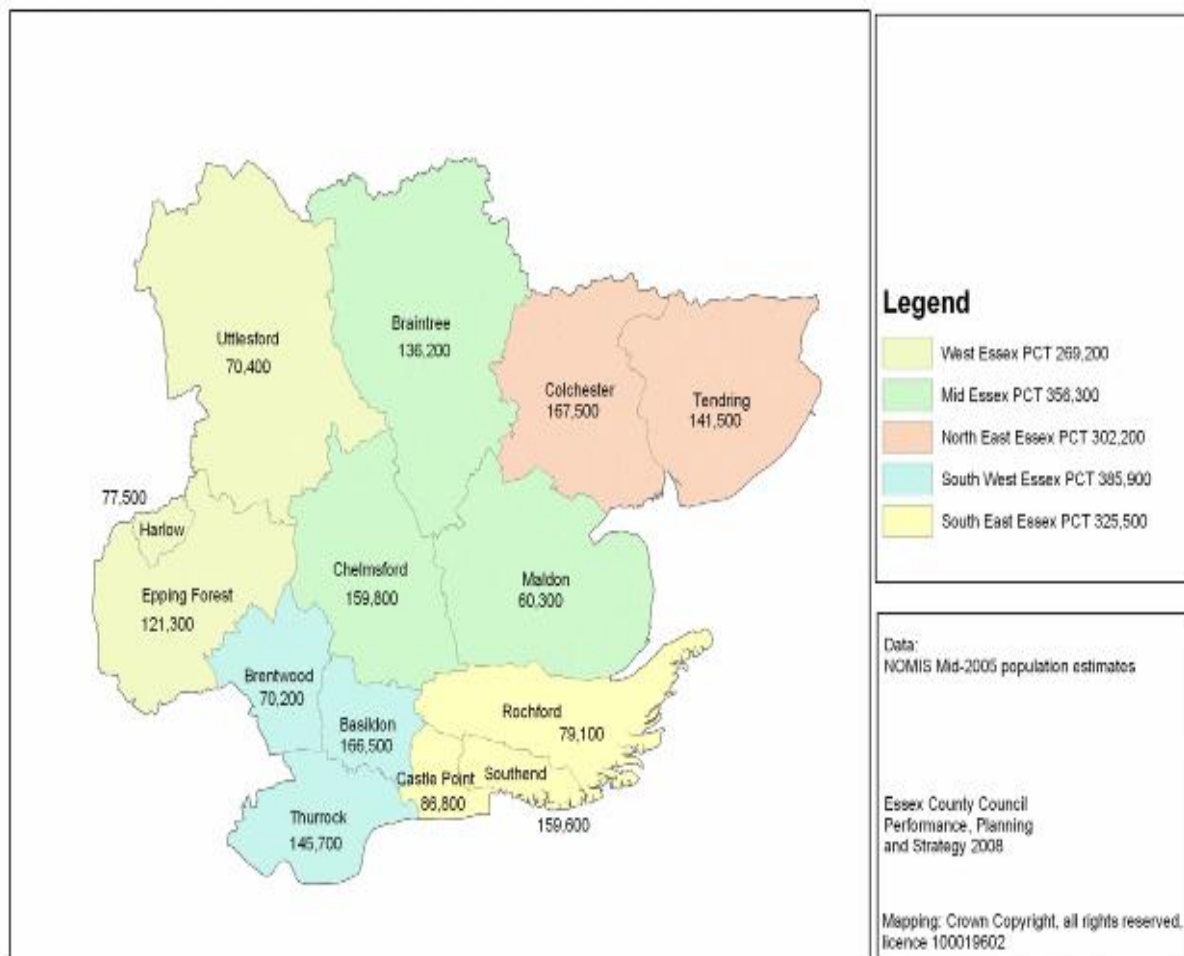
1. Essex NHS PCTs (the Commissioners) in partnership with Essex County Council, currently commission a range of continuing care services for children and young people through a variety of contractual arrangements. Current arrangements are due to terminate and the Commissioners must put in place successor arrangements. The Commissioners have identified a need for continuing provision of services from the independent sector and as a result have chosen to participate in an initiative to deliver children and young people's' continuing care services collaboratively.

