



Dated

2021

**(1) THE KENT COUNTY COUNCIL**

**-and-**

**(2) [INSERT PROVIDER NAME]**

**CONTRACT**

relating to the supply of

**Care and Support in the Home Services**

**Disabled Children and Young people**

**0 - 18 Years**

**Contract Number: SC19012**

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**FORM OF AGREEMENT**

**THIS CONTRACT** is made on the \_\_\_\_\_ day of \_\_\_\_\_ 2021

**BETWEEN**

- (1) **THE KENT COUNTY COUNCIL** of County Hall, Maidstone, ME14 1XQ (the "Council"); and
- (2) **[INSERT PROVIDER NAME]** (company registered number **[INSERT COMPANY NUMBER]**) whose registered office is at **[INSERT ADDRESS]** (the "Provider").

**RECITALS:**

- (A) The Council a local authority as defined by section 270 of the Local Government Act 1972.
- (B) Following a procurement process the Council has appointed the Provider to provide the Services in accordance with this Contract.

**IT IS AGREED:**

- 1. this Contract is comprised of the following documents:
  - 1.1 This Form of Agreement;
  - 1.2 The Contract Particulars;
  - 1.3 The Special Conditions (if any);
  - 1.4 The Conditions of Contract;
  - 1.5 The Schedules (excluding Schedule 4 (the Tender));
  - 1.6 The Appendices; and
  - 1.7 Schedule 4 (the Tender)

and (unless otherwise expressly stated) any inconsistency between them shall be resolved in accordance with the descending order of priority in which they are listed above.

- 2. Terms and expressions used in this Contract shall have the meanings given in Clause 1.1 of the Conditions of Contract.
- 3. In consideration for payment of the Contract Price, the Provider undertakes to perform the Services with due skill, care and diligence throughout the Contract Period.

**EXECUTION AS A DEED**

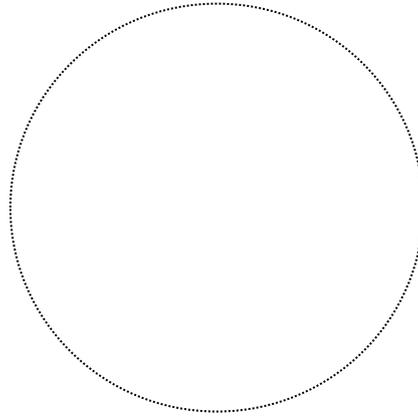
**EXECUTED as a Deed by the Council**

The COMMON SEAL of  
**THE KENT COUNTY COUNCIL**

was affixed in the presence of:

.....  
Authorised Signatory

.....  
Print Name of Authorised Signatory



## Notes for Contractor on Execution as a Deed

1. For the purpose of execution as a deed, two forms are provided for execution, one for the Council and the other for the Contractor. For execution by the Contractor four methods of execution, (A) to (D) are provided for use as appropriate. The full name of the Contractor (whether an individual, a company or other body) should be inserted where indicated at top of the form. This applies irrespective of the method used.
  
2. For public and private companies incorporated and registered under the Companies Act, the three principal methods of execution as a deed are:
  - (A) Through signature by a Director and the Company Secretary or by two Directors.
  
  - (B) By affixing the company's common seal in the presence of a Director and the Company Secretary or of two Directors or other duly authorised officers; or
  
  - (C) Signature by a single Director in the presence of a witness who attests the signature
  
3. Where the Employer or Contractor is an individual, he should use method (D) and sign where indicated in the presence of a witness who should then sign and set out his name and address

**Executed as a Deed by the Contractor**

namely .....

**(A) EXECUTED as a deed by the Contractor acting by a Director and the Company Secretary / two Directors of the Company**

.....  
Print Name of Director

.....  
Signature Director

.....  
Print Name of Director / Company Secretary

.....  
Signature Director / Company Secretary

**(B) EXECUTED as a Deed by the Contractor By affixing hereto the common seal of the company**

The COMMON SEAL of  
(CONTRACTORS NAME)

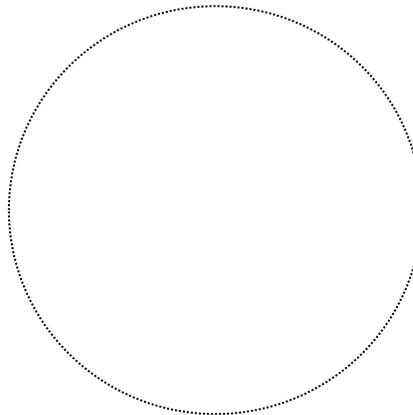
was affixed in the presence of

.....  
Signature Director

.....  
Print Name of Director

.....  
Signature Company Secretary/Director

.....  
Print Name of Company Secretary/Director



**(C) EXECUTED as a deed by the Contractor by attested signature of a single Director of the Company**

.....  
Print Name of Director

.....  
Signature Director

In the presence of

Witness' signature ..... (Print Name) .....

Witness' address .....

Witness' occupation .....

**(D) EXECUTED as a deed by the Contractor by attested signature of the individual**

.....  
Print Name of Individual

.....  
Signature Individual

In the presence of

Witness' signature ..... (Print Name) .....

Witness' address .....

Witness' occupation .....

## CONTRACT PARTICULARS

1	Commencement Date:	TBC	(Clauses 1.1 and 2.1)
2	Contract Period:	TBC	(Clause 1.1)
3	Contract Price:	As set out in Schedule 3	(Clause 1.1)
4	Contract Extension:	Yes, solely at the Council's discretion by up to 36 Months	(Clause 2.2)
5	Address for Service of Notices	For the Council:  Strategic Commissioning Kent County Council Sessions House County Road Maidstone Kent ME14 1XQ  For the Provider:  [insert address and contact details]	(Clause 5.3)
6	Service Levels and Service Credits	Clause 9 does not apply	(Clause 9 and Schedule 6)
7	Key Personnel	Clause 11 does not apply	

8	Safeguarding	Clause 13 applies	
9	TUPE and Pensions	Clause 14 and Schedule 9 apply  Pensions Bond value does not apply	(Clause 14 and <b>Error! Reference source not found.</b> )
10	Licence to Occupy Council Premises	Clause 16 does not apply	(Clause 16)
11	Parent Company Guarantee	Clause 18.1 and Schedule 10 do not apply	(Clause 18.1 and Schedule 10)
12	Performance Bond	Clause 19 and Schedule 11 apply/does not apply	(Clause 19 and Schedule 1)
13	Payment and VAT	<b>A. Payment Periods:</b>  As stipulated under Schedule 3 or as directed by the Council	
14	Price Adjustment	Clause 23 applies  If Clause 23 applies, the Price Review Date is the first Monday following the commencement of the Council's financial year and as stipulated under Schedule 3	(Clause 23)
15	Audit	Period for which records must be maintained after the end of the Contract:	(Clause 21.7, 24.5, 35, and 36)

Where the Contract is executed  
under hand: 6 years

- |    |                            |   |                           |
|----|----------------------------|---|---------------------------|
| 16 | Liability and<br>Indemnity | The Provider's liability under this<br>Contract shall be limited to the<br>annual Contract value for each and<br>every claim arising under or in<br>connection with this Contract | (Clause 47.4)             |
| 17 | Insurance                  | Public liability insurance: £10<br>million per claim  | (Clause 48.1)             |
|    |                            | Employer's liability insurance: £5<br>million per claim   |                           |
| 18 | Additional<br>Insurances   | Medical Malpractice Insurance<br>is required  | (Clause 48.5 and<br>48.6) |
|    |                            | Limit of indemnity is: £5 million   |                           |
|    |                            | On a per claim basis  |                           |
|    |                            | Period for which Medical<br>Malpractice Insurance is required<br>following expiry or termination of<br>Contract or Package of Care<br>(Whichever is the later):                   |                           |
|    |                            | Where the contract is signed under<br>hand: 6 years   |                           |
|    |                            | Adequate Business Use vehicle<br>insurance is required as<br>appropriate  |                           |
| 19 | Break Clause               | Clause 54 applies   | (Clause 54)               |

The notice period is 6 months

20	Force Majeure	Clause 58 applies	(Clause 58)
21	Disaster Recovery	Clause 59 applies	(Clause 59)
22	Commercially Sensitive Information	Schedule 13 applies	(Schedule 13)
23	Whistleblowing Policy	Clause 66 and Schedule 18 apply	(Clause 66 and Schedule 18)

## CONDITIONS OF CONTRACT

### 1. DEFINITIONS AND INTERPRETATION

1.1 In this Contract unless the context otherwise requires the following provisions shall have the meanings given to them below:

<b>“Achieved Service Level”</b>	means in respect of any Service in any measurement period, the standard of performance actually achieved by the Provider in the provision of that Service in the measurement period in question (calculated and expressed in the same way as the Service Level for that Service is calculated and expressed in Schedule 6. <b>Error! Reference source not found.</b> ).
<b>“Appendix”</b>	means an appendix to this Contract.
<b>“Approval”</b>	means the written consent of the Council.
<b>“Change”</b>	means any change to this Contract including any Variations.
<b>“Change Control Form”</b>	means the written record of a Change agreed or to be agreed by the Parties pursuant to the Change Control Procedure.
<b>“Change Control Procedure”</b>	means the procedure for changing this Contract, as set out in Schedule 7.
<b>“Change of Control”</b>	shall have the same meaning as within section 416 of the Income and Corporation Taxes Act 1988 or section 574 of the Capital Allowances Act 2001.
<b>“Commencement Date”</b>	means the date stated in the Contract Particulars or if none is stated, the date of this Contract.
<b>“Commercially Sensitive Information”</b>	means the information listed in <b>Error! Reference source not found.</b> (Commercially Sensitive Information) comprised of information: <ul style="list-style-type: none"> <li>(a) which is provided by the Provider to the Council in confidence for the period set out in that Schedule; and/or</li> <li>(b) that constitutes a trade secret.</li> </ul>
<b>“Confidential Information”</b>	means any information which has been designated as confidential by either Party in writing or that ought to be considered as confidential (however it is conveyed or on whatever media it is stored) including information the disclosure of which would, or would be likely to, prejudice the commercial interests of any person, trade secrets, Intellectual Property Rights and know-how of either Party and all personal data and sensitive personal data within the meaning of the DPA. Confidential Information shall not include information which: <ul style="list-style-type: none"> <li>(a) was public knowledge at the time of disclosure (otherwise than by breach of Clause 30 (Confidential Information));</li> <li>(b) was in the possession of the receiving Party,</li> </ul>

	<p>without restriction as to its disclosure, before receiving it from the disclosing Party;</p> <p>(c) is received from a third party (who lawfully acquired it) without restriction as to its disclosure; or</p> <p>(d) is independently developed without access to the Confidential Information.</p>
<b>“Contract”</b>	means this written agreement between the Council and the Provider which is more particularly described in the Form of Agreement.
<b>“Contracting Authority”</b>	means any contracting authority as defined in section 2 of the Public Contracts Regulations 2015.
<b>“Contract Extension”</b>	means any extension to the Contract Period as set out in the Contract Particulars.
<b>“Contract Particulars”</b>	means the contract particulars contained in this Contract.
<b>“Contract Period”</b>	means the period stated in the Contract Particulars.
<b>“Contract Price”</b>	means the price (exclusive of any applicable VAT), payable to the Provider by the Council under the Contract, as set out in the Contract Particulars, for the full and proper performance by the Provider of its obligations under the Contract.
<b>“Council”</b>	means The Kent County Council of County Hall, Maidstone, Kent ME14 1XQ.
<b>“Crown Body”</b>	means a public body which has Crown status, such that the material which it produces is subject to Crown copyright protection under section 163 of the Copyright Designs and Patents Act 1988.
<b>“Data Controller”</b>	shall have the same meaning as set out in the Data Protection Act 1998 as amended.
<b>“Data Processor”</b>	shall have the same meaning as set out in the Data Protection Act 1998 as amended.
<b>“Data Protection Legislation”</b>	the Data Protection Act 1998, the EU Data Protection Directive 95/46/EC, the Regulation of Investigatory Powers Act 2000, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (SI 2000/2699), the Electronic Communications Data Protection Directive 2002/58/EC, the Privacy and Electronic Communications (EC Directive) Regulations 2003 and all applicable laws and regulations relating to processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner, all as amended.
<b>“Data Subject”</b>	shall have the same meaning as set out in the Data Protection Act 1998 as amended.
<b>“Default”</b>	means any breach of the obligations of the relevant Party (including but not limited to fundamental breach or breach of a fundamental

	term) or any other default, act, omission, negligence or negligent statement of the relevant Party or the Staff in connection with or in relation to the subject-matter of the Contract and in respect of which such Party is liable to the other.
<b>“Disaster”</b>	means an event defined as a disaster in the Business Continuity Plan.
<b>“Business Continuity Plan”</b>	means a plan which sets out the procedures to be adopted by the Provider in the event that the Services are disrupted by reason of a Disaster (including the procedures to be taken by the Provider in planning and providing for any such event), the Business Continuity Plan at the date of this Contract being set out in Schedule 12.
<b>“DPA”</b>	means the Data Protection Act 1998 as amended and any subordinate legislation made under such Act from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to such legislation.
<b>“Environmental Information Regulations”</b>	means the Environmental Information Regulations 2004 as amended and any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to such regulations.
<b>“Equipment”</b>	means the Provider’s equipment, plant, materials and such other items supplied and used by the Provider in the performance of its obligations under the Contract.
<b>“Exit Manager”</b>	has the meaning set out in paragraph 4 of Schedule 8.
<b>“Exit Obligations”</b>	means the obligations set out in paragraph 2 of Schedule 8.
<b>“Exit Period”</b>	means the period determined in accordance with paragraph 5 of Schedule 8.
<b>“Fees Regulations”</b>	means the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004 as amended.
<b>“FOIA”</b>	means the Freedom of Information Act 2000 as amended and any subordinate legislation made under this Act from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to such legislation.
<b>“Force Majeure”</b>	means any event or occurrence which is outside the reasonable control of the Party concerned and which is not attributable to any act or failure to take preventative action by that Party, including fire; flood; violent storm; pestilence; explosion; malicious damage; armed conflict; acts of terrorism; nuclear, biological or chemical warfare; or any other disaster, natural or man-made, but excluding: <ul style="list-style-type: none"> <li>(a) any industrial action occurring within the Provider’s or any Sub-Contractor organisation; or</li> <li>(b) the failure by any Sub-Contractor to perform</li> </ul>

		its obligations under any Sub-Contract.
<b>“Good Practice”</b>	<b>Industry</b>	means standards, practices, methods and procedures conforming to the Law and the degree of skill and care, diligence, prudence and foresight which would reasonably and ordinarily be expected from a skilled and experienced person or body engaged in a similar type of undertaking under the same or similar circumstances.
<b>“Information”</b>		has the meaning given under section 84 of the FOIA.
<b>“Information Commissioner”</b>		shall have the same meaning as set out in the Data Protection Act 1998 as amended.
<b>"Information Governance"</b>		means the way organisations ‘process’ or handle information relating to the Service and/ or Service Users
<b>"Information Governance Requirements"</b>	<b>Toolkit</b>	means the requirements set out in the Local Authority model of the NHS Information Governance Toolkit as published by the Department of Health and amended from time to time for: <ul style="list-style-type: none"> <li>(a) Information Governance management,</li> <li>(b) Confidentiality and data protection</li> <li>(c) Information security</li> </ul>
<b>"Intellectual Property and Intellectual Property Rights"</b>		means any and all intellectual property and appertaining rights of any nature anywhere in the world whether registered, registerable or otherwise, including patents, utility models, trade marks, registered designs and domain names, applications for any of the foregoing, trade or business names, goodwill, copyright and rights in the nature of copyright, design rights, rights in databases, moral rights, know-how and any other intellectual property rights which subsist in computer software, computer programs, websites, documents, information, techniques, business methods, drawings, logos, instruction manuals, lists and procedures and particulars of customers, marketing methods and procedures and advertising literature, including the "look and feel" of any websites.
<b>“Interface Agreement”</b>		means the document that defines an interface between Parties to the Contract together with associated responsibilities.
<b>“Key Personnel”</b>		means those persons named in the Specification and/or elsewhere in the Contract as being key personnel.
<b>“Law”</b>		means any applicable Act of Parliament, subordinate legislation within the meaning of section 21(1) of the Interpretation Act 1978, exercise of the royal prerogative, enforceable community right within the meaning of section 2 of the European Communities Act 1972, regulatory policy, guidance or industry code, judgment of a relevant court of law, or directives or requirements or any Regulatory Body, all as amended, of which the Provider is bound to comply.
<b>“Losses”</b>		shall mean all costs, losses, charges, expenses, damages, compensation, fines, claims, demands, liabilities, actions and proceedings (including the costs and expenses (including legal costs and expenses) of such actions and proceedings and the Staff

	costs expended in requiring the discharge of an indemnity or payment of damages) arising from or relating to the contractual Clause in question or to its breach.
<b>“Month”</b>	means calendar month.
<b>“Party”</b>	means a party to the Contract.
<b>“Personal Data”</b>	shall have the same meaning as set out in the Data Protection Act 1998 as amended.
<b>“Premises”</b>	means the location where the Services are to be supplied, as set out in the Specification.
<b>“Price Review Date”</b>	has the meaning given in the Contract Particulars.
<b>“Processing and Process”</b>	has the meaning given to it under the Data Protection Legislation and for the purposes of this Contract, it shall include both manual and automated processing.
<b>“Prohibited Act”</b>	<p>the following constitute Prohibited Acts:</p> <ul style="list-style-type: none"> <li>(a) to directly or indirectly offer, promise or give any person working for or engaged by the Council a financial or other advantage to: <ul style="list-style-type: none"> <li>(i) induce that person to perform improperly a relevant function or activity; or</li> <li>(ii) reward that person for improper performance of a relevant function or activity;</li> </ul> </li> <li>(b) to directly or indirectly request, agree to receive or accept any financial or other advantage as an inducement or a reward for improper performance of a relevant function or activity in connection with this Contract;</li> <li>(c) committing any offence: <ul style="list-style-type: none"> <li>(i) under the Bribery Act 2010 as amended;</li> <li>(ii) under legislation creating offences concerning fraudulent acts;</li> <li>(iii) at common law concerning fraudulent acts relating to this Contract or any other contract with the Council; or</li> <li>(iv) defrauding, attempting to defraud or conspiring to defraud the Council.</li> </ul> </li> </ul>

<b>“Property”</b>	means the property, other than real property, issued or made available to the Provider by the Council in connection with the Contract.
<b>“Provider”</b>	means the person, firm or company with whom the Council enters into the Contract.
<b>“Provider Party”</b>	means the Provider’s agents and contractors, including each Sub-Contractor.
<b>“Public Sector Contracting Authorities”</b>	means public sector bodies that are subject to the Public Contracts Regulations 2015 and respective successor legislation.
<b>“Public Contracts Directive”</b>	means Directive 2014/24/EU of 26 February 2014 of the European Parliament and of the Council of the European Union.
<b>“Quality Standards”</b>	means the quality standards published by BSI (British Standards Institute), the National Standards Body of the United Kingdom, the International Organisation for Standardisation or other reputable or equivalent body, (and their successor bodies) that a skilled and experienced operator in the same type of industry or business sector as the Provider would reasonably and ordinarily be expected to comply with, and as may be further detailed in the Specification.
<b>“Receipt”</b>	means the physical or electronic arrival of the invoice at the address of the Council set out in the Contract Particulars or at any other address given by the Council to the Provider for the submission of invoices.
<b>“Regulations”</b>	means The Public Contracts Regulations 2015 and respective successor legislation.
<b>“Regulated Activity”</b>	has the same meaning as set out in section 6 of the Safeguarding Vulnerable Groups Act 2006 as amended. Providers must implement as stipulated by the Regulatory body. Regulated activities are listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
<b>“Regulated Activity Provider”</b>	shall have the same meaning as set out in section 6 of the Safeguarding Vulnerable Groups Act 2006 as amended.
<b>“Regulatory Bodies”</b>	means those government departments and regulatory, statutory and other entities, committees, ombudsmen and bodies which, whether under statute, rules, regulations, codes of practice or otherwise, are entitled to regulate, investigate, or influence the matters dealt with in the Contract or any other affairs of the Council and “Regulatory Body” shall be construed accordingly.
<b>"Relevant Convictions"</b>	means a conviction that is relevant to the nature of the Services or as listed by the Council.
<b>“Relevant Index”</b>	means, where used, the index specified Schedule 3 (Pricing and Payment Schedule) or if none is specified, the Consumer Prices Index (CPI).
<b>“Relevant Transfer”</b>	means a relevant transfer for the purposes of TUPE.

<b>“Replacement Provider”</b>	means any third party Service Provider appointed by the Council to supply any services which are substantially similar to any of the Services and which the Council receives in substitution for any of the Services following the expiry, termination or partial termination of the Contract.
<b>“Request for Information”</b>	shall have the meaning set out in FOIA or the Environmental Information Regulations 2014 as amended as relevant (where the meaning set out for the term “request” shall apply).
<b>“Schedule”</b>	means a schedule attached to, and forming part of, the Contract.
<b>“Services”</b>	means the description of the services to be supplied under the Contract as set out in Schedule 2 and elsewhere in the Contract, as appropriate, including, where appropriate, the Key Personnel, the Premises and the Quality Standards, in accordance with current health and social care legislation including the Care Act 2014, Health and Social Care Act 2012, Health and Social Care Act 2008, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Essential Standards of Quality and Safety March 2010.
<b>“Service Credits”</b>	means the sums attributable to a Service Failure as specified in Schedule 6.
<b>“Service Failure”</b>	means a failure by the Provider to provide the Services in accordance with any individual Service Level
<b>“Service Levels”</b>	means the service levels to which the Services are to be provided, as set out in Schedule 6.
<b>“Service Users”</b>	means the users of the Services.
<b>“Specification”</b>	means the description of the Services to be supplied and the required outcomes under the Contract as set out in Schedule 2 and elsewhere in the Contract, as appropriate, including, where appropriate, the Key Personnel, the Premises and the Quality Standards.
<b>“Special Conditions”</b>	means the special conditions (if any) set out in Schedule 1.
<b>“Staff”</b>	means all persons employed or engaged by the Provider to perform its obligations under the Contract together with the Provider’s servants, agents, suppliers and Sub-Contractors used in the performance of its obligations under the Contract.
<b>“Staff Vetting Procedure”</b>	means the Council’s procedures for the vetting of personnel and as advised to the Provider by the Council.
<b>“Sub-Contract”</b>	means any contract between the Provider and a third party pursuant to which the Provider agrees to source the provision of any of the Services from that third party.
<b>“Sub-Contractor”</b>	means the contractor or contractors that enter into a Sub-Contract with the Provider.
<b>“Tender”</b>	means the document(s) submitted by the Provider to the Council in response to the Council’s invitation to suppliers for formal offers to

	supply it with the Services.
<b>“TFEU”</b>	means the Treaty on the Functioning of the European Union.
<b>“the Treaties”</b>	means the Treaty on European Union and TFEU.
<b>“TUPE”</b>	means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI 2006/246) as amended.
<b>“Variation”</b>	means a Change only to the Specification, and, if required, an associated Change of Contract Price.
<b>“VAT”</b>	means value added tax in accordance with the provisions of the Value Added Tax Act 1994 as amended.
<b>“Working Day”</b>	means a day (other than a Saturday or Sunday) on which banks are open for general business in the City of London.

1.2 The interpretation and construction of this Contract shall be subject to the following provisions:

1.2.1 words importing the singular meaning include where the context so admits the plural meaning and vice versa;

1.2.2 words importing the masculine include the feminine and the neuter;

1.2.3 reference to a Clause is a reference to the whole of that Clause unless stated otherwise;

1.2.4 reference to any statute, enactment, order, regulation or other similar instrument shall be construed as a reference to the statute, enactment, order, regulation or instrument as amended by any subsequent enactment, modification, order, regulation or instrument as subsequently amended or re-enacted;

1.2.5 reference to any person shall include natural persons and partnerships, firms and other incorporated bodies and all other legal persons of whatever kind and however constituted and their successors and permitted assigns or transferees;

1.2.6 the words “include”, “includes” and “including” are to be construed as if they were immediately followed by the words “without limitation”; and

1.2.7 headings are included in the Contract for ease of reference only and shall not affect the interpretation or construction of the Contract.

## **2. CONTRACT PERIOD AND EXTENSION**

2.1 The Contract shall take effect on the Commencement Date and shall expire automatically at the end of the Contract Period unless it is otherwise terminated in accordance with the provisions of the Contract, or by operation of law, or extended under Clause 2.2.

2.2 Where stipulated in the Contract Particulars, the Council may, by giving written notice to the Provider extend the Contract for such further period as is stated in the Contract Particulars. The provisions of the Contract will apply (subject to any Variation or adjustment to the Contract Price pursuant to Clause 23 (Price Adjustment)) throughout any such extended period.

### **3. PROVIDER'S STATUS**

At all times during the Contract Period the Provider shall be an independent Provider and nothing in the Contract shall create a contract of employment, a relationship of agency or partnership or a joint venture between the Parties and accordingly neither Party shall be authorised to act in the name of, or on behalf of, or otherwise bind the other Party save as expressly permitted by the terms of the Contract.

### **4. COUNCIL'S OBLIGATIONS**

Save as otherwise expressly provided, the obligations of the Council under the Contract are obligations of the Council in its capacity as a contracting counterparty and nothing in the Contract shall operate as an obligation upon, or in any other way fetter or constrain the Council in any other capacity, nor shall the exercise by the Council of its duties and powers in any other capacity lead to any liability under the Contract (howsoever arising) on the part of the Council to the Provider.

### **5. NOTICES**

5.1 Save as otherwise expressly provided within the Contract, no notice or other communication from one Party to the other shall have any validity under the Contract unless made in writing by or on behalf of the Party concerned.

5.2 Any notice or other communication which is to be given by either Party to the other shall be given by letter (sent by hand, first class post, recorded delivery or special delivery), or by facsimile transmission or electronic mail (confirmed in either case by letter). Such letters shall be addressed to the other Party in the manner referred to in Clause 5.3. Provided the relevant communication is not returned as undelivered, the notice or communication shall be deemed to have been given 2 Working Days after the day on which the letter was posted, or 4 hours, in the case of electronic mail or facsimile transmission or sooner where the other Party acknowledges receipt of such letters, facsimile transmission or item of electronic mail.

5.3 For the purposes of Clause 5.2, the address of each Party shall be the address stipulated in the Contract Particulars.

5.4 Either Party may change its address for service by serving a notice in accordance with this Clause.

### **6. MISTAKES IN INFORMATION**

The Provider shall be responsible for the accuracy of all drawings, documentation and information supplied to the Council by the Provider in connection with the supply of the Services and shall pay the Council any extra costs occasioned by any discrepancies, errors or omissions therein.

## **7. CONFLICTS OF INTEREST**

- 7.1 The Provider shall take appropriate steps to ensure that neither the Provider nor any Staff is placed in a position where, in the reasonable opinion of the Council, there is or may be an actual conflict, or a potential conflict, between the pecuniary or personal interests of the Provider and the duties owed to the Council under the provisions of the Contract. The Provider will disclose to the Council full particulars of any such conflict of interest which may arise.
- 7.2 The Council reserves the right to terminate the Contract immediately by notice in writing and/or to take such other steps it deems necessary where, in the reasonable opinion of the Council, there is or may be an actual conflict, or a potential conflict, between the pecuniary or personal interests of the Provider and the duties owed to the Council under the provisions of the Contract. The actions of the Council pursuant to this Clause shall not prejudice or affect any right of action or remedy which shall have accrued or shall thereafter accrue to the Council.

## **8. THE SERVICES**

- 8.1 The Provider shall supply the Services during the Contract Period with due skill, care and diligence and in accordance with:
- 8.1.1 the Quality Standards (if any stipulated in the Specification)
  - 8.1.2 Good Industry Practice;
  - 8.1.3 the Law; and
  - 8.1.4 the requirements of the Contract.
- 8.2 The Council may inspect and examine the manner in which the Provider supplies the Services at the Premises during normal business hours on reasonable notice.
- 8.3 If the Council informs the Provider in writing that the Council reasonably believes that any part of the Services does not meet the requirements of the Contract or differs in any way from those requirements, and this is other than as a result of a Default by the Council, the Provider shall at its own expense re-schedule and carry out the Services in accordance with the requirements of the Contract within such reasonable time as may be specified by the Council.

## **9. SERVICE LEVELS AND SERVICE CREDITS**

- 9.1 This Clause 9 shall apply where stated in the Contract Particulars.
- 9.2 Where any part of the Services is stated in Schedule 6 to be subject to a specific Service Level, the Provider shall provide that part of the Services in such a manner as will ensure that the Achieved Service Level in respect of that Service is equal to or higher than such specific Service Level.
- 9.3 The Provider shall provide records of and management reports summarising the Achieved Service Levels as provided for in Clause 43.
- 9.4 If the Provider fails to provide the Services in accordance with any individual Service Level, the Provider shall pay to the Council the Service Credit set out in Schedule 6.

9.5 The Parties agree that any such Service Credit has been calculated as, and is, a genuine pre-estimate of the loss likely to be suffered by the Council. The Provider has taken the Service Credit into account in setting the level of the Contract Price.

## **10. PROVISION AND REMOVAL OF EQUIPMENT**

10.1 The Provider shall provide all the Equipment necessary for the supply of the Services.

10.2 The Provider shall not deliver any Equipment nor begin any work on the Premises without obtaining prior Approval.

10.3 All Equipment brought onto the Premises shall be at the Provider's own risk and the Council shall have no liability for any loss of or damage to any Equipment unless the Provider is able to demonstrate that such loss or damage was caused or contributed to by the Council's Default. The Provider shall provide for the haulage or carriage thereof to the Premises and the removal of Equipment when no longer required at its sole cost. Unless otherwise agreed, Equipment brought onto the Premises will remain the property of the Provider.

10.4 The Provider shall maintain all items of Equipment within the Premises in a safe, serviceable and clean condition.

10.5 The Provider shall, at the Council's written request, at its own expense and as soon as reasonably practicable:

10.5.1 remove from the Premises any Equipment which in the reasonable opinion of the Council is either hazardous, noxious or not in accordance with the Contract; and

10.5.2 replace such item with a suitable substitute item of Equipment.

10.6 On completion of the Services the Provider shall remove the Equipment together with any other materials used by the Provider to supply the Services and shall leave the Premises in a clean, safe and tidy condition. The Provider is solely responsible for making good any damage to the Premises or any objects contained thereon, other than fair wear and tear, which is caused by the Provider or any Staff.

## **11. KEY PERSONNEL**

11.1 This Clause 11 (Key Personnel) shall apply if so stated in the Contract Particulars.

11.2 The Key Personnel shall not be released from supplying the Services without the agreement of the Council, except by reason of long-term sickness, maternity leave, paternity leave or termination of employment and other extenuating circumstances.

11.3 Any replacements to the Key Personnel shall be subject to the agreement of the Council. Such replacements shall be of at least equal status or of equivalent experience and skills to the Key Personnel being replaced and be suitable for the responsibilities of that person in relation to the Services.

11.4 The Council shall not unreasonably withhold its agreement under Clauses 11.2 or 11.3. Such agreement shall be conditional on appropriate arrangements being made by the Provider to minimise any adverse impact on the Contract which could be caused by a change in Key Personnel.

## **12. PROVIDER'S STAFF**

12.1 The Council may, by written notice to the Provider, refuse to admit onto, or withdraw permission to remain involved in the delivery of the Services:

12.1.1 any member of the Staff; or

12.1.2 any person employed or engaged by any member of the Staff,

whose admission or continued involvement with the delivery of the Services would, in the reasonable opinion of the Council, be undesirable.

12.2 At the Council's written request, the Provider shall provide a list of the names and addresses of all persons who may require admission in connection with the Contract to the Premises, specifying the capacities in which they are concerned with the Contract and giving such other particulars as the Council may reasonably request.

12.3 The Provider's Staff, engaged within the boundaries of the Premises, shall comply with such rules, regulations, policies and requirements (including those relating to security arrangements) as may be in force from time to time for the conduct of personnel when at or outside the Premises.

12.4 The Provider shall comply with Staff Vetting Procedures in respect of all persons employed or engaged in the provision of the Services. The Provider confirms that all persons employed or engaged by the Provider were vetted and recruited on a basis that is equivalent to and no less strict than the Staff Vetting Procedures.

12.5 In addition to any requirements specified in the Staff Vetting Procedures, the Council may require the Provider to carry out an appropriate Disclosure and Barring Service (DBS) check in respect of any person to be employed or engaged in the provision of the Services. The Provider shall ensure that any person who discloses that he/she has a Relevant Conviction, or is found by the Provider to have a Relevant Conviction (whether as a result of or through a DBS check or otherwise) is risk assessed to ensure safety of Service delivery should that person be employed or engaged in the provision of any part of the Services.

12.6 If the Provider fails to comply with Clause 12.2 within 21 days of the date of the request the Provider shall be in Default of its obligations under the Contract.

12.7 The decision of the Council as to whether any person is to be excluded from being employed or engaged in delivering the Services and as to whether the Provider has failed to comply with Clause 12.2 shall be final and conclusive and the Provider shall indemnify the Council in respect of all claims, costs, losses or expenses arising from a decision under Clause 12.1.

## **13. SAFEGUARDING CHILDREN AND VULNERABLE ADULTS**

13.1 Without prejudice to the provisions of this Clause 13 the Provider shall at all times in providing the Services comply with the provisions of all Law and guidance that are relevant to the Services and shall take all steps necessary to promote preserve and ensure the wellbeing of the Service Users.

13.2 This Clause 13 shall apply where stipulated in the Contract Particulars.

- 13.3 The Parties acknowledge that the Provider is a Regulated Activity Provider with ultimate responsibility for the management and control of the Regulated Activity provided under this Contract and for the purposes of the Safeguarding Vulnerable Groups Act 2006.
- 13.4 The Provider shall ensure that all individuals engaged in the provision of the Services:
- 13.4.1 are subject to a valid enhanced disclosure check undertaken through the DBS including a check against the adults' barred list or the children's barred list, as appropriate; and
- 13.4.2 shall monitor the level and validity of the checks under this Clause 13.4 for each member of Staff.
- 13.5 The Provider warrants that at all times for the purposes of this Contract it has no reason to believe that any person who is or will be employed or engaged by the Provider in the provision of the Services is barred from the activity in accordance with the provisions of the Safeguarding Vulnerable Groups Act 2006 and any regulations made thereunder, as amended from time to time.
- 13.6 The Provider shall immediately notify the Council of any information that it reasonably requests to enable it to be satisfied that the obligations of this Clause 13 have been met.
- 13.7 The Provider shall refer information about any person carrying out the Services to the DBS where it removes permission for such person to carry out the Services (or would have, if such person had not otherwise ceased to carry out the Services) because, in its opinion, such person has harmed or poses a risk of harm to any Service Users/children/vulnerable adults.
- 13.8 The Provider shall not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that they would not be suitable to carry out Regulated Activity or who may otherwise present a risk to Service Users.
- 13.9 All Staff shall comply with the Kent and Medway Safeguarding Children's Procedures 2007 and the Multi Agency Adult Protection Policy, Protocols and Guidance for Kent and Medway (updated six monthly) and the Provider's own policy and procedure concerning Adult Protection/Safeguarding.
- 13.10 The Provider's Safeguarding Policy shall include safeguarding vulnerable adults and children from any form of abuse or exploitation which includes physical, financial, psychological or sexual abuse, neglect, discriminatory, self-harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance.
- 13.11 The Provider shall have in place robust procedures for responding to suspicion or evidence of abuse or neglect to ensure the safety and protection of the Service User. The procedures shall reflect local multi-agency Policy, Protocols and Guidance, including informing the Care Quality Commission and where appropriate involving the police in accordance with the Public Interest Disclosure Act 1998 and the Department of Health guidance "No Secrets" and the Disclosure and Barring Service
- 13.12 The Provider's Safeguarding Policy and Procedures must ensure that all allegations and incidents of abuse are followed up in a prompt, specified timeframe. All details and actions taken are recorded in a special record/file kept specifically for the purpose, and on the personal file of the Service User.
- 13.13 The Provider shall have in place policies and procedures for Staff regarding the service user's will and bequests. The policies and procedures shall prevent the involvement of

any Staff or members of their family in the making of, or benefiting from, the service users will, soliciting any other form of bequest or legacy, acting as a witness or executor, and being involved in any way with any other legal arrangement.

- 13.14 All Staff shall receive training on the prevention of abuse within three months of employment and this must be updated annually. Adult Protection level 1 is the minimum requirement for all staff and levels 1 and 2 for managers.
- 13.15 All Staff shall comply with the Mental Capacity Act (MCA) 2005 (including all amendments that have been introduced at the time of signing the contract as well as future amendments during the term of the contract), and the Deprivation of Liberty Safeguards (DOLS). The Provider's processes need to incorporate consideration of whether a person has capacity to consent to the services which are to be provided and whether their actions are likely to result in a deprivation of liberty. The Provider's records must provide evidence of compliance with the MCA and DOLS where appropriate.
- 13.16 All Staff shall receive training on MCA and DOLS.
- 13.17 The Provider shall have in place MCA policies and procedures to ensure that all staff understand and comply with their duties and responsibilities under the MCA 2005 for all care and support services.
- 13.18 The Provider shall have in place DOLS policies and procedures to ensure that potential deprivation of liberty is identified, applications for DOLS authorisations are promptly made where appropriate, conditions are properly followed and reviews are regularly undertaken.
- 13.19 All Staff will be aware of the conditions under which to instruct and consult the statutory advocacy service, Independent Mental Capacity Advocacy (IMCA) service, under MCA. All Staff shall understand the role of the IMCA and the role of the paid Relevant Person's Representative (RPR) under DOLS.

#### **14. TUPE AND PENSIONS**

The Parties agree that the provisions of **Error! Reference source not found.** shall apply to any Relevant Transfer of Staff under or in connection with this Contract.

#### **15. INSPECTION OF PREMISES**

Unless the Council otherwise directs, the Provider is deemed to have inspected the Premises before submitting its Tender and to have made appropriate enquiries so as to be satisfied in relation to all matters connected with the performance of its obligations under the Contract. Where the Services are delivered within an individual's home or other residential address, the Provider shall satisfy itself, prior to the commencement of Service delivery where practically possible, or at the earliest opportunity thereafter, that any checks required by this Clause have been satisfactorily carried out.

#### **16. LICENCE TO OCCUPY COUNCIL PREMISES**

- 16.1 This Clause 16 applies where stipulated in the Contract Particulars.
- 16.2 Any land or Premises made available from time to time to the Provider by the Council in connection with the Contract shall be made available to the Provider on a non-exclusive licence basis free of charge and shall be used by the Provider solely for the purpose of performing its obligations under the Contract. The Provider shall have the use of such

land or Premises as licensee and shall vacate the same on completion, termination or abandonment of the Contract.