Accordingly Essex NHS PCTs (the Commissioners) are seeking offers from Potential Service Providers to deliver a range of continuing care services for children and young people to meet the commissioning requirements across Essex.

From 1 October 2012 any Service Provider wishing to provide the Services being procured must have been accredited through an accreditation process. The Commissioners wish to receive proposals from organisations who are suitably qualified and experienced in providing care services for children and young people and who have the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability).

### INTRODUCTION AND BACKGROUND

- 1.1 Essex has a population of around 1.66m, residing in its twelve district and borough councils and the two unitary authorities of Southend-on-Sea and Thurrock with health services being provided by 2 cluster PCT's, NHS North Essex and NHS South Essex. By 2029, the population of Essex is expected to grow by somewhere in the region of 6.5% - 14%. It is the sixth most populous county in England with the second-largest population of any nonmetropolitan county after Kent, making up a quarter of the population of the East of England region. The biggest towns in Essex are Chelmsford, Colchester and the seaside town of Southend



Pan Essex there is a growing number of children and young people with profound learning disabilities and/or multiple complex health needs; and a growing number of children with autistic spectrum disorders some of whom have very challenging behaviour. There are no accurate figures to show the number of disabled children in Essex although it is estimated to be 23,000 children with disabilities pan-Essex, of whom about 6,000 would be severely disabled. From this latter incidence of eligibility for children and young people is approximately 100 Pan Essex.

Continuing Care is a general term that describes a tailor made package of care needed over an extended period of time for children and young people with complex health needs which arise because of disability, accident or illness (including life limiting or life threatening conditions).

Eligibility for continuing care may be considered for children and young people whose health needs cannot be met by existing universal or specialist health services and where the child/young person's parents or carers require support to manage their child/young person's care at home and/or in their community.

As established within the Children's and Young People's Continuing Care Framework (2010) the NHS is responsible for leading the Children and Young Peoples continuing care process. NHS North Essex or NHS South Essex are therefore responsible for the establishment and management of governance which

facilitates the commissioning of bespoke packages of care with the Local Authority and other partners. NHS commissioners are responsible for ensuring that resources are turned into service provision in a flexible way. Bespoke provision is dependent on the partnership of actual services to enable the child or young person to function optimally within their family, community or care setting with each partner organisation funding their agreed contribution as in line with their statutory functions.

Essex NHS PCTs (the Commissioners) currently commission a range of continuing care services for children and young people through a variety of contractual arrangements. Current arrangements are due to terminate and the Commissioners must put in place successor arrangements. The Commissioners have identified a need for continuing provision of services from the independent sector and as a result have chosen to participate in an initiative to deliver continuing child care services collaboratively.

Bespoke packages of care range from 4 hours a month to 24 hours a day requiring 1:1 or 2:1 care support. The majority of these care packages are provided by health care workers following bespoke competency training. The level of individual care ranges from a carer being required to act as the responsible adult to 1:1 complex management of a tracheostomy ventilated child or young person.

The current number of children and young people in Essex in receipt of NHS continuing care is currently 75 with the total expenditure across NHS Essex PCT's being approximately 3 million per annum.

Children and young people in receipt of continuing care have unique needs which necessitate differing levels of care. The detail and proportionality of these care levels are detailed under 'Current Service Provision'

- 1.4 A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone. Continuing care does not cover children and young people with care needs that may be met appropriately through existing universal or specialist health services.
- 1.5 Children's Continuing Care Services for the purposes of this requirement refers to the provision of care to the service user in his/her living location or alternative agreed respite facility.
- 1.6 The Services being commissioned under this accreditation process will be procured via the Any Qualified Service Provider (AQP) model, the key objectives of which are:
  - To provide a range of quality, patient focused, care programmes to meet patients' needs ensuring an efficient service which gives a personalised tailored approach to care, taking account of the patient's dignity, respect, cultural and religious needs;
  - To develop seamless pathways of care by developing systems and processes so that patients receive continuous joined-up care provision

- To ensure care delivery meets all necessary standards in accordance with NHS Requirements directed by the Department of Health.
- To maintain and enhance choice through Plurality of Service Providers.
- To encourage innovative ways of working.
- To improve value for money through 'added value'.
- To move to a position where all Service Providers of services are using Standard NHS Contracts no activity or financial guarantees.

## 2. ANY QUALIFIED SERVICE PROVIDER (AQP)

2.1 Her Majesty's Government is committed to increased choice and personalisation in NHS-funded services. Choice for patients can be about the way care is provided, or the ability to control budgets and self-manage conditions. The government is specifically committed to extending patient choice of Any Qualified Service Provider for appropriate services.

2.2 Choice of Any Qualified Service Provider (AQP) means that when patients are referred (usually by their GP) for a particular service, they should be able to choose from a list of qualified Service Providers who meet NHS service quality requirements, prices and normal contractual obligations.

2.3 Extending patient choice of Service Provider is intended to empower patients and carers, improve their outcomes and experience, enable service innovation and free up clinicians to drive change and improve practice.

2.4 **The AQP model:** With the AQP model:

- There must be a big enough pool of potential Service Providers;
- Tendering is not required although Service Providers must still satisfy the Commissioner of their ability to deliver the services and comply with appropriate quality standards;
- There will be certainty of service specification and quality standards;
- There is no guarantee of payment or volume of activity;
- Services will be provided at a national, regional or local tariff so there is certainty of cost.

2.5 **AQP Key Principles** The following principles govern an AQP approach to contracting for services:

- a. Service Providers qualify and register to provide services via an assurance process that tests Service Providers' fitness to offer NHS-funded services.
- b. Commissioners set local pathways and referral protocols which Service Providers must accept
- c. Referring clinicians offer patients a choice of qualified Service Providers for the service being referred to
- d. Competition is based on quality, not price. Service Providers are paid a fixed price determined by a national or local tariff.

## 2.6 Qualification process

- 2.6.1 The qualification process will ensure that all Service Providers offer safe, good quality care, taking account of the relevant professional standards in clinical services areas.
- 2.6.2 The governing principle of qualification is that a Service Provider should be qualified if they:
- a. are registered with CQC and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements
  - b. will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law
  - c. accept NHS prices
  - d. can provide assurances that they are capable of delivering the agreed service requirements and comply with referral protocols; and
  - e. reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols
- 2.6.3 The qualification or accreditation process is handled exclusively through the Supply2Health website AQP Portal **www.supply2health.nhs.uk**. The AQP offer for Children and Young People's Continuing Care services will be announced on the Supply2Health website and potential Service Providers are invited to complete the questionnaires found in the AQP portal and to upload into the portal relevant documentation sought by the Commissioners.
- 2.6.4 Once accreditation (qualification) has been achieved accredited Service Providers will be invited to enter into contracts with individual commissioners to deliver required services at the tariffs agreed during the accreditation process.

## 3. COMMERCIAL FRAMEWORK

- 3.1 The attention of Potential Service Providers is drawn to the following commercial information:
- 3.2 **Price** Prices will be determined depending on the Services offered. Commissioners will discuss the range of Services that Service Providers offer (including any exclusions wanted by Service Providers). Commissioners wish to agree appropriate prices which reflect the Services offered. No revenue guarantees will be offered and Service Providers must take the commercial risk on referral levels.
- 3.3 **Insurance** It is currently anticipated that the NHS Litigation Authority (NHSLA) will have made the Clinical Negligence Scheme for Trusts (CNST) insurance available to all independent sector Service Providers by 1st April 2011. Therefore the accreditation process assumes that Service Providers will have obtained CNST insurance prior to service commencement by either:

- Entering into the CNST insurance arrangements or
- Arranging their own commercial clinical indemnity which must be reasonably comparable to CNST.