- 16.3 The Provider shall limit access to the land or Premises to such Staff as is necessary to enable it to perform its obligations under the Contract and the Provider shall co-operate (and ensure that its Staff co-operate) with such other persons working concurrently on such land or Premises as the Council may reasonably request.
- 16.4 Should the Provider require modifications to the Premises, such modifications shall be subject to prior Approval and shall be carried out by the Council at the Provider's expense. The Council shall undertake approved modification work without undue delay. Ownership of such modifications shall rest with the Council.
- 16.5 The Provider shall (and shall ensure that its Staff shall) observe and comply with such rules and regulations as may be in force at any time for the use of such Premises as determined by the Council, and the Provider shall pay for the cost of making good any damage caused by the Provider or its Staff other than fair wear and tear. For the avoidance of doubt, damage includes damage to the fabric of the buildings, plant, fixed equipment or fittings therein.
- 16.6 The Parties agree that there is no intention on the part of the Council to create a tenancy of any nature whatsoever in favour of the Provider or its Staff and that no such tenancy has or shall come into being and, notwithstanding any rights granted pursuant to the Contract, the Council retains the right at any time to use any premises owned or occupied by it in any manner it sees fit.

## **17. PROPERTY**

- 17.1 Where the Council issues Property free of charge to the Provider such Property shall be and remain the property of the Council and the Provider irrevocably licences the Council and its agents to enter upon any premises of the Provider during normal business hours on reasonable notice to recover any such Property. The Provider shall not in any circumstances have a lien or any other interest on the Property and the Provider shall at all times possess the Property as fiduciary agent and bailee of the Council. The Provider shall take all reasonable steps to ensure that the title of the Council to the Property and the exclusion of any such lien or other interest are brought to the notice of all Staff and other appropriate persons and shall, at the Council's request, store the Property separately and ensure that it is clearly identifiable as belonging to the Council.
- 17.2 The Property shall be deemed to be in good condition when received by or on behalf of the Provider unless the Provider notifies the Council otherwise within 5 Working Days of receipt.
- 17.3 The Provider shall maintain the Property in good order and condition (excluding fair wear and tear), and shall use the Property solely in connection with the Contract and for no other purpose without prior Approval.
- 17.4 The Provider shall ensure the security of all the Property whilst in its possession, either on the Premises or elsewhere during the supply of the Services, in accordance with the Council's reasonable security requirements as required from time to time.
- 17.5 The Provider shall be liable for all loss of, or damage to, the Property (excluding fair wear and tear), unless such loss or damage was caused by the Council's Default. The Provider shall inform the Council within 2 Working Days of becoming aware of any defects appearing in, or losses or damage occurring to, the Property.

17.6 Where the Council pays, directly or indirectly, for Property, real or otherwise, in relation to the Contract, the Council will retain ownership of such Property unless stated otherwise in Contract. The Provider shall return such Property to the Council upon request and at the end of the Contract.

**18. PARENT COMPANY GUARANTEE**

18.1 Where stipulated in the Contract Particulars the Provider shall procure the delivery of a parent company guarantee substantially in the form contained in Schedule 10.

**19. PERFORMANCE BOND**

Where stipulated in the Contract Particulars the Provider shall procure the delivery of a performance bond substantially in the form contained in Schedule 11.

**20. CONTRACT PRICE**

20.1 In consideration of the Provider's performance of its obligations under the Contract, the Council shall pay the Contract Price in accordance with Clause 21 (Payment and VAT).

20.2 The Council shall, in addition to the Contract Price and following Receipt of a valid VAT invoice, pay the Provider a sum equal to the VAT chargeable on the value of the Services supplied in accordance with the Contract.

**21. PAYMENT AND VAT**

21.1 Unless otherwise specified in Schedule 3, the Council shall pay all sums due to the Provider within 30 days of receipt of a valid invoice, submitted monthly in arrears.

21.2 The Provider shall ensure that each invoice contains all appropriate references and a detailed breakdown of the Services supplied and that it is supported by any other documentation reasonably required by the Council to substantiate the invoice.

21.3 Where the Provider enters into a Sub-Contract with a supplier or Sub-Contractor for the purpose of performing its obligations under the Contract, it shall ensure that a provision is included in such a Sub-Contract which requires payment to be made of all sums due by the Provider to the Sub-Contractor within a specified period not exceeding 30 days from the receipt of a valid invoice.

21.4 The Provider shall add VAT to the Contract Price at the prevailing rate as applicable.

21.5 The Provider shall indemnify the Council on a continuing basis against any liability, including any interest, penalties or costs incurred, which is levied, demanded or assessed on the Council at any time in respect of the Provider's failure to account for or to pay any VAT relating to payments made to the Provider under the Contract. Any amounts due under this Clause 21.5 shall be paid by the Provider to the Council not less than 5 Working Days before the date upon which the tax or other liability is payable by the Council.

21.6 The Provider shall not suspend the supply of the Services unless the Provider is entitled to terminate the Contract under Clause 52.3 (Termination on Default) for failure to pay undisputed sums of money.

21.7 The Provider shall maintain complete and accurate records of, and supporting documentation for, all amounts which may be chargeable to the Council pursuant to this Contract. Such records shall be retained for inspection by the Council during the

Contract Period and following the end of the Contract for the period specified in the Contract Particulars.

## **22. RECOVERY OF SUMS DUE**

- 22.1 Wherever under the Contract any sum of money is recoverable from or payable by the Provider (including any sum which the Provider is liable to pay to the Council in respect of any breach of the Contract), the Council may unilaterally deduct that sum from any sum then due, or which at any later time may become due to the Provider under the Contract or under any other agreement or contract with the Council.
- 22.2 Any overpayment by either Party, whether of the Contract Price or of VAT or otherwise, shall be a sum of money recoverable by the Party who made the overpayment from the Party in receipt of the overpayment.
- 22.3 The Provider shall make all payments due to the Council without any deduction whether by way of set-off, counterclaim, discount, abatement or otherwise unless the Provider has a valid court order requiring an amount equal to such deduction to be paid by the Council to the Provider.
- 22.4 All payments due shall be made within a reasonable time unless otherwise specified in the Contract, in cleared funds, to such bank or building society account as the recipient Party may from time to time direct.

## **23. PRICE ADJUSTMENT**

- 23.1 Unless otherwise indicated in the Contract Particulars, the Contract Price shall apply for the Contract Period without adjustment.
- 23.2 Where stipulated in the Contract Particulars, the Contract Price shall be adjusted on each Price Review Date by an amount equal to the annual percentage change in the Relevant Index(s) as published in the December preceding the relevant Price Review Date or the average annual percentage change over the three months ending December or the average annual percentage change over the six months ending December, whichever is the lowest.

## **24. PREVENTION OF BRIBERY AND CORRUPTION**

- 24.1 The Provider:
- 24.1.1 shall not, and shall procure that any Provider Staff or Provider Party shall not, in connection with this Contract commit a Prohibited Act;
- 24.1.2 warrants, represents and undertakes that it is not aware of any financial or other advantage being given to any person working for or engaged by the Council, or that an agreement has been reached to that effect, in connection with the execution of this Contract, excluding any arrangement of which full details have been disclosed in writing to the Council before execution of this Contract.
- 24.2 The Provider shall:
- 24.2.1 if requested, provide the Council with any reasonable assistance, at the Council's reasonable cost, to enable the Council to perform any activity required by any relevant government or agency in any relevant jurisdiction for the purpose of compliance with the Bribery Act 2010;

24.2.2 within 10 Working Days of the Commencement Date, and annually thereafter, certify to the Council in writing (such certification to be signed by an officer of the Provider) compliance with this Clause 24 by the Provider and all persons associated with it or other persons who are supplying goods or services in connection with this Contract. The Provider shall provide such supporting evidence of compliance as the Council may reasonably request.

24.3 The Provider shall ensure that its anti-bribery policy is provided to the Council on request.

24.4 If any breach of Clause 24.1 is suspected or known, the Provider must notify the Council immediately.

24.5 If the Provider notifies the Council that it suspects or knows that there may be a breach of Clause 24.1, the Provider must respond promptly to the Council's enquiries, cooperate with any investigation, and allow the Council to audit books, records and any other relevant documentation. This obligation shall continue for the period specified in the Contract Particulars following the expiry or termination of this Contract.

24.6 The Council may terminate this Contract by written notice with immediate effect if the Provider, Provider Party or Provider Staff (in all cases whether or not acting with the Provider's knowledge) breaches Clause 24.1.

24.7 Any notice of termination under Clause 24.6 must specify:

24.7.1 the nature of the Prohibited Act;

24.7.2 the identity of the party whom the Council believes has committed the Prohibited Act; and

24.7.3 the date on which this Contract will terminate.

24.8 Despite Clause 61 (Dispute Resolution), any dispute relating to:

24.8.1 the interpretation of Clause 24; or

24.8.2 the amount or value of any gift, consideration or commission,

shall be determined by the Council and its decision shall be final and conclusive.

24.9 Any termination under Clause 24.6 will be without prejudice to any right or remedy which has already accrued or subsequently accrues to the Council.

## **25. EQUALITIES**

25.1 The Provider shall and shall ensure its Sub-Contractor's and Staff at all times comply with the requirements of the Equality Act 2010 and all other related statutory and regulatory requirements and the Council's policies and procedures copies of which are available on request relating to equal opportunities and shall not treat any person or group of people less favourably than another on the grounds of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity, marriage and civil partnerships.

25.2 The Provider shall fully indemnify the Council against all actions, claims demands, proceedings, damages, costs, charges and expenses whatsoever in respect of any breach by the Provider of this Clause 25.

## **26. THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999**

Unless expressly stated in this Contract, a person who is not a Party to the Contract shall have no right to enforce any of its provisions which, expressly or by implication, confer a benefit on him, without the prior written agreement of both Parties. This Clause does not affect any right or remedy of any person which exists or is available apart from the Contracts (Rights of Third Parties) Act 1999.

## **27. ENVIRONMENTAL REQUIREMENTS**

The Provider shall, when working on the Premises, perform its obligations under the Contract in accordance with the Council's environmental policy, which is to conserve energy, water, wood, paper and other resources, reduce waste and phase out the use of ozone depleting substances and minimise the release of greenhouse gases, volatile organic compounds and other substances damaging to health and the environment.

## **28. HEALTH AND SAFETY**

- 28.1 The Provider shall promptly notify the Council of any health and safety hazards which may arise in connection with the performance of its obligations under the Contract. The Council shall promptly notify the Provider of any health and safety hazards which may exist or arise at the Premises and which may affect the Provider in the performance of its obligations under the Contract.
- 28.2 While on the Premises, the Provider shall comply with any health and safety measures implemented by the Council in respect of Staff and other persons working there.
- 28.3 The Provider shall notify the Council immediately in the event of any incident occurring in the performance of its obligations under the Contract on the Premises where that incident causes any personal injury or damage to property which could give rise to personal injury.
- 28.4 The Provider shall comply with the requirements of the Health and Safety at Work etc. Act 1974 and any other acts, orders, regulations and codes of practice relating to health and safety, which may apply to Staff and other persons working on the Premises in the performance of its obligations under the Contract.
- 28.5 The Provider shall ensure that its health and safety policy statement (as required by the Health and Safety at Work etc. Act 1974) is made available to the Council on request.

## **29. DATA PROTECTION ACT**

### **Information Governance – General Responsibilities**

- 29.1 Clause 29 is to be read in conjunction with Schedule 20 and SCHEDULE 20 - ANNEX 1.
- 29.2 For the purposes of this Clause 29, the terms "Data Controller", "Data Processor", "Data Subject", "Personal Data", "Process" and "Processing shall have the meaning prescribed under the DPA.
- 29.3 With respect to the Parties' rights and obligations under this Contract, the Parties agree that the Council is the Data Controller and that the Provider is the Data Processor.
- 29.4 The Parties acknowledge their respective obligations arising under the DPA and must assist each other as necessary to enable each other to comply with these obligations.

29.5 The Provider undertakes to:

- 29.5.1 Treat as confidential all Personal Data which may be derived from or be obtained in the course of the Contract or which may come into the possession of the Provider or an employee, servant or agent or Sub-Contractor of the Provider as a result or in connection with the contract; and;
- 29.5.2 Provide all necessary precautions to ensure that all such information is treated as confidential by the Provider, his employees, servants, agents or Sub-Contractors; and
- 29.5.3 Ensure that he, his employees, servants, agents and Sub-Contractors are aware of the provisions of the DPA and that any personal information obtained from the Council shall not be disclosed or used in any unlawful manner; and
- 29.5.4 Indemnify the Council against any loss arising under the DPA caused by any action, authorised or unauthorised, taken by himself, his employees, servants, agents or Sub-Contractors
- 29.5.5 Nominate a data protection lead to be responsible for data protection and for providing the Council with regular reports on information security matters, including details of all incidents of data loss and breach of confidence;
- 29.5.6 Have in place adequate mechanisms to ensure that Sub-Contractors, agents and subsidiaries to whom personal information is disclosed comply with their contractual obligations to keep personal data and information secure and confidential in accordance with data protection requirements;
- 29.5.7 Ensure that the Council is kept informed at all times of the identities of the data protection lead.

**29.6 The Provider as a Data Processor**

29.7 The Provider shall (and shall ensure that all of its Staff) comply with any notification requirements under the DPA and both Parties will duly observe all their obligations under the DPA which arise in connection with the Contract.

29.8 Notwithstanding the general obligation in Clause 29.3, where the Provider is processing Personal Data as a Data Processor for the Council the Provider shall:

- 29.8.1 Process the Personal Data only in accordance with instructions from the Council (which may be specific instructions or instructions of a general nature) as set out in this Contract or as otherwise notified by the Contracting Authority;
- 29.8.2 Comply with all applicable Laws;
- 29.8.3 Process the Personal Data only to the extent; and in such manner as is necessary for the provision of the Provider's obligations under this Contract or as is required by Law or any Regulatory Body;
- 29.8.4 Implement appropriate technical and organisational measures to protect the Personal Data against unauthorised or unlawful Processing and against accidental loss, destruction, damage, alteration or disclosure. These measures shall be appropriate to the harm which might result from any unauthorised or unlawful Processing, accidental loss, destruction or damage

to the Personal Data and having regard to the nature of the Personal Data which is to be protected;

- 29.8.5 must be able to demonstrate that employees, servants, or agents associated with the performance of this contract are aware of their personal responsibilities under the DPA to maintain the security of the Personal Data controlled by the Council;
- 29.8.6 take reasonable steps to ensure the reliability of its Staff and agents who may have access to the Personal Data;
- 29.8.7 obtain prior written consent from the Contracting Authority in order to transfer the Personal Data to any Sub-Contractor for the provision of the Services;
- 29.8.8 Personal Data must not be copied for any other purpose than that agreed between the Provider and the Council.
- 29.8.9 Personal data shall be returned to the Council at the end of the contract, or on completion of works or when requested by the Council.
- 29.8.10 The Council is required to comply with Her Majesty's Government information security standards for the secure destruction of data processed on its behalf. The Provider must provide certificated evidence of secure destruction to the required standards when equipment is decommissioned or retired or at the end of the Contract.

29.9 The Provider shall permit the Council or the Council 's representative (subject to reasonable and appropriate confidentiality requirements ), to inspect and audit, in accordance with Clause 36 (Audit), the Provider's data Processing activities (and/or those of its agents, subsidiaries and Sub-Contractors) and comply with all reasonable requests or directions by the Council to enable the Council to verify and/or procure that the Provider is in full compliance with its obligations under this Contract;

29.9.1 not Process, cause or permit the Personal Data to be transferred outside of the European Economic Area without the prior consent of the Council and, where the Council consents to the transfer, to comply with;

(a) the obligations of a Data Controller under the Eighth Data Protection Principle set out in Schedule 1 of the DPA by providing an adequate level of protection to any Personal Data that is transferred; and

(b) any reasonable instructions notified to it by the Council;

29.9.2 ensure that all Staff and agents required to access the Personal Data are informed of the confidential nature of the Personal Data and comply with the obligations set out in this Clause 29;

29.9.3 ensure that none of the Staff and agents publish disclose or divulge any of the Personal Data to any third parties unless directed in writing to do so by the Council;

29.9.4 not disclose Personal Data to any third parties in any circumstances other than with the written consent of the Council or in compliance with a legal obligation imposed upon the Council; and

29.10 notify the Council (within five Working Days) if it receives:

- 29.10.1 a request from a Data Subject to have access to that person's Personal Data;  
or
- 29.10.2 a complaint or request relating to the Council's obligations under the DPA;
- 29.10.3 The Provider shall comply at all times with the Data Protection Legislation and shall not perform its obligations under this Contract in such a way as to cause the Council to breach any of its applicable obligations under the Data Protection Legislation.

29.11 The Provider agrees to indemnify and keep indemnified and defend at its own expense the Council against all costs, claims, damages or expenses incurred by the Council or for which the Council may become liable due to any failure by the Provider or its employees or agents to comply with any of its obligations under this Contract.

**Responsibilities when engaging Sub-Contractors**

29.12 Subject always to Clause 37 (Transfer and Sub-Contracting) if the Provider is to require any Sub-Contractor to process Personal Data on its behalf, the Provider must:

29.12.1 require that the Sub-Contractor provides sufficient guarantees in respect of its technical and organisational security measures governing the data processing to be carried out, and take reasonable steps to ensure compliance with those measures;

29.12.2 ensure that the Sub-Contractor is engaged under the terms of a written agreement requiring the Sub-Contractor to:

- (a) process such personal data only in accordance with the Provider's instructions;
- (b) comply at all times with obligations equivalent to those imposed on the Provider by virtue of the Seventh Data Protection Principle of the DPA;
- (c) allow rights of audit and inspection in respect of relevant data handling systems to the Provider or to the Council or to any person authorised by the Provider or by the Council to act on its behalf; and
- (d) impose on its own Sub-Contractors (in the event the Sub-Contractor further Sub-Contracts any of its obligations under the Sub-Contract) obligations that are substantially equivalent to the obligations imposed on the Sub-Contractor by this Clause 29.

29.13 The provision of this Clause 29 shall apply during the Contract Period and indefinitely after its expiry.

**30. CONFIDENTIAL INFORMATION**

30.1 Except to the extent set out in this Clause or where disclosure is expressly permitted elsewhere in this Contract, each Party shall:

30.1.1 treat the other Party's Confidential Information as confidential and safeguard it accordingly; and

- 30.1.2 not disclose the other Party's Confidential Information to any other person without the owner's prior written consent.
- 30.2 Clause 30.1 shall not apply to the extent that:
- 30.2.1 such disclosure is a requirement of Law placed upon the Party making the disclosure, including any requirements for disclosure under the FOIA or the Environmental Information Regulations pursuant to Clause 31 (Freedom of Information);
- 30.2.2 such information was in the possession of the Party making the disclosure without obligation of confidentiality prior to its disclosure by the information owner;
- 30.2.3 such information was obtained from a third party without obligation of confidentiality;
- 30.2.4 such information was already in the public domain at the time of disclosure otherwise than by a breach of this Contract; or
- 30.2.5 it is independently developed without access to the other Party's Confidential Information.
- 30.3 The Provider may only disclose the Council's Confidential Information to the Staff who are directly involved in the provision of the Services and who need to know the information, and shall ensure that such Staff are aware of and shall comply with these obligations as to confidentiality.
- 30.4 The Provider shall not, and shall procure that the Staff do not, use any of the Council's Confidential Information received otherwise than for the purposes of this Contract.
- 30.5 At the written request of the Council, the Provider shall procure that those members of the Staff identified in the Council's notice sign a confidentiality undertaking prior to commencing any work in accordance with this Contract.
- 30.6 Nothing in this Contract shall prevent the Council from disclosing the Provider's Confidential Information:
- 30.6.1 to any Crown Body or any other Contracting Authority. All Crown Bodies or Contracting Authorities receiving such Confidential Information shall be entitled to further disclose the Confidential Information to other Crown Bodies or other Contracting Authorities on the basis that the information is confidential and is not to be disclosed to a third party which is not part of any Crown Body or any Contracting Authority;
- 30.6.2 to any consultant, contractor or other person engaged by the Council or any person conducting an Office of Government Commerce gateway review as amended or superseded;
- 30.6.3 for the purpose of the examination and certification of the Council's accounts; or
- 30.6.4 for any examination pursuant to section 6(1) of the National Audit Act 1983 of the economy, efficiency and effectiveness with which the Council has used its resources.