4.4 **Clinical** The Commissioners are looking for Service Providers with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to deliver high quality, patient-centred elective care and associated diagnostic capability in a safe and effective manner. Service Providers will be required to co-operate effectively with local Health Service bodies, Social, Transport and other NHS contracted Service Providers to provide seamless care for patients.

4.5 **Waiting Time Standards** Service Providers will be required to manage their services to ensure that at all times the Service Providers meet the waiting time standards as defined by the Department of Health and in line with local Commissioning operating standards and service specification.

#### 4.6 **Workforce**

4.6.1 **Policies and Strategies** Potential Service Providers are required to provide evidence that all proposed workforce policies, strategies, processes and practices comply with all relevant and subsequent employment legislation applicable in the UK and in addition comply with the provisions outlined in:

- Safer Recruitment to NHS Employment Check Standards (March 2008),
- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) (the Code of Practice) and
- Standards for Better Health (April 2006).

4.6.2 **Pensions** Potential Service Providers should assume that their staff will not be able to participate in NHS pension and injury benefit arrangements.

4.6.3 **Other Staffing Issues (TUPE)** Potential Service Providers will need to consider whether and to what extent any of the following staff may transfer to the Service Provider in accordance with TUPE at service commencement:

- any staff (including any sub-Service Provider staff) currently engaged in the provision of services under any existing continuing Care Agreement and/or
- any staff providing services to the Service Provider under any existing continuing Care Agreement under any applicable service level agreement.

If TUPE applies to transfer employees of any NHS Trust to the Service Providers, the TUPE regulations, applicable employment law (including the



Employment Act 2008) and the Principles of Good Employment Practise for Government, Contracting Authorities and Suppliers will apply.

#### 4.7 **Training**

4.7.1 Provider's will be expected to have a continual training development programme for all clinical and front line staff and will be expected to provide details of the processes in place to ensure that staff are appropriately trained , registered and qualified.

#### 4.8 **Equipment**

Providers will be responsible for the maintenance of their own equipment, unless Commissioners agree as a part of specific care packages to the provision of specialist medical equipment.

#### 4.10 **IM&T Requirements**

4.10.1 **IM&T Service Requirements** Service Providers will be responsible for providing the IM&T services required to meet their obligations under the Contract. This includes maintaining the Service Provider's systems in order to comply with changes to NHS technical or data standards.

4.10.2 Where appropriate Service Providers will need to comply with the NHS England Information Management and Technology (IM&T) requirements of the National Programme for Information Technology (NPfIT). NPfIT is managed by NHS Connecting for Health (NHS CfH). Guidance in relation to Independent Sector compliance with NPfIT can be found at the following link:  
<http://www.connectingforhealth.nhs.uk/systemsandservices/ishealthprog/toolkit/miniguide.pdf>.

4.10.3 **IM&T Infrastructure Requirements** Potential Service Providers should note that the National Network for the NHS (N3) will not be extended outside the boundaries of mainland England.

4.10.4 **Information Governance** The security of patients' personal information is of critical importance to the Commissioners and the Service Providers will be expected to exercise the highest standards of care and integrity to maintain the security of both manual and system managed information. In particular, the Service Providers shall comply with the:

- Data Protection Act 1998,
- The NHS Care Record Guarantee;
- the Access to Medical Reports Act 1988; and
- the Care Standards Act 2000

- at Least Level 2 of the NHS Connecting for Health Information Governance Toolkit IGSoC standards.

In relation to the recording, processing, storing and sharing of personal information, including Personal Data (as defined in the Data Protection Act 1998) and all Patient Information.

**The Service Providers must not cause or allow Personal Data to be stored outside of England, or transferred outside the European Economic Area without the prior consent of the relevant Lead Commissioner in conjunction and in agreement with the Associate Commissioners**

## 5. AIM OF THE SERVICES

5.1 The aims of the continuing care services are:

- To recognise the importance and advantages of joint/partnership working between parents/guardians/guardians of the service user, and other agencies to provide the best possible service together for the benefit of the service user.
- To support the parents/guardians of the service user with complex health needs enabling the service user to live at home with his/her family and within the wider community.

5.2 **Critical Success Factors** The Critical Success Factors are:

- Quality**
- Region Wide Approach**
- Affordability and Economies of Scale**
- Innovation and Improvement** The Customer is able to capitalise on industry expertise to improve the quality of the service year on year and to identify opportunities for service improvement and management of contracts.
- Scalability** Is flexible to changing requirements

5.3 The required outcomes for the service user are:

- Maintenance of a safe environment by provision of experienced and appropriately trained staff
- Minimisation so far as is reasonably practical, of all known risks whilst undergoing a change of environment (inside and outside of the home)
- Support to access mainstream services and specialist services as appropriate
- Support for the individual to achieve their full potential through the delivery of play, education and health care.
- To maintain social contact, friends and relationships within the community
- To live with a sense of security

- g. To receive a holistic approach to care which will facilitate support that meets an individual's health, social and educational needs.

## 6. SERVICE STANDARDS AND PRINCIPLES

- 6.1 The Service Provider shall provide the highest possible standard of Services and shall deliver services improvements.
- 6.2 The Service Provider shall seek to promote the needs of the service user to the highest standards possible.
- 6.3 The Service Provider shall provide solutions that comply with National Care Standards ([www.nationalcarestandards.org](http://www.nationalcarestandards.org))
- 6.4 Parents/guardians children and young people can expect the Service Provider to work with the service user as is most appropriate for his/her individual needs.
- 6.5 The Service Provider shall remain responsive to each services user's needs.
- 6.6 The Service Provider shall be committed to a philosophy of family centred care, and to working in partnership with children, young people, parents/guardians and significant others.
- 6.7 The Service Provider shall ensure that all individuals have the right to :
- Lead and live their lives as they choose
  - Privacy and respect
  - A quality of life
- 6.8 The Service Provider must create an environment in which there is mutual respect and understanding, between the service user, his/her family, the care team and the multidisciplinary/multi-agency teams, and to maintain open lines of communication at all levels

## 7. SCOPE OF THE SERVICE OUTLINE REQUIREMENT

- 7.1 **Outline Requirement** A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone. Continuing care does not cover children and young people with care needs that may be met appropriately through existing universal or specialist health services. In this instance, their needs shall be addressed using a case management approach. Children and young people's Continuing Care Services for the purposes of this Procurement refers to the provision of care to the service user in his/her living location or alternative agreed facility. The Service Provider will deliver continuing care as identified in the care plan for the service user and as specified within the individual referral. The Service Provider shall be able to provide a 24 hour service 365 days a year as required by individual care plans.

**7.2 Priorities** The Service Provider shall deliver the Services to meet the following priorities:

- Services are sensitive to the diversity of the individuals' served
- Services work closely with other service providers and agencies to ensure a coordinated, smooth and effective patient experience.
- Services provide staff that are skilled and competent in delivering services to children, young peoples and their families and carers
- Staff receive appropriate safeguarding training and have undertaken appropriate CRB checks..
- Services demonstrate service user satisfaction with the services provided

**7.3 Range of Services (Care Packages).** The range of services required or Care Packages are defined as:

- Delivery of care hours agreed as a bespoke package.
- Delivery of care within varied environments that promote an individual's health, social and educational needs.
- Care delivered in partnership with a parent/carer or partner organisation.

#### **Breadth of health interventions required**

*(Please note this is not an exhaustive list and the Commissioner has the right to make amendments, and is also dependent on the needs of the child and /or young person)*

- Ventilation \*
- Tracheostomy care
- Enteral nutrition
- Administration of medication in accordance with prescription via internal tubes/ nasogastric tubes, orally bolus or continuous feeds via nasogastric, gastrostomy or jejunostomy device.
- Tracheostomy care including suction with a suction catheter
- Emergency or planned change of tracheostomy tube.
- Oral suction with yankeur or suction catheter
- Injections with preassembled device.
- Intermittent catheterisation and catheter care
- Stoma care
- Reinsertion of button device in gastrostomy device that has been well established
- Maintenance of patency of stoma using a foley catheter in an emergency situation suppository/ pessary
- Rectal medication with pre-packaged dose-rectal diazepam
- Buccal or intranasal midazolam, hyposta or glycogel as prescribed
- First aid including airway maintenance and basic life support
- Assistance with inhalers/ nebulisers
- Oxygen administration for child with it prescribed according to their plan of care