30.7 The Council shall use all reasonable endeavours to ensure that any government department, Contracting Authority, employee, third party or Sub-Contractor to whom the Provider's Confidential Information is disclosed pursuant to Clause 30.6 is made aware of the Council's obligations of confidentiality.

30.8 Nothing in this Clause 30 shall prevent either Party from using any techniques, ideas or know-how gained during the performance of the Contract in the course of its normal business to the extent that this use does not result in a disclosure of the other Party's Confidential Information or an infringement of Intellectual Property Rights.

## **31. FREEDOM OF INFORMATION**

31.1 The Provider acknowledges that the Council is subject to the requirements of the FOIA and the Environmental Information Regulations and shall assist and cooperate with the Council to enable the Council to comply with its Information disclosure obligations.

31.2 The Provider shall and shall procure that any Sub-Contractors shall transfer to the Council all Requests for Information that it receives as soon as practicable and in any event within two Working Days of receiving a Request for Information;

31.2.1 provide the Council with a copy of all Information in its possession, or power in the form that the Council requires within five Working Days (or such other period as the Council may specify) of the Council's request; and

31.2.2 provide all necessary assistance as reasonably requested by the Council to enable the Council to respond to the Request for Information within the time for compliance set out in section 10 of the FOIA or Regulation 5 of the Environmental Information Regulations.

31.3 The Council shall be responsible for determining in its absolute discretion and notwithstanding any other provision in this Contract or any other agreement whether the Commercially Sensitive Information and/or any other Information is exempt from disclosure in accordance with the provisions of the FOIA or the Environmental Information Regulations.

31.4 In no event shall the Provider respond directly to a Request for Information unless expressly authorised to do so by the Council.

31.5 The Provider acknowledges that (notwithstanding the provisions of Clause 31) the Council may, acting in accordance with the Secretary of State for Constitutional Affairs Code of Practice on the Discharge of the Functions of Public Authorities under Part 1 of the Freedom of Information Act 2000 ("the Code"), be obliged under the FOIA, or the Environmental Information Regulations to disclose information concerning the Provider or the Services in certain circumstances:

31.5.1 without consulting the Provider; or

31.5.2 following consultation with the Provider and having taken their views into account;

provided always that where Clause 31.5.1 applies the Council shall, in accordance with any recommendations of the Code, take reasonable steps, where appropriate, to give the Provider advanced notice, or failing that, to draw the disclosure to the Provider's attention after any such disclosure.

31.6 The Provider shall ensure that all Information is retained for disclosure and shall permit the Council to inspect such records as requested from time to time.

31.7 The Provider acknowledges that the Commercially Sensitive Information listed in the Commercially Sensitive Information Schedule is of indicative value only and that the Council may be obliged to disclose it in accordance with this Clause 31.

## **32. PUBLICITY, MEDIA AND OFFICIAL ENQUIRIES**

32.1 The Provider shall not make any press announcement or publicise the Contract, the Services or any aspects thereof in any way, except with the prior written consent of the Council.

32.2 The Provider shall take reasonable steps to ensure that its servants, employees, agents, Sub-Contractors, suppliers, professional advisors and consultants comply with Clause 32.1.

## **33. SECURITY**

33.1 The Council shall be responsible for maintaining the security of the Premises over which the Council has control in accordance with its standard security requirements. The Provider shall comply with all security requirements of the Council while on the Premises, and shall ensure that all Staff comply with such requirements.

## **34. INTELLECTUAL PROPERTY RIGHTS**

34.1 All Intellectual Property Rights in any guidance, specifications, instructions, toolkits, plans, data, drawings, databases, patents, patterns, models, designs or other material (the "**IP Materials**"):

34.1.1 furnished to or made available to the Provider by or on behalf of the Council shall remain the property of the Council; and

34.1.2 prepared by or for the Provider on behalf of the Council for use, or intended use, in relation to the performance by the Provider of its obligations under the Contract shall belong to the Council;

and the Provider shall not, and shall ensure that the Staff shall not, (except when necessary for the performance of the Contract) without prior Approval, use or disclose any Intellectual Property Rights in the IP Materials.

34.2 The Provider hereby assigns to the Council, with full title guarantee, all Intellectual Property Rights which may subsist in the IP Materials prepared in accordance with Clause 34.1.2. This assignment shall take effect on the date of the Contract or as a present assignment of future rights that will take effect immediately on the coming into existence of the Intellectual Property Rights produced by the Provider. The Provider shall execute all documentation necessary to execute this assignment.

34.3 The Provider shall waive or procure a waiver of any moral rights subsisting in copyright produced by the Contract or the performance of the Contract.

34.4 The Provider shall ensure that the third party owner of any Intellectual Property Rights that are or which may be used to perform the Contract grants to the Council a non-exclusive licence or, if itself a licensee of those rights, shall grant to the Council an authorised sub-licence, to use, reproduce, modify, develop and maintain the Intellectual Property Rights in the same. Such licence or sub-licence shall be non-exclusive,

perpetual, royalty free and irrevocable and shall include the right for the Council to sub-license, transfer, novate or assign to other Contracting Authorities, the Replacement Provider or to any other third party supplying services to the Council.

- 34.5 The Provider shall not infringe any Intellectual Property Rights of any third party in supplying the Services and the Provider shall, during and after the Contract Period, indemnify and keep indemnified and hold the Council and the Crown harmless from and against all actions, suits, claims, demands, losses, charges, damages, costs and expenses and other liabilities which the Council or the Crown may suffer or incur as a result of or in connection with any breach of this Clause, except where any such claim arises from:
- 34.5.1 items or materials based upon designs supplied by the Council; or
  - 34.5.2 the use of data supplied by the Council which is not required to be verified by the Provider under any provision of the Contract.
- 34.6 The Council shall notify the Provider in writing of any claim or demand brought against the Council for infringement or alleged infringement of any Intellectual Property Right in materials supplied or licensed by the Provider.
- 34.7 The Provider shall at its own expense conduct all negotiations and any litigation arising in connection with any claim for breach of Intellectual Property Rights in materials supplied or licensed by the Provider, provided always that the Provider:
- 34.7.1 shall consult the Council on all substantive issues which arise during the conduct of such litigation and negotiations;
  - 34.7.2 shall take due and proper account of the interests of the Council; and
  - 34.7.3 shall not settle or compromise any claim without the Council's prior written consent (not to be unreasonably withheld or delayed).
- 34.8 The Council shall at the request of the Provider afford to the Provider all reasonable assistance for the purpose of contesting any claim or demand made or action brought against the Council or the Provider by a third party for infringement or alleged infringement of any third party Intellectual Property Rights in connection with the performance of the Provider's obligations under the Contract and the Provider shall indemnify the Council for all costs and expenses (including, but not limited to, legal costs and disbursements) incurred in doing so. The Provider shall not, however, be required to indemnify the Council in relation to any costs and expenses incurred in relation to or arising out of a claim, demand or action which relates to the matters in Clause 34.5.1 or 34.5.2.
- 34.9 The Council shall not make any admissions which may be prejudicial to the defence or settlement of any claim, demand or action for infringement or alleged infringement of any Intellectual Property Right by the Council or the Provider in connection with the performance of its obligations under the Contract.
- 34.10 If a claim, demand or action for infringement or alleged infringement of any Intellectual Property Right is made in connection with the Contract or in the reasonable opinion of the Provider is likely to be made, the Provider shall notify the Council and, at its own expense and subject to the consent of the Council (not to be unreasonably withheld or delayed), use its best endeavours to:

34.10.1 modify any or all of the Services without reducing the performance or functionality of the same, or substitute alternative Services of equivalent performance and functionality, so as to avoid the infringement or the alleged infringement, provided that the provisions herein shall apply mutatis mutandis to such modified Services or to the substitute Services; or

34.10.2 procure a licence to use and supply the Services, which are the subject of the alleged infringement, on terms which are acceptable to the Council,

and in the event that the Provider is unable to comply with Clauses 34.10.1 or 34.10.2 within 15 Working Days of receipt of the Provider's notification the Council may terminate the Contract with immediate effect by notice in writing.

34.11 The Provider grants to the Council a royalty-free, irrevocable and non-exclusive licence (with a right to sub-licence) to use any Intellectual Property Rights that the Provider owned or developed prior to the Commencement Date and which the Council reasonably requires in order exercise its rights and take the benefit of this Contract including the Services provided.

## **35. CHANGE CONTROL AND CONTINUOUS IMPROVEMENT**

35.1 The Provider shall keep and maintain for the period stipulated in the Contract Particulars, full and accurate records of the Contract including the Services supplied under it, all expenditure reimbursed by the Council, and all payments made by the Council. The Provider shall on request afford the Council or the Council's representatives such access to those records and any other reasonable data request as may be requested by the Council in connection with the Contract.

35.2 Any requirement for a Change shall be subject to the Change Control Procedure detailed in Schedule 7 (Change Control).

35.3 The Provider shall have an ongoing obligation throughout the Contract Period to identify new or potential improvements to the Services. As part of this obligation the Provider shall identify and report to the Council's authorised representative quarterly in each Contract year on:

35.3.1 the emergence of new and evolving relevant technologies which could improve the Services;

35.3.2 new or potential improvements to the Services including the quality, responsiveness, procedures, performance mechanisms and customer support services in relation to the Services;

35.3.3 new or potential improvements to the interfaces or integration of the Services with other services provided by third parties or the Council which might result in efficiency or productivity gains or in reduction of operational risk; and

35.3.4 changes in ways of working that would enable the Services to be delivered at lower costs and/or at greater benefits to the Council.

35.4 Any potential Changes highlighted as a result of the Provider's reporting in accordance with Clause 35.3 shall be addressed by the Parties using the Change Control Procedure.

## **36. AUDIT**

36.1 The Provider shall keep and maintain for the period stipulated in the Contract Particulars, full and accurate records of the Contract including the Services supplied under it, all expenditure reimbursed by the Council, and all payments made by the Council. The Provider shall on request afford the Council or the Council's representatives such access to those records and any other reasonable data request as may be requested by the Council in connection with the Contract.

36.2 The Provider shall, on request, provide to the Council financial information related to their business(es). This may include, however is not limited to, the below. The Provider will further answer any queries and provide necessary information to the Council where the Council deems this appropriate and/or necessary.

- Signed accounts for the last three years, to include detailed P&L accounts (as submitted to HMRC)
- Draft accounts for the last accounting reference period (unless covered by the signed accounts)
- Together with the following information, where not already disclosed in the accounts:
  - Number (and FTEs) of homecare employed
  - Total number of Directors and total Directors salaries
  - Details of transactions between connected companies
  - Amounts owed at year-end to connected companies
  - Amounts owed at year-end by connected companies
  - Details of shareholder dividend payments

36.3 The Provider shall, on request, provide to the Council, remuneration information relating to the Provider's Staff. This and the information requested at Clause 36.2 above shall be provided in the format requested by the Council.

36.4 The Provider shall additionally allow the Council access to its Premises on reasonable notice for the purpose of inspection of the Provider's records and systems for the purposes of Contract management.

## **37. TRANSFER AND SUB-CONTRACTING**

37.1 The Provider shall not assign, Sub-Contract or in any other way dispose of the Contract or any part of it without prior Approval. Sub-contracting any part of the Contract shall not relieve the Provider of any of its obligations or duties under the Contract.

37.2 The Provider shall be responsible for the acts and omissions of its Sub-Contractors as though they are its own.

37.3 Where the Council has consented to the placing of Sub-Contracts, copies of each Sub-Contract shall, at the request of the Council, be sent by the Provider to the Council as soon as reasonably practicable.

37.4 The Provider shall ensure that the assignee notifies the Council of the assignee's contact information and bank account details to which the Council shall make payment.

37.5 The provisions of Clause 21 (Payment and VAT) shall continue to apply in all other respects after the assignment and shall not be amended without the Approval of the Council.

37.6 The Council may assign, novate or otherwise dispose of its rights and obligations under the Contract or any part thereof to:

- 37.6.1 any Contracting Authority; or
- 37.6.2 any other body established by the Crown or under statute in order substantially to perform any of the functions that had previously been performed by the Council; or
- 37.6.3 private sector body which substantially performs the functions of the Council, (“the Transferee”)

provided that any such assignment, novation or other disposal shall not increase the burden of the Provider’s obligations under the Contract.

- 37.7 Any change in the legal status of the Council such that it ceases to be a Contracting Authority shall not affect the validity of the Contract. In such circumstances, the Contract shall bind and inure to the benefit of any successor body to the Council.
- 37.8 The Council may disclose to any transferee any Confidential Information of the Provider which relates to the performance of the Provider’s obligations under the Contract. In such circumstances the Council shall authorise the transferee to use such Confidential Information only for purposes relating to the performance of the Provider’s obligations under the Contract and for no other purpose and shall take all reasonable steps to ensure that the Transferee gives a confidentiality undertaking in relation to such Confidential Information.
- 37.9 Each Party shall at its own cost and expense carry out, or use all reasonable endeavours to ensure the carrying out of, whatever further actions (including the execution of further documents) the other Party reasonably requires from time to time for the purpose of giving that other Party the full benefit of the provisions of the Contract.

**38. WAIVER**

- 38.1 The failure of either Party to insist upon strict performance of any provision of the Contract, or the failure of either Party to exercise, or any delay in exercising, any right or remedy shall not constitute a waiver of that right or remedy and shall not cause a diminution of the obligations established by the Contract.
- 38.2 No waiver shall be effective unless it is expressly stated to be a waiver and communicated to the other Party in writing in accordance with Clause 5 (Notices).
- 38.3 A waiver of any right or remedy arising from a breach of the Contract shall not constitute a waiver of any right or remedy arising from any other or subsequent breach of the Contract.

**39. VARIATION**

- 39.1 Subject to the provisions of this Clause 39, the Council may request a Change to the Specification. Such a Change to the Specification is hereinafter called a Variation and may include a Change to the Contract Price.
- 39.2 The Council may request a Variation by notifying the Provider in writing of the Variation and giving the Provider sufficient information to assess the extent of the Variation and consider whether any change to the Contract Price is required in order to implement the Variation. The Council shall specify a time limit within which the Provider shall respond to the request for a Variation. Such time limits shall be reasonable having regard to the

nature of the Variation. If the Provider accepts the Variation it shall confirm the same in writing.

39.3 In the event that the Provider is unable to accept the Variation to the Specification or where the Parties are unable to agree a change to the Contract Price, the Council may;

39.3.1 allow the Provider to fulfil its obligations under the Contract without the variation to the Specification;

39.3.2 terminate the Contract with immediate effect.

39.4 The Provider may propose Variations to the Contract, provided that the Council shall be under no obligation whatsoever to accept any request for a Variation. A Variation proposed by the Provider shall not give rise to any increase to the Contract Price, unless expressly agreed by the Council (in its absolute discretion) in writing.

39.5 Variations will be dealt with according to the process defined in Schedule 7 (Change Control).

#### **40. SEVERABILITY**

If any provision of the Contract is held invalid, illegal or unenforceable for any reason by any court of competent jurisdiction, such provision shall be severed and the remainder of the provisions of the Contract shall continue in full force and effect as if the Contract had been executed with the invalid, illegal or unenforceable provision eliminated.

#### **41. REMEDIES IN THE EVENT OF INADEQUATE PERFORMANCE**

41.1 Where a complaint is received about the standard of Services or about the manner in which any Services have been supplied or work has been performed or about the materials or procedures used or about any other matter connected with the performance of the Provider's obligations under the Contract, then the Council shall be entitled to investigate the complaint in accordance with the contract monitoring and management procedures contained in 0 (Contract Management). The Council may, in its sole discretion, uphold the complaint and take further action in accordance with Clause 52 (Termination on Default) of the Contract.

41.2 In the event that the Council is of the reasonable opinion that there has been a material breach of the Contract by the Provider, then the Council may, without prejudice to its rights under Clause 52 (Termination on Default), do any of the following:

41.2.1 without terminating the Contract, itself supply or procure the supply of all or part of the Services until such time as the Provider shall have demonstrated to the reasonable satisfaction of the Council that the Provider will once more be able to supply all or such part of the Services in accordance with the Contract;

41.2.2 without terminating the whole of the Contract, terminate the Contract in respect of part of the Services only (whereupon a corresponding reduction in the Contract Price shall be made) and thereafter itself supply or procure a third party to supply such part of the Services; and/or

41.2.3 terminate, in accordance with Clause 52 (Termination on Default), the whole of the Contract.

41.3 Without prejudice to its right under Clause 22 (Recovery of Sums Due), the Council may charge the Provider for any costs reasonably incurred and any reasonable administration

costs in respect of the supply of any part of the Services by the Council or a third party to the extent that such costs exceed the payment which would otherwise have been payable to the Provider for such part of the Services and provided that the Council uses its reasonable endeavours to mitigate any additional expenditure in obtaining replacement Services.

41.4 The Provider shall ensure that the Service is delivered as commissioned. In the event there is a difference between commissioned and delivered activities, the Provider shall inform the Council prior to the submission of an invoice to enable all relevant changes to be made on Council systems to effect accurate payments. Should the Provider fail to do this, the Council shall be entitled to recover (i) all sums due in accordance with Clause 22 and (ii) interest calculated in accordance with the Late Payment of Commercial Debt (Interest) Act 1998 as subsequently amended.

41.5 If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.

41.6 In the event that:

41.6.1 the Provider fails to comply with Clause 41.5 above and the failure is materially adverse to the interests of the Council or prevents the Council from discharging a statutory duty; or

41.6.2 If in the Council's reasonable opinion the Provider's failure, included but not limited to safeguarding issues, is such that it requires immediate rectification which in the Council's reasonable opinion the Provider cannot or will not make; or

41.6.3 the Provider persistently fails to comply with Clause 41.5 above,  
the Council may terminate the Contract with immediate effect by notice in writing.

## **42. REMEDIES CUMULATIVE**

Except as otherwise expressly provided by the Contract, all remedies available to either Party for breach of the Contract are cumulative and may be exercised concurrently or separately, and the exercise of any one remedy shall not be deemed an election of such remedy to the exclusion of other remedies.

## **43. CONTRACT MANAGEMENT**

The Provider shall comply with the monitoring and contract management arrangements set out in the 0 (Contract Management) including, but not limited to, providing such data and information as the Provider may be required to produce under the Contract.

## **44. ANNUAL REVIEW**

44.1 On each anniversary (or other time should this be reasonably required) of the Commencement Date, the Council shall be entitled to carry out a review of the Contract and of the Council's requirements for the Services. As a result of the review, the Council shall (in its discretion) be entitled to:

44.1.1 affirm that the Contract shall continue in accordance with its terms; or

- 44.1.2 reduce the Contract Period; or
- 44.1.3 exercise the option to terminate the Contract in accordance with Clause 54; or
- 44.1.4 require a reduction in the volume or scope of the Services (which shall take effect as a Variation in accordance with Clause 39) in return for a reduction in the Contract Price; or
- 44.1.5 through negotiation require a reduction in the Contract Price, where there has been a reduction in the Council's budget for the provision of the Services.

44.2 The Council shall notify the Provider in writing of the results of the annual review and the Provider shall take all necessary steps to implement the review within 4 weeks of receiving such notice (or such other reasonable period as may be specified by the Council).

#### **45. ENTIRE AGREEMENT**

45.1 The Contract constitutes the entire agreement between the Parties in respect of the matters dealt with therein. The Contract supersedes all prior negotiations between the Parties and all representations and undertakings made by one Party to the other, whether written or oral, except that this Clause shall not exclude liability in respect of any fraud or fraudulent misrepresentation.

#### **46. COUNTERPARTS**

This Contract may be executed in counterparts, each of which when executed and delivered shall constitute an original but all counterparts together shall constitute one and the same instrument.

#### **47. LIABILITY AND INDEMNITY**

47.1 Neither Party excludes or limits liability to the other Party for:

- 47.1.1 death or personal injury caused by its negligence; or
- 47.1.2 Prohibited Act; or
- 47.1.3 fraudulent misrepresentation; or
- 47.1.4 any breach of any obligations implied by section 2 of the Supply of Goods and Services Act 1982.

47.2 Subject to Clause 47.3 and 47.4 the Provider shall indemnify the Council and keep the Council indemnified fully against all claims, proceedings, actions, damages, costs, expenses and any other liabilities which may arise out of, or in consequence of:

- 47.2.1 the supply, or the late or purported supply, of the Services or the performance or non-performance by the Provider of its obligations under the Contract;
- 47.2.2 the act, omission or default of the Provider, any Sub-Contractor or any member of Staff including in respect of any death or personal injury, loss of or damage to property, financial loss arising from any advice given or omitted to be given by any such party; and

47.2.3 any other loss which is caused directly or indirectly by any act or omission of the Provider.

47.3 The Provider shall not be responsible for any injury, loss, damage, cost or expense if and to the extent that it is caused by the negligence or wilful misconduct of the Council or by breach by the Council of its obligations under the Contract.

47.4 Subject to Clause 47.1, the Provider's liability under this Contract shall be limited to the amount stated in Contract Particulars.

#### **48. INSURANCE**

48.1 The Provider shall throughout the Contract Period effect and maintain with a reputable insurance company the following policies of insurance:

48.1.1 public liability insurance; and

48.1.2 employer's liability insurance

with the levels of indemnity cover for each claim stipulated in the Contract Particulars.

48.2 The Provider shall give the Council, on request, copies of all insurance policies referred to in this Clause or a broker's verification of insurance to demonstrate that the appropriate cover is in place, together with receipts or other evidence of payment of the latest premiums due under those policies.

48.3 If, for whatever reason, the Provider fails to give effect to and maintain the insurances required by the provisions of the Contract the Council may make alternative arrangements to protect its interests and may recover the costs of such arrangements from the Provider.

48.4 The provisions of any insurance or the amount of cover shall not relieve the Provider of any liabilities under the Contract.

48.5 Where stipulated in the Contract Particulars, the Provider shall effect the additional insurances stipulated in the Contract Particulars.

48.6 Where professional indemnity insurance is required in accordance with the Contract Particulars the Provider shall maintain appropriate professional indemnity insurance cover during the Contract Period and shall ensure that all agents, professional consultants and Sub-Contractors involved in the supply of the Services do the same. To comply with its obligations under this Clause and as a minimum, the Provider shall ensure professional indemnity insurance held by the Provider and by any agent, Sub-Contractor or consultant involved in the supply of the Services has a limit of indemnity of not less than the amount stated in the Contract Particulars. Such insurance shall be maintained for a minimum of the period specified in the Contract Particulars following the expiration or earlier termination of the Contract.

#### **49. WARRANTIES AND REPRESENTATIONS**

The Provider warrants and represents that:

49.1.1 it has full capacity and authority and all necessary consents (including where its procedures so require, the consent of its parent company) to enter into and perform its obligations under the Contract and that the Contract is executed by a duly authorised representative of the Provider;

- 49.1.2 in entering the Contract it has not committed any Prohibited Act;
- 49.1.3 as at the Commencement Date, all information contained in the Tender remains true, accurate and not misleading, save as may have been specifically disclosed in writing to the Council prior to execution of the Contract;
- 49.1.4 no claim is being asserted and no litigation, arbitration or administrative proceeding is presently in progress or, to the best of its knowledge and belief, pending or threatened against it or any of its assets which will or might have a material adverse effect on its ability to perform its obligations under the Contract;
- 49.1.5 it is not subject to any contractual obligation, compliance with which is likely to have a material adverse effect on its ability to perform its obligations under the Contract;
- 49.1.6 no proceedings or other steps have been taken and not discharged (nor, to the best of its knowledge, are threatened) for the winding up of the Provider or for its dissolution or for the appointment of a receiver, administrative receiver, liquidator, manager, administrator or similar officer in relation to any of the Provider's assets or revenue;
- 49.1.7 it owns, has obtained or is able to obtain, valid licences for all Intellectual Property Rights that are necessary for the performance of its obligations under the Contract;
- 49.1.8 in the three 3 years prior to the date of the Contract:
- (a) it has conducted all financial accounting and reporting activities in compliance in all material respects with the generally accepted accounting principles that apply to it in any country where it files accounts;
  - (b) it has been in full compliance with all applicable securities and tax laws and regulations in the jurisdiction in which it is established; and
  - (c) it has not done or omitted to do anything which could have a material adverse effect on its assets, financial condition or position as an ongoing business concern or its ability to fulfil its obligations under the Contract.

## **50. TERMINATION FOR BREACH**

- 50.1 The Council may terminate this Contract with immediate effect by the service of written notice on the Provider in the following circumstances:
- 50.1.1 if the Provider is in breach of any material obligation under this Contract provided that if the breach is capable of remedy, the Council may only terminate this Contract under this Clause 50.1 if the Provider has failed to remedy such breach within 28 days of receipt of notice from the Council (a Remediation Notice) to do so;
- 50.1.2 if a consistent failure has occurred;
- 50.1.3 if a catastrophic failure has occurred;

- 50.1.4 if a resolution is passed or an order is made for the winding up of the Provider (otherwise than for the purpose of solvent amalgamation or reconstruction) or the Provider becomes subject to an administration order or a receiver or administrative receiver is appointed over or an encumbrancer takes possession of any of the Provider's property or equipment;
- 50.1.5 if the Provider ceases or threatens to cease to carry on business in the United Kingdom;
- 50.1.6 if there is a Change of Control of the Provider to which the Council reasonably objects;
- 50.1.7 if this Contract has been subject to a substantial modification which would have required a new procurement procedure pursuant to regulation 72 of the Regulations;
- 50.1.8 if the Provider has, at the time of this Contract's award, been in one of the situations referred to in regulation 57(1) to (3) of the Regulations and should therefore have been excluded from the procurement procedure; or
- 50.1.9 if this Contract should not have been awarded to the Provider in view of a serious infringement of the obligations under the Treaties and the Public Contracts Directive that has been declared by the Court of Justice of the EU in a procedure pursuant to Article 258 of TFEU.

50.2 The Council may terminate this Contract in accordance with the provisions of Clause 24 and Clause 58.

50.3 If this Contract is terminated by the Council for cause such termination shall be at no loss or cost to the Council and the Provider hereby indemnifies the Council against any such losses or costs which the Council may suffer as a result of any such termination for cause.

## **51. TERMINATION ON INSOLVENCY AND/OR CHANGE OF CONTROL**

51.1 The Council may terminate the Contract with immediate effect by notice in writing where the Provider is a company and in respect of the Provider:

- 51.1.1 a proposal is made for a voluntary arrangement within Part I of the Insolvency Act 1986 or of any other composition scheme or arrangement with, or assignment for the benefit of, its creditors; or
- 51.1.2 a shareholders' meeting is convened for the purpose of considering a resolution that it be wound up or a resolution for its winding-up is passed (other than as part of, and exclusively for the purpose of, a bona fide reconstruction or amalgamation); or
- 51.1.3 a petition is presented for its winding up (which is not dismissed within 14 days of its service) or an application is made for the appointment of a provisional liquidator or a creditors' meeting is convened pursuant to section 98 of the Insolvency Act 1986; or
- 51.1.4 a receiver, administrative receiver or similar officer is appointed over the whole or any part of its business or assets; or

- 51.1.5 an application order is made either for the appointment of an administrator or for an administration order, an administrator is appointed, or notice of intention to appoint an administrator is given; or
- 51.1.6 it is or becomes insolvent within the meaning of section 123 of the Insolvency Act 1986; or
- 51.1.7 being a “small company” within the meaning of the Companies Act 2006, a moratorium comes into force pursuant to Schedule A1 of the Insolvency Act 1986; or
- 51.1.8 any event similar to those listed in Clauses 51.1.1 -51.1.7 occurs under the law of any other jurisdiction.

51.2 The Council may terminate the Contract with immediate effect by notice in writing where the Provider is an individual and:

- 51.2.1 an application for an interim order is made pursuant to sections 252-253 of the Insolvency Act 1986 or a proposal is made for any composition scheme or arrangement with, or assignment for the benefit of, the Provider’s creditors; or
- 51.2.2 a petition is presented and not dismissed within 14 days or order made for the Provider’s bankruptcy; or
- 51.2.3 a receiver, or similar officer is appointed over the whole or any part of the Provider’s assets or a person becomes entitled to appoint a receiver, or similar officer over the whole or any part of his assets; or
- 51.2.4 the Provider is unable to pay his debts or has no reasonable prospect of doing so, in either case within the meaning of section 268 of the Insolvency Act 1986; or
- 51.2.5 a creditor or encumbrancer attaches or takes possession of, or a distress, execution, sequestration or other such process is levied or enforced on or sued against, the whole or any part of the Provider’s assets and such attachment or process is not discharged within 14 days; or
- 51.2.6 he dies or is adjudged incapable of managing his affairs within the meaning of Part VII of the Mental Capacity Act 2005; or
- 51.2.7 he suspends or ceases, or threatens to suspend or cease, to carry on all or a substantial part of his business.

51.3 The Provider shall notify the Council immediately if the Provider undergoes a Change of Control. The Council may terminate the Contract by notice in writing with immediate effect within six months of being notified that a Change of Control has occurred; or

- 51.3.1 where no notification has been made, the date that the Council becomes aware of the Change of Control,

but shall not be permitted to terminate where an Approval was granted prior to the Change of Control.

51.4 With regard to the notification to the Council by the Provider detailed in Clause 51.3, such notification shall be made to the Council’s Contract Manager as described in Schedule 5 (Schedule of Agreements) or, if this is not possible, the second or third level

contacts within Schedule 5 (Schedule of Agreements). The Provider shall also send such notification to [procurement.care@kent.gov.uk](mailto:procurement.care@kent.gov.uk) by email.

51.5 The notification to the Council by the Provider detailed in Clauses 51.3 and 51.4 shall be made for each contract that the Provider holds with the Council.

## **52. TERMINATION ON DEFAULT**

52.1 The Council may terminate the Contract by written notice to the Provider with immediate effect if the Provider commits a Default and if:

52.1.1 the Provider has not remedied the Default to the satisfaction of the Council within 15 Working Days, or such other period as may be specified by the Council, after issue of a written notice specifying the Default and requesting it to be remedied; or

52.1.2 the Default is not, in the opinion of the Council, capable of remedy; or

52.1.3 the Default is a material breach of the Contract.

52.2 In the event that through any Default of the Provider, data transmitted or processed in connection with the Contract is either lost or sufficiently degraded as to be unusable, the Provider shall be liable for the cost of reconstitution of that data and shall reimburse the Council in respect of any charge levied for its transmission and any other costs charged in connection with such Default.

52.3 If the Council fails to pay the Provider undisputed sums of money when due, the Provider shall notify the Council in writing of such failure to pay. If the Council fails to pay such undisputed sums within 90 Working Days of the date of such written notice, the Provider may terminate the Contract in writing with immediate effect, save that such right of termination shall not apply where the failure to pay is due to the Council exercising its rights under Clause 22 (Recovery of Sums Due).

## **53. TERMINATION NOTICE**

53.1 Where the Council terminates the Contract under Clause 52 (Termination on Default), the Council may terminate this Contract at any time by giving three months' written notice to the Provider. Where the Contract is terminated under Clause 52, the Council shall incur no liability, costs or other detriment resulting from this termination.

## **54. BREAK CLAUSE**

54.1 Where stipulated in the Contract Particulars, the Council shall have the right to terminate the Contract at any time by giving written notice (of not less than the period specified in the Contract Particulars) to the Provider.

54.2 Where the Council exercises its right to terminate the Contract under Clause 54.1, the Provider shall only be entitled to payment for Services duly rendered up to the date of termination and the Council shall incur no liability to the Provider in respect of any other losses whatsoever whether:

54.2.1 loss of future profits;

54.2.2 redundancy or Sub-Contractor breakage costs; or

54.2.3 any other costs whatsoever incurred by the Provider as a consequence of such termination.

## **55. CONSEQUENCES OF EXPIRY OR TERMINATION**

55.1 Where the Council terminates the Contract under Clause 52 (Termination on Default):

55.1.1 the Council may recover from the Provider the cost reasonably incurred of making other arrangements for the delivery of replacement services and any additional expenditure incurred by the Council throughout the remainder of the Contract Period. The Council shall take all reasonable steps to mitigate such additional expenditure.

55.1.2 no further payments shall be payable by the Council to the Provider (for Services supplied by the Provider prior to termination and in accordance with the Contract but where the payment has yet to be made by the Council), until the Council has established the final cost of making the other arrangements envisaged under this Clause.

55.2 Save as otherwise expressly provided in the Contract:

55.2.1 termination or expiry of the Contract shall be without prejudice to any rights, remedies or obligations accrued under the Contract prior to termination or expiration and nothing in the Contract shall prejudice the right of either Party to recover any amount outstanding at such termination or expiry; and

55.2.2 termination of the Contract shall not affect the continuing rights, remedies or obligations of the Council or the Provider under Clauses 21 (Payment and VAT), 22 (Recovery of Sums Due), 24 (Prevention of Bribery and Corruption), 29 (Data Protection Act), 30 (Confidential Information), 31 (Freedom of Information), 34 (Intellectual Property Rights), 36 (Audit), 42 Remedies Cumulative), 47 (Liability and Indemnity), 48 (Insurance), 55 (Consequences of Expiry or Termination), 57 (Recovery upon Termination) and 60 (Governing Law and Jurisdiction).

## **56. DISRUPTION**

56.1 The Provider shall take reasonable care to ensure that in the performance of its obligations under the Contract it does not disrupt the operations of the Council, its employees or any other contractor employed by the Council.

56.2 The Provider shall immediately inform the Council of any actual or potential industrial action, whether such action be by their own employees or others, which affects or might affect its ability at any time to perform its obligations under the Contract.

56.3 In the event of industrial action by the Staff, the Provider shall seek Approval to its proposals to continue to perform its obligations under the Contract.

56.4 If the Provider's proposals referred to in Clause 56.3 are considered insufficient or unacceptable by the Council acting reasonably, then the Contract may be terminated with immediate effect by the Council by notice in writing.

56.5 If the Provider is temporarily unable to fulfil the requirements of the Contract owing to disruption of normal business of the Council, the Provider may request a reasonable allowance of time and in addition, the Council will reimburse any additional expense reasonably incurred by the Provider as a direct result of such disruption.

## **57. RECOVERY UPON TERMINATION**

- 57.1 On the termination of the Contract for any reason, the Provider shall:
- 57.1.1 immediately return to the Council all Confidential Information, Personal Data and intellectual property materials in its possession or in the possession or under the control of any permitted suppliers or Sub-Contractors, which was obtained or produced in the course of providing the Services;
  - 57.1.2 immediately deliver to the Council all Property (including materials, documents, information and access keys) provided to the Provider under Clause 17. Such property shall be handed back in good working order (allowance shall be made for reasonable wear and tear);
  - 57.1.3 assist and co-operate with the Council to ensure an orderly transition of the provision of the Services to the Replacement Provider and/or the completion of any work in progress.
  - 57.1.4 promptly provide all information concerning the provision of the Services which may reasonably be requested by the Council for the purposes of adequately understanding the manner in which the Services have been provided or for the purpose of allowing the Council or the Replacement Provider to conduct due diligence.
- 57.2 If the Provider fails to comply with Clause 57.1.1 and 57.1.2, the Council may recover possession thereof and the Provider grants a licence to the Council or its appointed agents to enter (for the purposes of such recovery) any premises of the Provider or its permitted suppliers or Sub-Contractors where any such items may be held.
- 57.3 Where the end of the Contract Period arises due to the Provider's Default, the Provider shall provide all assistance under Clause 57.1.3 and 57.1.4 free of charge. Otherwise, the Council shall pay the Provider's reasonable costs of providing the assistance and the Provider shall take all reasonable steps to mitigate such costs.

## **58. FORCE MAJEURE**

- 58.1 This Clause 58 shall apply where stipulated in the Contract Particulars.
- 58.2 Neither Party shall be liable to the other Party for any delay in performing, or failure to perform, its obligations under the Contract (other than a payment of money) to the extent that such delay or failure is a result of Force Majeure. Notwithstanding the foregoing, each Party shall use all reasonable endeavours to continue to perform its obligations under the Contract for the duration of such Force Majeure. However, if such Force Majeure prevents either Party from performing its material obligations under the Contract for a period in excess of 6 Months, either Party may terminate the Contract with immediate effect by notice in writing.
- 58.3 Any failure or delay by the Provider in performing its obligations under the Contract which results from any failure or delay by an agent, Sub-Contractor or supplier shall be regarded as due to Force Majeure only if that agent, Sub-Contractor or supplier is itself impeded by Force Majeure from complying with an obligation to the Provider.
- 58.4 If either Party becomes aware of Force Majeure which gives rise to, or is likely to give rise to, any failure or delay on its part as described in Clause 58.2 it shall immediately notify the other by the most expeditious method then available and shall inform the other of the period for which it is estimated that such failure or delay shall continue.

## **59. DISASTER RECOVERY**

- 59.1 This Clause 59 shall apply where stipulated in the Contract Particulars.
- 59.2 The Provider shall comply at all times with the relevant provisions of the Business Continuity Plan.
- 59.3 Following the declaration of a Disaster in respect of any of the Services, the Provider shall:
- 59.3.1 implement the Business Continuity Plan;
  - 59.3.2 continue to provide the affected Services to the Council in accordance with the Business Continuity Plan; and
  - 59.3.3 restore the affected Services to normal within the period laid out in the Business Continuity Plan.
- 59.4 To the extent that the Provider complies fully with the provisions of this Clause 59 (and the reason for the declaration of a Disaster was not breach of any of the other terms of this Contract on the part of the Provider), the Service Levels (if any) to which the affected Services are to be provided during the continuation of the Disaster shall not be the Service Levels as referred to in **Error! Reference source not found.** but shall be the Service Levels set out in the Business Continuity Plan or (if none) the best Service Levels which are reasonably achievable in the circumstances.