- Blood glucose monitoring in accordance with child's Dr/Paediatrician or specialist nurse
- seizure disorder
- Catheterisation
- Understanding of Seizures
- Teaching Observations – B/P, TPR

\* Ventilation for a stable child with predictable medical condition who would be being cared for in the community with stable and prescribed ventilation requirements determined by the respiratory physician responsible for the child's care.

7.4 **Service Area** The Services shall be provided across Essex unless the child is placed out of the county and NHS North Essex or NHS South Essex remains the lead commissioner as determined by the Responsible Commissioner DH (2007) guidance 'Who Pay? Establishing the responsible commissioner

7.5 **Commissioning of Services** Services may be commissioned by an individual PCT or by a combination of PCTs.

7.6 **Whole System Relationships** The service cannot work in isolation from other services and Service Providers are expected to develop strong working relationships with other clinical and care teams such as:

- Acute Hospitals
- Primary Care Team
- Continuing Care Assessment Team
- Palliative Care Team
- Social Care
- Counselling and psychology services
- Allied professionals such as Physiotherapists, Speech and Language  
Chiroprapist etc
- CAMHS (Children and Adolescent Mental Health Service)
- Education/ Schools
- Residential facilities
- Voluntary organisations

The service is intrinsically linked with other services in the 'Whole System' namely:

- Primary Care
- Acute General Hospital / Geriatric medicine
- Community Mental Health Team
- Other Mental Health Services
- Voluntary agencies

7.7 **Innovations Service Transformation and Development** The Commissioners are looking for Service Providers to contribute to the development of the services

through innovation and service development. Commissioners will expect Service Providers to engage in the development of Children and young People's Continuing Care and will be required to work with other agencies and partners to develop the services. Commissioners will expect to see service Providers putting forward their own proposals for service models.

7.8 **Monitoring and Reporting** .Service Providers will be expected to maintain Activity Reports and to submit periodical reports to commissioners on service delivery and performance as required.

## 8. SERVICE LEVEL DEFINITION

Service Level	Definition
Nurse	Child requires intervention that is classified as a non delegated task or where the child/young person's condition is unstable and life threatening. For example: child/young person requires clinical assessment and intervention for end of life care, child/young person requires administration of medication such as parental nutrition via central line.
Complex	Child/young person requires continuous 1:1 supervision by a bespoke trained carer to deliver health care tasks. Immediate intervention required as health care need considered to be life threatening. For example: Tracheostomy ventilated dependent.
High	Child/young person requires continuous 1:1 supervision by a bespoke trained carer to deliver health care tasks. Immediate intervention required as health care need considered to be life threatening. For example: Tracheostomy ventilated stable and/or nondependent.
Medium	Health care needs can be met by a bespoke trained carer. Health care needs generally considered not to be life threatening although episodes of acute intervention may be required. For example a child with epilepsy may require rescue medication
Low	Minimal health care intervention, care may involve supporting health care worker with direct care, behaviour management. For example: where a child/young person requires 2:1 care or where a child may require supervision to manage behaviour.

## 9. OUTLINE ACTIVITY LEVELS

9.1 Currently across Essex there are approximately 75 children/ young people who are eligible for NHS Continuing Care funding. Children and Young People eligible for continuing care provision are categorised by their presenting health needs of the individual as indicated within the care level table. Within Essex the continuing care level required falls into categories of Medium to complex with limited cases requiring care within the low or nursing category.

9.2 The nature of the continuing care is unpredictable and irregular. Therefore the volume of contracted work cannot be determined or guaranteed.'

### Attachments:

- 1 Continuing Care Policy for Children and Young People (NHS Essex)
2. National Framework for Children and Young People's Continuing Care