## **60. GOVERNING LAW AND JURISDICTION**

Subject to the provisions of Clause 61, the Council and the Provider accept the exclusive jurisdiction of the English courts and agree that the Contract and all non-contractual obligations and other matters arising from or connected with it are to be governed and construed according to English Law.

## **61. DISPUTE RESOLUTION**

- 61.1 The Parties shall attempt in good faith to negotiate a settlement to any dispute between them arising out of or in connection with the Contract within 10 Working Days of either Party notifying the other of the dispute and such efforts shall involve the escalation of the dispute to the finance director (or equivalent) of each Party.
- 61.2 Nothing in this dispute resolution procedure shall prevent the Parties from seeking from any court of competent jurisdiction an interim order restraining the other Party from doing any act or compelling the other Party to do any act.
- 61.3 If the dispute cannot be resolved by the Parties pursuant to Clause 61.1 the Parties shall refer it to mediation pursuant to the procedure set out in Clause 61.5 unless (a) the Council considers that the dispute is not suitable for resolution by mediation; or (b) the Provider does not agree to mediation.
- 61.4 The obligations of the Parties under the Contract shall not cease, or be suspended or delayed by the reference of a dispute to mediation and the Provider and the Staff shall comply fully with the requirements of the Contract at all times.
- 61.5 The procedure for mediation and consequential provisions relating to mediation are as follows:

- 61.5.1 a neutral adviser or mediator (the “Mediator”) shall be appointed by the Centre for Effective Dispute Resolution.
- 61.5.2 The Parties shall within 10 Working Days of the appointment of the Mediator meet with him in order to agree a programme for the exchange of all relevant information and the structure to be adopted for negotiations to be held. If considered appropriate, the Parties may at any stage seek assistance from the Centre for Effective Dispute Resolution to provide guidance on a suitable procedure.
- 61.5.3 Unless otherwise agreed, all negotiations connected with the dispute and any settlement agreement relating to it shall be conducted in confidence and without prejudice to the rights of the Parties in any future proceedings.
- 61.5.4 If the Parties reach agreement on the resolution of the dispute, the agreement shall be recorded in writing and shall be binding on the Parties once it is signed by their duly authorised representatives.
- 61.5.5 Failing agreement, either of the Parties may invite the Mediator to provide a non-binding but informative written opinion. Such an opinion shall be provided on a without prejudice basis and shall not be used in evidence in any proceedings relating to the Contract without the prior written consent of both Parties.
- 61.5.6 If the Parties fail to reach agreement in the structured negotiations within 60 Working Days of the Mediator being appointed, or such longer period as may be agreed by the Parties, then any dispute or difference between them may be referred to the Courts.

## **62. TRANSPARENCY**

- 62.1 The Council may disclose to other Public Sector Contracting Authorities any of the Provider’s information, tender documentation and supporting documentation (including any that the Provider has indicated to be confidential and/or Commercially Sensitive Information) such as specific tender information which has been submitted by the Provider as part of the tender process. The Provider shall ensure that such information shall not be disclosed to any other party except to other Public Sector Contracting Authorities. The Provider acknowledges and agrees that by virtue of taking part in the tender process they hereby consent to such disclosure by the Council as a part of the tender process and the Council shall have no liability to the Provider under this Clause or otherwise and the Provider shall indemnify and keep indemnified the Council against any Losses in respect of the same.

## **63. EXTREMISM AND RADICALISATION**

- 63.1 This Clause is to be read in conjunction with Clause 13 (Safeguarding Children & Vulnerable Adults) and all requirements of that Clause are to be adopted herein.
- 63.2 The Provider must comply with the requirements and principles in relation to section 26 Counter Terrorism and Security Act 2015 and Prevent to include:
  - 63.2.1 in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy, the Prevent Guidance and Channel Guidance; and

63.2.2 in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the Contracting Authorities Prevent Training and Competencies Framework;

63.2.3 the Council's policies and procedures in relation to the Prevent agenda.

**64. CALDICOTT PRINCIPLES**

64.1 The Provider shall at all times comply with the requirements of Schedule 17 (Caldicott Principles) in relation to the use of information about Service Users.

**65. KENT INTEGRATED DATASET**

65.1 Where applicable, the Provider shall flow anonymised, person level data covering activity, costs, and outcomes into the Kent Integrated Dataset. Data items must be provided in a format agreed with the Council and by a secure means. The Provider must ensure its responsibilities under the Data Protection Act (1998) or any subsequent legislation are met. The Council can provide advice to the Provider in relation to the Kent Integrated Dataset and the Data Protection Act (1998). In accordance with best practice and in relation to self-funded Service Users, the Provider shall ensure that its staff actively encourage such Service Users to register and remain registered with a General Practitioner within the Kent and Medway area, or, where required, a reasonable distance from that area, and that Service Users keep their General Practitioner updated with their current home address.

**66. WHISTLEBLOWING POLICY**

66.1 This Clause 66 and Schedule 18 shall apply where stipulated in the Contract Particulars.

**67. CHANGES IN LAW**

67.1 The Provider shall neither be relieved of its obligations to supply the Services in accordance with the terms of the Contract nor be entitled to an increase in the Contract Price as the result of a change in Law, save that in relation to any change in Law which affects the Council's requirements as set out in the Contract and would increase the cost of providing the Services to the Council by more than 10%, in which case the Provider may propose an amendment to the Contract Price which the Council shall consider in good faith.

**SCHEDULE 1**  
**SPECIAL CONDITIONS**

**1. APPLICABILITY OF CONTRACT CLAUSES**

- 1.1. The Provider may have one or more Lots/Clusters allocated to it for the purposes of delivery of the Service. The Provider recognises and agrees that Clauses within the Contract may be applied based on Lot(s) and/or Branch(s) and/or CCG Area(s) and/or County-wide (meaning the entire Contract). The meaning of Contract Clauses shall be taken to be as required based on which locality they are being applied to.
- 1.2. As part of the Council's Contract Management, the Council may, as appropriate:
  - 1.2.1. Sanction the Provider in accordance with Schedule 2 (Specification) and Schedule 14 (Contract Management) by Lot(s) and/or Branch(s) and/or CCG Area(s) (as applicable to the Provider) and/or County-wide (meaning the entire Contract);
  - 1.2.2. Vary the Contract to cease delivery on Lot(s) and/or Branch(s) and/or CCG Area(s) and/or County-wide (meaning the entire Contract);
  - 1.2.3. Terminate the Contract in its entirety.

**2. HANDING BACK OF PACKAGES OF CARE / SERVICE USERS**

2.1. Termination

- 2.1.1. Both Parties shall be entitled to terminate an Order(s) in relation to one or more packages of care for any reason by serving written notice unto the other Party in accordance with the following Clauses:
  - 2.1.1.1. (a) One or more packages of care with an accumulative total of up to and including seventy (70) hours per week – notice required is ten (10) Working Days; and
  - 2.1.1.2. (b) One or more packages of care with an accumulative total of seventy one (71) or more hours per week – notice required is twenty (20) Working Days.
- 2.1.2. In the event of termination of an Order/Package of Care, the Provider agrees to provide the Council with any assistance required to ensure that the move of a Service User to another Provider is made with the least disruption for the Service User.
- 2.1.3. The Council reserves the right, at its sole discretion, to reduce the timeframes referenced within 2.1.1. in the event of safeguarding concerns, or any other relevant factors.
- 2.1.4. Where the Transfer of Undertakings for the Protection of Employment (TUPE) legislation applies in relation to the staff servicing any Service Users, the notice periods referenced within 2.1.1. shall be the length of the TUPE transfer.

- 2.1.5. The Provider shall have, at all times, regard to the continuity of care for Service Users, and shall seek to minimise disruption at all times.
- 2.1.6. The notice period referenced in Clause 2.1.1 will commence upon KCC Commissioning receiving confirmation via email to [communitysupport@kent.gov.uk](mailto:communitysupport@kent.gov.uk) and [adultspurchasingteam@kent.gov.uk](mailto:adultspurchasingteam@kent.gov.uk) from the Provider of all KCC funded client identification numbers (including relating to any clients funded by KCC direct payment) to be handed back and a detailed breakdown of the support being currently provided as this information is a basic requirement before alternative support provision can be sourced.
- 2.1.7. Where notice has not, or cannot, be provided as per 2.1.1, the Provider shall reimburse the council for any additional costs received during the specified notice period. The Council reserves the right to apply a debit note against the Provider's account.
- 2.1.8. Reasonable costs can include, but are not limited to
- 2.1.9. The difference in cost between the initial providers contracted rate and the replacement providers rate.
- 2.1.10. Any costs incurred by the transfer of clients to the new provider, such as provider client assessment.

## 2.2. Temporary Hand back of packages of care

- 2.2.1. Temporary postponement of an Order(s) in relation to one or more packages of care for any reason by the Provider is discouraged within this contract.
- 2.2.2. It is recognised that there may be occasions where meeting the demands of all clients becomes difficult and as such all providers are asked to provide their emergency procedures plans and business continuity
- 2.2.3. As part of these plans the Council will expect providers to engage with other providers within the area to consider joint protocols and procedures.
- 2.2.4. Should local provider collaboration prove unsuccessful and the need to temporarily hand back clients to KCC become unavoidable the provider must contact the Councils purchasing team by telephone and the commissioning team by email to [communitysupport@kent.gov.uk](mailto:communitysupport@kent.gov.uk).
- 2.2.5. The notice period as supplied in 2.1.1 will apply to temporary handbacks.
- 2.2.6. Where notice has not, or cannot, be provided as per 2.1.1, the Provider shall reimburse the council for any additional costs received during the specified notice period.
- 2.2.7. Reasonable costs are laid out in section 2.1.8 to 2.1.10.

### 2.3. Modification / Temporary Modification

- 2.3.1. The Council shall be entitled to serve notice in writing onto the Provider to modify an Order (SDO/FAN) in line with the relevant notice periods for an Order for Services set out within the Contract.
- 2.3.2. Reasons for the modification of an Order may include, but are not limited to, planned absences of a Service User and changes to a Service User's care plan.
- 2.3.3. Where the Council fails to give such notification in line with the notice periods, the Council will pay the Provider a reasonable part of the Contract Price taking into account any savings the Provider was able to make due to Staff not having had to attend a Service User, and other relevant factors. For the avoidance of doubt, the Provider shall provide the Council with full information as to the savings made when providing an invoice in accordance with the Contract.
- 2.3.4. Where reasonable notice has not, or cannot, be provided (except in the event of 2.15), the Council shall pay the Provider, for a period of one week:
- 2.3.5. (a) of up to and including seventy (70) hours per week – 1/7th of the weekly Contract Price;
- 2.3.6. (b) of seventy-one (71) or more hours per week – 3/7th of the weekly Contract Price

### 2.4. Death

- 2.4.1. The Council and Provider agree and accept that in the event of a Service User's death, provision of the Service will cease immediately, and no notice period shall be required. The Council will, however, pay the Provider, in lieu of notice, for an Order for Services:
- 2.4.2. (a) of up to and including seventy (70) hours per week – 1/7th of the weekly Contract Price;
- 2.4.3. (b) of seventy-one (71) or more hours per week – 3/7th of the weekly Contract Price
- 2.4.4. The payments stipulated under 2.4.1. shall be made for a period of One Week, following a Service User's death.

## 3. Purchasing Protocol

- 3.1.1. The purchasing protocol prescribes the order in which providers should be approached when a Care and Support in the Home package is required.
- 3.1.2. If a Client wishes to choose their provider themselves then direct payments / Kent card will be the first option offered.
- 3.1.3. The Purchasing Team will initially map the geographic location of the Client via their postcode using the Purchasing Tool.
- 3.1.4. The Purchasing Tool will then display a list of the Contracted Providers that already provide support within the identified Cluster Group.

- 3.1.5. The following criteria will be used by the Purchasing Team when processing a new referral in the stated order below:
  - 3.1.5.1. Continuity of Care
  - 3.1.5.2. Proximity of existing Care and Support packages to client postcode
  - 3.1.5.3. Contracted Hourly Rate
- 3.1.6. The Purchasing Team will then contact Contracted Providers to discuss the referral, providing a basic pen picture of the situation needing to be covered, initially over the telephone, followed up by confirmation of the information via email.
- 3.1.7. Providers will be expected to respond within 2 hours, stating if they can or cannot accept in principle.
- 3.1.8. On accepting in principle, Providers will be sent other documents such as BICA, Care and Support plan, Care Need Matrix or other supporting information to enable them to carry out a full and robust assessment prior to confirming acceptance of the package.
- 3.1.9. Once the provider has confirmed acceptance, the Purchasing Officer will confirm the commencement / start date of the package.
- 3.1.10. On receipt of commencement / start date, a Purchase Order/SDO/ FAN can be generated and will be sent to provider prior to the contract within 48 hours prior to the start date.

**SCHEDULE 2  
SPECIFICATION**

Please Note that there is an Addendum to this Schedule which identifies any additions and clarifications to the existing specification for the purpose of the following:

**Disabled Children and Young people  
0 - 18 Years**

**CARE AND SUPPORT IN THE HOME  
SERVICES SPECIFICATION**

Service	This Schedule defines the Services and activities in scope to be delivered within the Care and Support in the Home Service.
Strategic Commissioning Lead	Tracey Schneider - Senior Commissioner

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## 1. INTRODUCTION

- 1.1 This Service Specification in conjunction with the Contract Terms and Conditions and other documents which form this Contract, define the Council's minimum requirements for Service Providers who provide Care and Support in the Home Services purchased by the Council. It details the standards and outcomes that must be achieved and describes how these will be evidenced and monitored.
- 1.2 The Care and Support in the Home Services purchased in Kent will provide care and support to adults aged 18 and over, who have been assessed to meet the Council's eligibility criteria for unmet needs. This includes (but is not limited to) adults who have assessed care and support needs associated with older age, sensory impairment, learning disability, physical disability, physical ill health, chaotic lifestyles, substance misuse and mental illness.
- 1.3 This Specification brings together several Services within one Service Specification which were previously known as Home Care, Supporting Independence Services, Discharge to Assess and Extra Care Support. The objective of Care and Support in the Home Services is to support the Council's strategic objective 'to help people to improve or maintain their well-being and to live as independently as possible' and to meet the Council's Care Act responsibilities. The Council has an ambition to deliver the Service through a sustainable market that collectively has the capability and capacity to deliver a quality and accessible Service countywide, in both urban and rural locations.
- 1.4 Aligning Services under one Contractual arrangement will enable the Council to promote a consistent approach to the delivery of Services and ensure equitable access to Services for eligible people across client groups and localities.
- 1.5 Bringing Services together will also develop a clearer pathway, with less transfers/hand offs between Services for people, supporting improved continuity of care. Providers will also have greater flexibility and control to manage fluctuations in demand to meet assessed needs as defined by the Care Act.
- 1.6 Care and Support in the Home Services are designed to promote individual well-being and keep people safe, help people do as much as they can for themselves and allow people to live as independently as possible in their own home. Care and Support in the Home can provide suitable alternatives to Residential, Hospital, Parental or other care provisions.
- 1.7 In Kent, Care and Support in the Home Services will form part of a continuum of care and support delivered by the voluntary and community sector, private sector and the Council's In-House providers. This continuum of care and support ranges from support to access communities and care for people in their own homes, through to specific supported accommodation with appropriate levels of care for assessed need, to high-level residential and nursing care home accommodation.

## 2. SCOPE

- 2.1 The scope of this Contract (which constitutes Phase One) includes the Home Care (formerly known as Domiciliary Care Services), Supporting Independence Services and the Service offer for more complex needs, Supporting Independence Services Plus.
- 2.2 Shared Supporting Living and Supported Living 'packages of care' with 105 hours of care (effectively 24 / 7 packages) are not within scope for the current contract. Shared supported living can be defined as the arrangement whereby someone who already has, or who wants their own tenancy or own home, within a property where there is the possibility of support being shared by the tenants. The tenant will be supported by a "Care and Support" Provider to help them live as independently and safely as possible.
- 2.3 The Council may choose to amend any aspect of this Specification during the life of the Contract. If the Council chooses to do this, they will discuss with the Provider any proposed changes and how they may be implemented. Changing national or local policies and priorities may also necessitate changes to the Specification. The views of Providers, people receiving support and their Care/Support Workers will be considered in any review of the Specification and their views will be welcomed at any time during the life of the Contract
- 2.4 This Specification supports the aim of developing a new outcome-focused care and support model throughout the Contract term to meet the Council's strategic objective that 'Older and vulnerable residents are safe and supported with choices to live independently'.
- 2.5 The Council's aspiration is to encourage and incorporate feedback by embracing the opportunity to work with people receiving Services and Providers over the life of the Contract and where necessary further define and refine the Service requirements and mechanisms for delivery. This will include but is not limited to further integration with Health partners, use of technology and delivery through consortia of Providers.
- 2.6 Providers will input into the design and piloting of any new activities to ensure the benefits of a co-produced model which will inform both this Service and future provision. The Council recognises the opportunity to improve the understanding of supply and demand and reserves the right to ask Providers for information, such as their workforce to help inform such areas.
- 2.7 The Services included for Phase Two, for which the Council will specify and determine commencement dates throughout the Contract Term, are:
  - a) Extra Care Support; Extra Care Housing is a form of accommodation where older people live independently with their own front door in a scheme that has a range of communal facilities and access to care staff 24 hours a day. There is care on-site, but it is not a care home. The care is flexible and can fit around a person's personal needs and can support people over 55. It needs to support people as a direct alternative to residential care and must be able to address night time needs of people. Extra Care Support refers to the provision of flexible care and support hours within the Extra Care settings, not the built environment of the facilities.

- b) Discharge to Assess; with the progress toward 'Home First'. The aim of the Discharge to Assess Service is to provide the wrap around support to people in their own homes for up to three days post discharge from hospital (with potential to extend for a further two days if the individual's outcomes will either negate the requirement for ongoing Service or reduce the need). It will be an integral part of Home First, which is where people go home with an enabling/assessment/short-term Service to essentially free up hospital beds and contribute to the Council's Delayed Transfer of Care (DTC) requirements/targets. The focus of the Service is to ensure the person is safe at home and to focus on maximising the independence of the person with agreed outcomes set against an assessment of their needs. The Discharge to Assess service will not be limited to those providers allocated a contract in phase 1

### **3. REGULATORY REQUIREMENTS**

- 3.1 Providers must conform to the requirements of relevant Health and Social Care legislation
- 3.2 It is a requirement that all Providers will be registered with the Care Quality Commission (or any successor) for the delivery of Regulated Activities, including Personal Care. Providers must maintain registration throughout the duration of the contract and any subsequent packages of care as required by legislation. It is the Provider's responsibility to maintain up-to-date knowledge of the current Regulator's codes and to keep to the correct registration.
- 3.3 The Council reserves the right not to award a contract to any organisation who has applied to be a Care and Support in the Home Provider and who has an overall CQC rating of "requires improvement" or "inadequate" at the contract award stage applied at any care office the service provider intends to operate the Contract from.
- 3.4 Should a provider, during the life of their Contract, not maintain or cease to hold their Registration, for any reason, the Council reserves the right to Terminate the Contract without prejudice to any contractual notice period set out within the Contract, and at no cost to the Council. In any such case the Provider will work with the Council to ensure continuity of care for all people using the Service, and provide all information as requested by the Council
- 3.5 The regulations required for Registration, their associated standards and the monitoring of the achievement of those regulations and standards are not, therefore, duplicated in this specification. It is expected that the regulations will be met through Registration activity.
- 3.6 Providers will be required to inform the Council of any relevant CQC activity as detailed in Appendix 1 of this Schedule

### **4. SERVICE AIMS**

- 4.1 The aim of the Service is to enable Service Users receiving Care and Support in the Home to lead a full qualitative life, maximising their independence, promoting their health and wellbeing and supporting them to remain safe and comfortable in their own homes for as long as possible whilst maintaining their individual dignity, privacy, freedom of choice and treating them with respect.

- 4.2 To provide a service which has the capability and capacity to deliver quality services across Kent regardless of the location or postcode.
- 4.3 The Service will have a strong emphasis on maintaining and developing abilities and skills with a 'supporting to' rather than 'doing for' approach. There will be a focus on the principles of enablement, maintenance, recovery and self-care and on improving resilience to deal with potential health and social care needs in the future.
- 4.4 The Service will be flexible, and person centred. It will implement effective, positive risk management and design Services which address the needs of individual Service Users and ensure outcomes of Support Plans are met.
- 4.5 The Service will address the needs of Service Users holistically, value difference and ensure the social, cultural and religious needs of Service Users are acknowledged and addressed. It will work to sustain the support offered to them by their Carers and Representatives and their local communities.
- 4.6 The Service will seek and be responsive to Service Users' and Carers views and priorities and work collaboratively with other Service Providers and internal and external partners to ensure quality.
- 4.7 The Service will be commissioned to meet the person's eligible needs under the Care Act based on the Council's social care eligibility assessment. The Service will be available 365 days a year (366 in a leap year), including Bank Holidays

## **5. PERSONALISATION**

- 5.1 The Council is presently going through steep changes in the way it commissions, delivers and manages Services, as well as the relationships it holds with Contracted Providers. This includes the realignment of the Older People and Physical Disability Division to enable change in the way the Council works with its Providers to develop and deliver Services. This realignment process will enable staff to work in new ways with providers to develop practice and support the delivery of outcomes-focused, personalised care. Providers will benefit from improved access to Council practitioners which will support continuous improvement for quality in care and workforce development.
- 5.2 Work is progressing within the Council's Lifespan Pathway project to develop outcomes-focused practice within the workforce. The project is also working closely with Providers to ensure that the packages of care and support that are put in place are appropriate for the level of need, remain appropriate throughout their delivery and support people to increase their independence and well-being. This process will be from the outset of the Contract for clients with Learning disability or Mental Health needs and may subsequently be rolled out to all clients.
- 5.3 It is expected that Providers will support the development of more outcomes-focused, personalised Services by working closely with the Council through the life of the Contract to identify development requirements and produce action plans to meet objectives which support continuous improvement.

5.4 The Council and CQC support Person Centred approaches such as ESTHER and will through the Design and Learning Centre support providers to implement the ESTHER person centred approach. Detailed further in Appendix 2 of this Schedule

## **6. GENERAL DESCRIPTION OF THE CARE AND SUPPORT IN THE HOME DELIVERY MODEL**

6.1 The Council has worked with Providers to design geographical areas called 'Clusters' which form the Lots for Providers to bid against. Clusters are designed to create geographical areas around which Providers can structure their business and rounds of care to ensure capacity in the Service.

6.2 It is expected that Providers work within their cluster to ensure sufficiency of supply and where appropriate continue their vertical growth within their cluster. There are 19 clusters. Schedule 3 outlines the clusters within Kent.

6.3 Providers are also expected to have the flexibility and willingness to take packages of care from neighbouring clusters if the need arises.

6.4 The Council cannot guarantee that all indicative hours will be available to a Service Provider, for example, a Service User may choose to utilize a personal budget to purchase a service in ways other than a Council commissioned, Service. In addition, the move to new ways of working as described throughout this specification may reduce the number of contracted hours required.

6.5 Currently the Home Care Services are based more upon a time and task model of Service, whereas the Supporting independence Service is designed around a more flexible version of care and support. During the contract period it is anticipated that there will be movement from the status quo towards the delivery of more outcomes-focused, personalised care.

6.6 This will be achieved through negotiation, pilots and collaboration with contracted providers and following any necessary periods of consultation governance and other processes.

6.7 The Council recognises that the bringing together of multiple historically separate Services under one Contract represents a significant challenge, both for the Council and the Providers delivering Services. The Council will adopt a phased approach to Contracting for Care and Support in the Home Services to ensure a stable transition to the new Contract and support market shaping activities

6.8 The first phase, which will commence from 8 April 2019, the Services previously known as Home Care and Supporting Independence Services will be brought together under one provision. Providers delivering Care and Support in the Home will be expected to demonstrate their capability to meet all needs supported by these Services from 8 April 2019. Providers will also be assessed against their capability and willingness to develop over the life of the Contract to support ongoing Service improvement and move towards the delivery of more personalised, outcomes-focused care.

6.9 Discharge to Assess Services and Extra Care Support will be Let within the life of the Care and Support in the Home Contract in a further competition. The council reserves the right to extend this process to Providers who do not hold a Care and Support in the Home Contract.

6.10 Shared Supported Living Services will be further explored, and a decision made to either include within subsequent phases of this contract or for the service to be delivered under a separate Contract. Shared Supported Living is defined in section 2.2 in this Schedule

## **7. MOBILISATION OF THE NEW CARE AND SUPPORT IN THE HOME SERVICES**

7.1. Providers should be aware that the Council is not proposing mass mobilisation of people from existing Providers to any new Service Providers who may be awarded a Contract. Instead, people will be mobilised on an individual basis where appropriate and agreed with the person and relevant Providers. New Providers to the Contract will grow their presence over a transition period as they receive new referrals into the Service

## **8. ALLOCATION OF CARE PACKAGES**

8.1. The referral will be allocated to the Provider based on the person's address, purchasing protocol and instructions agreed between the person and their case manager. These instructions include:

- a) The planned care and support allocated hours;
- b) A start date for the Service and any end date (if applicable)
- c) Any special requirements that the person has and should be supported with;
- d) A copy of the statement of need/ relevant sections of the Care and Support Plan;
- e) A clear statement of the person's agreement with the Service, or any specific parts of the Service for which the person lacks capacity and relevant decisions are therefore made in their best interests by the Council in consultation with their families and advocates (with the person's permission where applicable).

8.2. Refusal information will be collated and used to inform the Providers Scorecard as detailed in Schedule 14 (Contract Management)

8.3. During the first three months of the contract the Council will work with Providers to agree a set of roles, responsibilities and expectations around the Purchasing Protocol and process

8.4. Further information can be found in Schedule 1 section 3 (Purchasing Protocol)

## **9. SERVICE CAPACITY**

9.1. The Service Provider must ensure that they have the capacity and capability to deliver Services 365 days per year (366 in a leap year). The Service Provider must be able to demonstrate flexibility in deploying Staff across geographical areas and hours of Service at all times. The Service Provider must conduct regular reviews of Staffing levels and resources especially at times of increased demand to include winter pressures, Bank Holidays, Christmas and school holiday periods.

## 10. WORKFORCE REQUIREMENTS

- 10.1. The Provider is expected to use recruitment and selection procedures that meet the CQC minimum standards; ensuring records are maintained to demonstrate best practice in this area. Providers must comply with Disclosure and Barring Service (DBS) requirements for staff and ensure renewal is completed every 3 years.
- 10.2. All roles within the Provider's organisation must also have written job descriptions and person specifications and an Equality Policy for the recruitment, selection, development and care of the workforce (including volunteers, trustees/management committee members and apprentices)
- 10.3. Providers must deliver a workplace induction to new Care and Support Workers and ensure that they complete the Care Certificate within 12 weeks. Providers should also use the Care Certificate as a refresher for their Care and Support Workers where appropriate.
- 10.4. All staff should meet formally on a one to one basis with their line manager for supervision, to discuss their work on a quarterly basis (every three months) and written records of these supervision sessions must be kept demonstrating the range, content and outcome of the discussion at each meeting.
- 10.5. Providers should be able to demonstrate how staff are supported and advised between supervisions and that additional meetings are facilitated where required.
- 10.6. With the consent of the person, at least one supervision a year should incorporate direct observation of the Care/Support Worker providing care and support to the person with whom they regularly work to observe competencies. Where consent has not been granted, this must be recorded with reasons where available.
- 10.7. Regular meetings must be held at least quarterly with peers and/or other team members to discuss and share issues and best practice. This must be recorded.
- 10.8. All staff must have an annual appraisal, and this must include identification of training and development needs with their line manager. A copy of the appraisal will be placed on the personnel file for each Care and Care/Support Worker.
- 10.9. The Provider must ensure that there is a clear link between staff appraisals, identified training and development needs and the training plan. Managers and supervisors must receive training in supervision skills, undertaking performance appraisals and planning for workforce development.
- 10.10. A record must be kept of any disciplinary incidents and details entered in the personal file of the Care/Support Worker concerned, referrals to the Independent Safeguarding Authority must be made, if appropriate, and recorded on the Care and Care/Support Worker's file, or person staff member's personal file. The Council must be kept informed. Please refer to Clause 12 of the Contract Terms and Conditions.
- 10.11. Providers must take appropriate measures to understand whether the Care/Support Workers within their employment are also engaged in other employment. The Provider

must regularly review with each Care/Support Worker whether any care Sanctions or incidents involving the police and criminal justice system will affect their capacity to carry out their role and responsibilities as a Care/Support Worker.

10.12. The Provider must have a written policy for the management of violence and aggression towards staff and ensure that suitable training and relevant risk assessment is provided to reduce the risk of violence and aggression towards staff. Adherence to the Health and Safety at Work Act 1974 will ensure that staff are safe whilst at work.

10.13. Providers must support the implementation of the ESTHER model Countywide. The ESTHER Model was created in region Jönköping in Sweden in 1997. The model has two main purposes: to create smoother and safer pathways for ESTHER and to support more efficient use of Provider resources with a communal goal to always do what matters to ESTHER. Adult Social Care and Health are committed to the roll out of this model in Kent and therefore expect providers to deliver and work to this model. More information on ESTHER in Appendix 2 of this schedule.

<https://designandlearningcentre.com/overview-of-our-work/esther/> Link correct as of 11th September 2018.

10.14. Workforce development requirements are detailed in Appendix 3 of this Schedule.

## **11. OFFICE LOCATION**

11.1. The Service Provider is expected to operate from an office base which allows a physical presence in the area in order to demonstrate:

- a) The ability to visit Service Users and Carers at home to carry out introductory visits, investigate complaints, etc.
- b) Local management – readily accessible to Staff and Service Users
- c) Local recruitment
- d) Local Staff
- e) An understanding of the locality
- f) Links with integrated teams and other associated professionals in the locality
- g) Reduced travel for Staff attending the office for meetings. Supervisions, to collect Personal Protective Equipment (PPE), etc.
- h) The ability to supervise and support Staff in the workplace

## 12. MONITORING REQUIREMENT

- 12.1. The Service Provider and the Council will performance manage this Service to ensure current delivery meets the required standard. The Council will continue to use electronic methods for collecting and collating all Key Performance Indicator data, all Providers will be expected to work with the Council to deliver this effectively and to ensure compatibility with the Council's systems and requirements.
- 12.2. This Contract will be managed through a Scorecard approach which looks at the areas of:
- a) Quality and Contract assurance;
  - b) Cost/ flexibility and innovation;
  - c) Service deliverables;
  - d) Relationship development;
  - e) Business/ workforce assurance and risk.
- 12.3. Each Score card area will be measured through the collection of monthly KPI submissions and quarterly provider self-assessment submissions
- 12.4. The Scorecard and supporting methodology links to a quality and risk matrix approach which will enable triangulation of data sources including:
- a) Data & intelligence received from feedback from Care and Support Workers and Practitioners, people receiving the Service and their carers;
  - b) Provider self-assessment and reporting;
  - c) Balanced Scorecard;
  - d) KPIs;
  - e) CQC inspection results;
  - f) Contract Sanctions and Safeguarding;
  - g) Market Share.
- 12.5. Identification, collection and analysis of this data combined will facilitate:
- a) Identification of themes and trends;
  - b) Identification of system-wide and local risks;
  - c) The construction of dashboards to show compliance levels and improvements over time, allowing for reports on local, regional and county wide trends.

- 12.6. The level and intensity of quarterly Contract management actions per provider will be directly proportionate to the maturity of the Contract and the level of risk identified by the quality and risk matrix.
- 12.7. Providers will be expected to actively participate in local Cluster meetings where appropriate. These may be conducted either in person or via teleconference.
- 12.8. Full Contract management methodology, Scorecard elements, Key Performance Indicator requirements and Monitoring meetings are laid out in Schedule 14 Contract Management.
- 12.9. Schedule 14 Contract Management details the requirements of both the Providers and of the Council. The Council reserves the right to undertake a review of the supply arrangements with Providers within the Clusters at any time and to work with Providers to ensure optimum delivery arrangements.

### **13. CARE AND SUPPORT IN THE HOME SERVICE**

- 13.1. This Specification has been developed to be outcome-focused and therefore articulate Service requirements specific to improving the outcomes delivered to the people receiving the Service.
- 13.2. The Care Needs Assessment identifies the needs and outcomes of each individual, the Care and Support Plan describes the eligible needs and the outcomes the council has agreed to meet, The Provider must deliver a flexible approach towards achieving these goals and priorities. This principle reflects the added value delivered by a flexible care approach rather than only focussing on the task undertaken
- 13.3. The Provider must define their approach through their Care Plan, which will detail how the Provider will achieve the outcomes agreed in the Care and Support Plan and the goals they will work towards to meet these outcomes. Provider Care Plans will be underpinned by SMART principles to ensure that goals are Specific, Measurable, Agreed, Realistic and Time-based. The Provider Care Plan must also include a comprehensive Risk Assessment which is personalised according to the person's specific needs
- 13.4. Providers must submit reports, supply requested information and attend meetings as part of a review, reassessment, Business Continuity, Safeguarding and complaints process. All meetings, including Service Provider Forums must be attended by a senior Staff member who has the knowledge, skills and authority to act on behalf of the Service Provider.
- 13.5. Providers must work in partnership with other people involved in the care and support of the Service User to ensure the Service User's needs are met, e.g. Social Workers, Brokerage Officers, Health Workers, other Service Providers, etc.
- 13.6. The Provider must have a robust Business Continuity and Disaster Recovery Plan in place to ensure prevention, planning and management of potential harm to the business are identified and minimised effectively. Plans must be in place to ensure that disruption to Service Users Service is kept to an absolute minimum in the event of a major incident,

severe weather or disaster affecting the Service including the Service Providers premises. Disaster Recovery plans are detailed in Schedule 12.

- 13.7. The Provider will ensure all Care/Support Worker annual leave and sickness is covered within the Service.
- 13.8. Providers must ensure that during all hours of operation, Care/Support Workers have access to the Provider's Duty manager/Co-ordinator. An out of hours contact is available to provide advice, information and support to Care/Support Workers and persons outside of office hours but within the hours of Service provision. This will be staffed by a suitably qualified and experienced supervisor/manager with access to all the information for people and Care/Support Workers necessary to ensure the provision of Care/Support Workers and Service at short notice
- 13.9. The lists of activities detailed in this Specification are neither exhaustive, prescriptive or needed in all cases and will depend on the tasks identified to best support the person's outcomes and meet their needs, as identified in their Care and Support Plan and the presenting needs of the person on the day. The activities may require varying degrees of support and an enabling approach. Where the person requires support in decision making or lacks the mental capacity to make specific decisions for themselves the Principles of the Mental Capacity Act 2005 must be applied

#### **14. ACCESS, ASSESSMENT, ELIGIBILITY AND CARE AND SUPPORT PLANNING**

- 14.1. The people who can access this Service will be:
  - a) Adults for whom care in the home has been agreed to help meet the outcomes identified in their Care and Support Plan;
  - b) All groups including Adults living with Learning Disabilities and/or Physical Disabilities, those with Mental Health needs, Older People, and People living with Dementia.
  - c) Ordinarily resident and living in Kent.
  - d) It should be noted that this is not an exhaustive list.

- 14.2. The referral and purchasing protocol for accessing the Service can be found at Schedule 1 (Special Conditions) However, within the contract term covered by this Service Specification the Modernisation Agenda will bring optimisation and pathway changes intended to streamline the process. Changes will occur to document types and names, and to access and referral pathways. The Provider will use the new documents, pathways and systems as instructed by the Council. The document templates issued to Providers will include but not be limited to Review templates, goal monitoring sheets and Care Plan templates or equivalent.
- 14.3. Adult Social Care and Health Staff complete a needs assessment. Following this they will work with the person to develop a Care and Support Plan which confirms eligible met needs and eligible unmet needs. The plan thereafter describes the personal outcomes related to eligible unmet need, and the outcomes the local authority has agreed to meet.
- 14.4. The Provider will develop their own Care Plan for each person in conjunction with them and if they wish, their family/carers and/or other professionals, based on the Care and Support Plan.
- 14.5. The Provider Care Plan will be completed at the first visit, and at the latest the second visit with the person. The Care plan will show how care will be delivered to meet the identified eligible needs and provide the detail of how Services will help the person achieve their outcomes. The Provider will receive their instructions from the Service Delivery Order (SDO) or Financial Activation Notice (FAN) and the Care and Support Plan which initiates and tailors the Service for the person.
- 14.6. The Service required for a person will not always be prescribed in terms of task requirements, or timescales. A Care and Support Plan will identify a range of desired outcomes for the person, which will be agreed with them, the Provider and the Council. Some Outcomes will have specific Goals that the person wishes to achieve to support their progress towards the Outcome. A Goal is usually something with a shorter timeframe for achievement rather than an Outcome which could be longer term. It is expected that the Provider will make the initial arrangement to confirm the times of call with the person and then confirm this with the Council. Goals and outcomes will be defined as:
- 14.7. Personal outcomes – the individual’s aspirations;
- a) Agreed outcomes – what the local authority has agreed to support;
  - b) Goals – the steps the Provider will take to meet agreed outcomes.
- 14.8. The Regulator requires, under regulation 9 (2)(b) - designing care or treatment with a view to achieving the person’s preferences and ensuring their needs are met that: “The Service makes sure there is staff cover across the geographical area, so people receive a consistent and reliable Service. The Service considers travelling time to make sure people receive the amount of care that has been agreed in their care plan”.
- 14.9. Where there are specific decisions in the Care and Support Plan for which the person lacks capacity, these are highlighted in the Care and Support Plan as best interest decisions which

are reached following involvement of the person and consultation with families and friends, advocates where appropriate and professionals.

- 14.10. The Provider will start to provide the Service on the start date specified by the Council and shall continue to provide the Service until the end date, unless the package is cancelled, suspended or varied in accordance with the Contract. Providers will:
- a) Review records at least once a month, to ensure receipt of feedback from the person, carers and staff and to inform whether a more formal Provider or Council review is necessary;
  - b) Provide information to the Council prior to the annual Statutory Review to maximise the effectiveness of the Statutory Review and enable participation from the person receiving the Service where appropriate;
  - c) Maintain oversight of any special requirements and changes to special requirements, and ensure these are integral to all of the person's records the Provider holds;
  - d) Consider the person's requests for adjustments in the Service and make changes in arrangements, provided there has not been a substantial change in the person's circumstances or needs;
  - e) Ensure staff know how to notify the Provider and the Council of any increase or deterioration in physical or mental health and/or any other relevant events and record these in the person's notes kept by the Provider;
  - f) Ensure processes are in place to notify the Council of these changes and ensure that the support provided remains at an appropriate level;
  - g) Ensure the full time indicated on the Service Delivery Order (SDO) or Financial Activation Notice (FAN) and within the Care and Support Plan is delivered to the person needing the Service and appropriate time is allocated for travel, and that records can demonstrate this delivery.

## **15. UNITS OF PURCHASE**

- 15.1. The Care and Support in the Home Service will not have a differentiated Social and Unsocial Rate. Therefore, the below units of purchase will apply.
- 15.2. Day Support (07:00 – 22:00); The Care and Support in the Home Service will be purchased and calculated for payment in the following day units:
- a) Half Hour – Paid at 60% of Provider's contracted Full Hourly Rate.
  - b) Three Quarter Hour – Paid at 80% of Provider's contracted Full Hourly Rate.
  - c) Full Hour – Paid at the Provider's contracted Full Hourly Rate.

15.3. Sessions (continuous support of more than one Full hour) will be paid on a pro rata basis from the Provider's contracted Full Hourly Rate.

15.4. Rurality Indices Rate Uplift

15.5. The Office of National Statistics 'Rurality Indices' categorise the postcodes across Kent into the following four distinct classifications:

1. Urban Major Conurbation	2. Urban City and Town	3. Rural Town and Fringe	4. Rural Village and Dispersed
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15.6. In recognition of the additional associated travel costs when delivering Care and Support in harder to reach rural communities, the Council will apply an increase to contracted hourly rates based on each client's postcode against the Rurality Indices as set out in the table below:

5. Urban Major Conurbation	6. Urban City and Town	7. Rural Town and Fringe	8. Rural Village and Dispersed
9. N/A	10. N/A	11. +5%	12. +10%

15.7. These uplifts will be confirmed on a per client basis and will be reflected in the associated FAN / SDO / PO as applicable.

15.8. The Council's Position on Banking / Flexible use of hours for Care and Support in the Home Services:

- a) The Council commissions services based on the identified needs of an individual following assessment by the Council's in-house qualified practitioners.
- b) The Provider then agrees to deliver these hours at their contracted rates, within the agreed units set out in 15.2 and invoice in line with their payment cycle or agreed payment period (a full week is calculated Monday through Sunday).
- c) The provider may flexibly provide the commissioned hours within the agreed payment cycle or period but must not exceed the total unless by agreed exception.

15.9. The following table provides examples of both correct and incorrect use of flexible use of support hours:

15.10. Client requires 10 hours of one to one support each week, totalling 40 hours over a 4-week period:

15.11. Flexible use of hours table.

Flexible Use of Hours		Week 1	Week 2	Week 3	Week 4	Invoiced Hours	Total	Approved/Rejected
<b>Example</b>	<b>Commissioned Hours</b>	10	10	10	10	40	40	-
<b>Example A</b>	Actual Hours Delivered	10	12	10	8	40	40 (commissioned hours flexibly used within period)	Approved
<b>Example B</b>	Actual Hours Delivered	10	16	10	8	44	44 (no KCC approval sought by exception for additional hours)	Rejected
<b>Example C</b>	Actual Hours Delivered	10	6	8	10	34	34 (commissioned hours are under delivered provider who wishes to roll remainder over)	Rejected
<b>Example D</b>	Actual Hours Delivered	10	6	8	10	34	34 (commissioned hours are under delivered but the provider only invoices for actual hours delivered and communicated with the Care Manager)	Approved
<b>Example E</b>	Actual Hours Delivered	8	8	8	8	32	32 (commissioned hours are under delivered but the provider has invoiced for the full 40 commissioned hours)	Rejected

- 15.12. The number of units and frequency of delivery will be outlined in the Service Delivery Order (SDO) or Financial Activation Notice (FAN). No change to the status of the Contract will be made without formal consultation and agreement with the Council.
- 15.13. The specific Service for each person must be delivered in accordance with the requirements of the SDO or FAN and must not be varied without the appropriate authorisation as outlined in the table examples under point 15.8
- 15.14. The Council will monitor compliance to the SDO or FAN through the person's Care and Support Plan Reviews and annual Statutory Reviews, feedback via the Council's complaint process and through Contract Management detailed in Schedule 14.
- 15.15. In the event the Provider does not deliver in accordance with the commissioned units of delivery, the Council is entitled to remedies in accordance with but not limited to Clause 41.4 of the Terms and Conditions.

## **16. NIGHT WORKING (SLEEPING AND AWAKE)**

- 16.1. In certain circumstances, there may be a requirement for the provision of a night service to ensure the needs of Service Users are met and/or to support Carers. The requirements for these services will be identified during Assessment and will be outlined in the individual's Support Plan. Depending on the needs of the Service User and/or their Carer, the night service may require the Staff member to remain awake throughout the night or to sleep and only be disturbed as and when assistance is required.
- 16.2. The Care and Support in the Home Night support Service will be purchased and calculated for payment in 9-hour sessional units. Please see Schedule 3 Pricing for further information.

## **17. OUTCOMES AND ACTIVITIES**

- 17.1. An outcome can be described as the impact a Service has on the person. Outcome-focused Services are fundamentally person-centred in approach, recognising that each person is unique and will have different needs and requirements. The Council has identified a range of outcomes to be achieved in the delivery of these Services;
- a) To support people to take greater control of their lives;
  - b) To increase people's choices to live as independently as possible and to live as well as possible;
  - c) To manage any long-term conditions well.
- 17.2. Care and Support Plans and the delivery of care and support packages must be aligned to the Care Act Eligibility Criteria Outcomes. These will form the basis for the individualised outcomes detailed in each person's Care and Support Plan, and the goals that the Provider will work towards to achieve these.
- 17.3. The Service will focus on the person's wellbeing. The Care Act Eligibility Outcomes relating to the person's Care and Support Plan will be the basis on which the effectiveness of the

Service will be determined. A person's Care Act Eligibility Outcomes will be documented in their Care and Support Plan.

- 17.4. In order to achieve required outcomes, the Service Provider shall undertake a range of tasks and activities, the following is a description of the activities and tasks that Staff may be required to perform to meet a Service User's individual care and support needs. These may include but not be limited to:
- a) Personal care and support;
  - b) Promotion of well-being and self-care support for the person;
  - c) Accessing the community, education or employment;
  - d) Promotion of safeguarding support;
  - e) Cleaning and support around the home;
  - f) More detailed examples of Outcomes and Activities can be found in Appendix 4 of this schedule

## **18. DOUBLE HANDED CARE**

- 18.1. During some care activities two Care/Support Workers will be required and this will be specified in the Care and Support Plan. It is essential that where two Care/Support Workers are required to carry out care that both Care/Support Workers arrive at the person's home in time to work together. The first Care/Support Worker to arrive should not begin to care for the person until the second arrives, unless some of the Care and Support Plan activities relate to a need that a single Care/Support Worker can meet.
- 18.2. Utilisation of moving and handling equipment to better manage transfers and care delivery should be considered and actively promoted to and by Care/Support Workers, wherever this has been identified by an Occupational Therapist who has assessed and provided advice. Providers must contact Occupational Therapists where equipment is or can be used for assisted transfers.
- 18.3. Occupational Therapists will conduct an assessment for an increase from single to double handed care or decrease from double handed to single handed care as a result of equipment use. Any change to a care and support package as the result of utilisation of moving and handling equipment will necessitate a Care and Support Plan Review and update to the Care and Support Plan. Providers will be required to update Risk Assessments and Moving and Handling Assessments accordingly.

## **19. SHARED HOURS:**

- 19.1. In some cases, it may be the case that a couple is living together who are both in receipt of a Care and Support in the Home package. In this case, Practitioners completing the Care and Support Plans will provide guidance where any activities should be delivered as a package

of shared hours. For example, this may be appropriate where the care and support needs are related to meal preparation and nutrition or night support. Where the provider identifies that a package of support could be shared they will inform KCC.

## **20. IMPROVED HEALTH AND WELL-BEING**

- 20.1. The Provider will contribute to the person maintaining good physical and mental health for as long as possible and ensure they feel satisfied that arrangements are in place to access treatment. People will be supported in managing any long-term conditions and disabilities through promotion of self-care, self-management, self-determination etc. Where possible, the Provider will support the person to improve their management of long-term conditions and/or disabilities.
- 20.2. People will maintain well-being, independence and feel in control of their lives. They will:
- a) Feel the Service has assisted them to regain confidence and access choices;
  - b) Receive Services that reflect and support their changing circumstances and where possible are encouraged to undertake physical activities appropriate to their health, circumstances and abilities;
  - c) Maintain good health, and feel confident that Care/Support Workers are aware of their personal, cultural or otherwise special dietary and nutritional needs;
  - d) Have physical, mental and emotional needs identified (including sadness and depression) and supportive measures put in place e.g. Befriending and mental health support Services as appropriate;
  - e) Be supported to monitor and maintain both nutritional and fluid intake to promote well-being.

## **21. ENHANCING QUALITY OF LIFE**

- 21.1. The person is central to decision making concerning the support they receive and is encouraged to carry out errands and access leisure and social activities to maximise independence and mental and physical well-being. They feel part of the community, are informed about and participate in local activities and initiatives. The person will:
- a) Maintain maximum independence both in their own home and local community and be involved in day to day decisions about the care or level of support offered and taking greater control of their life;
  - b) Where possible develop personal resilience and resilience within their wider support networks e.g. Family, local community etc.;
  - c) Be supported to undertake useful and meaningful activities and lead a fulfilling life, with whatever assistance is required and is supported to access local social, cultural, vocational, working and/or leisure activities;

- d) Have the opportunity and feel supported to follow their cultural and/or spiritual beliefs within legal boundaries, to include recent and changing legislation e.g. The Prevent Duty Guidance;
- e) Be satisfied with the support they receive to access training and employment (where this is an appropriate outcome for the person);
- f) Be supported to maintain social/community and family networks;
- g) Receive ongoing information relating to the local community and be satisfied with the arrangements made to assist them in making or retaining contacts with the wider community and encouragement to participate in activities;
- h) Be supported to maintain health and hygiene within their personal environment;
- i) Experience support in accessing dentists, opticians, chiropodists and other healthcare Services;
- j) Develop life skills; including where appropriate support to find employment, reduce debts and manage money better;
- k) Be encouraged to be involved in local decision making;
- l) Supporting the person in all aspects of community and social relationships;
- m) Be supported to continue to develop their decision-making capacity in relation to their own care and support needs.

## **22. PROMOTING INDEPENDENCE - DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT**

- 22.1. The person will be supported to maintain their independence and manage this as much as they can themselves, through the delivery of self-care advice and techniques and expert by experience schemes. The person will be supported to develop personal resilience and resilience in their wider support network.
- 22.2. People will be supported to manage their independence utilising a strengths-based approach, which will focus on their abilities rather than their disabilities or long-term conditions. Where care and support arrangements must be put in place, the least restrictive option must always be considered first and actively promoted, in line with Deprivation of Liberty Safeguards 2005.
- 22.3. Avoidable admissions to hospital will be managed as much as possible with people being supported to access the right care at the right time through the Provider's liaison with health and social care partners. The person will:
  - a) Be supported to better manage their long-term conditions and disabilities and experience improvements through this, wherever possible;
  - b) Be supported by the Provider working across the health and social care economy
  - c) with colleagues in Health teams, social care and within private and voluntary sector Providers and community groups, working in a consortia approach as appropriate;
  - d) Stay in their own home, as independently as possible, for as long as possible;

- e) Have a delayed and / or reduced need to access residential care;
- f) Be supported to consider broader housing options;
- g) Experience increased independence through the utilisation of equipment and Telecare / Telehealth solutions to meet needs previously met in a hands-on way;
- h) Be supported to consider positive risk taking and be able to identify and manage risks within their environment, making informed choices based on sufficient information;
- i) Maintain health and hygiene within their personal environment;
- j) Take prescribed medication safely in accordance with the Provider organisation's medication policy/protocol;
- k) Understand the benefits of eating healthily and exercise.

### **23. ENSURING A POSITIVE EXPERIENCE OF CARE AND SUPPORT**

- 23.1. Families, carers and advocates will be, with the person's permission, aware of the support delivered and any improvement in outcomes for the person. Families and carers will feel involved and informed about the support delivered with the person's permission. Where possible and appropriate, the person, their families, carers and advocates will be involved in any Care and Support Plan Review and Statutory Review.
- 23.2. The flexible package of support hours will be pivotal to ensuring a flexible delivery model, as the Provider will support the person to:
- a) Be supported to develop communication skills and have a strong voice in the support received;
  - b) Be enabled to control the Service they receive, with minor changes enabled to meet day to day changing needs;
  - c) Experience consistency in the scheduling of Services and times the person expects or requires;
  - d) Experience continuity of care, supported by a 'trusted team' of Care/Support Workers, who they trust and respect, with early introductions made to reduce the fear of new people.
  - e) Be better informed regarding their care choices and better able to access information on Providers of care in their local area;
  - f) Experience consistency in the good quality of provision;
  - g) Be assisted in writing/designing their Care Plan;
  - h) Have their individuality promoted.

### **24. CONTINUITY OF CARE/SUPPORT WORKERS**

- 24.1. To ensure that the person is comfortable with their Care/Support Worker(s), the Provider will:
- a) Ensure people are supported by a team they trust; the Provider should try and match Care/Support Workers to meet specific needs of the person wherever possible;

- b) The amount of Care/Support Workers in this trusted team should ideally be kept to no more than four and in any case as low as possible, or in the case of a high number of support hours delivered, (including double handed, triple handed and live in Care/Support Workers) eight Care/Support Workers;
- c) The person is consulted and kept informed about their 'trusted team' always and any changes that may become necessary.

## **25. PERSON-CENTRED SUPPORT**

25.1. People must be at the centre of any Care and Support Planning and Services should be easy to access and use, of good quality and designed to maximise people's ability to live independently and safely in their own homes and communities. This will include;

- a) Providing Services that are personalised, that meet their needs rather than the needs of the Service – developing systems to better match Care/Support Workers to people in terms of their interests, to support the establishment of good working relationships, including the development of one-page profiles;
- b) Negotiating meaningful Provider Care Plans with people. Clarifying the responsibilities of all people who are supporting the person to achieve these goals;
- c) Ensuring action plans are written with the direct involvement of people and consultation of their families where appropriate and with consent, listening to their needs and requirements and being flexible regarding when support is provided rather than fitting persons into pre-arranged rounds of calls;
- d) Working in partnership with the person requiring support, carers, families and colleagues to provide care and support interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, disability, gender reassignment; marriage and civil partnership; pregnancy and maternity; religion or belief; sex; and sexual orientation;
- e) Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion of people requiring support and carers in all Services. Creating, developing or maintaining valued social roles for people in communities they come from.
- f) Supporting the person to access existing opportunities in their local community rather than creating or attending segregated activities and increase the capacity of communities to accommodate those with health and social care needs.
- g) Enabling people requiring support to have greater access to personal budgets and ensuring that the people requiring support are central in this process. This will enable people requiring support to have greater choice about the things that they wish to achieve, the type of support that is required to achieve this and will help to facilitate dependence.

## **26. STRENGTHS BASED APPROACH**

26.1. Providers will support people to use their own abilities and strengths to be as resilient and independent as they can. Providers will support people to identify and build on ways they

can care for themselves, and will support people to access support from family, friends and carers to resolve problems themselves and deliver their own solutions. This will include:

- a) Valuing the capacity, skills, knowledge, connections and potential in the person, their families and their communities;
- b) Working in collaboration, helping people to do things for themselves becoming co-producers of support and developing shared care partnerships;
- c) Promoting persons becoming active consumers of support, preventing passive consumption;
- d) Using a strengths-based approach to maintain and improve social networks and enhance well-being;
- e) Encouraging and supporting self-care and exercise.

26.2. The Provider will be expected to work in partnership to provide care and support that enables people to be resilient in regard to their health and social care needs so that they maintain a good level of well-being and can live healthy lives.

## **27. PROMOTING SAFETY AND POSITIVE RISK TAKING**

27.1. People will be empowered take control of their lives with the support of Providers and the Council's Practitioners. People will be supported to manage the tension between promoting safety and positive risk taking. This will be supported by:

- a) Ensuring people are supported by a team they trust and not receiving care from numerous Care/Support Workers, the Council recognise that continuity of support is important in building trusting relationships;
- b) People and their support team identifying, assessing and then managing risks whilst understanding that risk is an everyday experience;
- c) Care/Support Workers accepting the need to work within a wide range of home conditions, subject to a risk assessment;
- d) Ensuring people and Care/Support Workers assess risk dynamically, understanding that decision making can be enhanced through positive collaborations;
- e) Understanding that risks can be minimised, but not eliminated;
- f) Empowering the person requiring support, within reason, to decide the level of risk they are prepared to take with their own health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for people requiring support, carers, family members, and the wider public.
- g) Providers taking responsibility in encouraging a no-blame culture whilst not condoning poor practice;
- h) Providers working with the Council to understand and meet the changing needs and expectations of people and their families and supporting them to have more control over their lives, health and care;

- i) Conducting risk assessments where there is potential for significant harm, self- neglect, injury or death. Examples could be but are not limited to the following: choking/falling/scalding/transfers (hoisting)/not following specialist instruction/skin integrity/infection control/Control of Substances Hazardous to Health /labelling and signage (for persons living with Dementia).

## **28. KEEPING CUSTOMERS INFORMED - INFORMATION PACKS**

28.1. Providers will provide an information pack that will include basic information as set out below and will ensure that this is available to the person as the Service starts. The information pack will be in an accessible format e.g. Large print, good standard of English, photographs, audio tape, Braille (where necessary), easy read, video etc. And will be made available to person and their Care/Support Workers. It will include:

- a) Statement of purpose: aims of the Service, model of care and support, who the Service is for, including the range and level of care and support Services provided, cultural and social needs catered for and support for Care/Support Workers;
- b) Contact details for the Service including telephone numbers for the Service and its Duty Managers/co-ordinator (including out of hours and emergency contact numbers);
- c) Service provision: the type of Service, facilities, and range of activities;
- d) A statement of person's rights to self-determination;
- e) A statement regarding the consequences of unacceptable behaviour;
- f) The procedures/contingency arrangements in place in the event of emergency
- g) temporary closure, Service reduction or permanent closure;
- h) Safeguarding information, including procedures followed;
- i) The process of quality assurance;
- j) Information regarding where a copy of the most recent CQC and/or other relevant inspection reports or information can be obtained;
- k) Details of payment options should they pay all or part of their care direct to the Provider;
- l) Information management assurance;
- m) Contact details of the relevant Council departments;
- n) Complaints/compliments procedure.

- 28.2. Providers will act as first point of contact and triage all queries and/or issues relating to clients' care and support e.g. Issues or concerns with individual Care/Support Workers, changes in visit timings without prior arrangement, etc. Providers will resolve all issues and queries except those where Social Services have a statutory responsibility (for example safeguarding or social work).

## **29. PROVIDING SERVICE INFORMATION**

- 29.1. Providers will register with the Council's On-Line Service Directory (or any site that succeeds it). Providers will keep their contact details up to date on the site and any failure to do so may result in a Contract Sanction. These details will be used to communicate with the Provider including any Service changes, enhancements, developments, price increases etc.
- 29.2. The Council requires Providers to register and actively monitor a suitable generic email address (i.e. Admin@provider.com or office@provider.com) that will be used as the main means of communication between the Council and the Provider. This email address cannot change with any staff turnover within the Provider's organisation and avoids the need for many amendments and possible miscommunications. This must be in compliance with Data Security recommendations from the NHS Data Security & Protection toolkit:  
<https://www.dsptoolkit.nhs.uk/>
- 29.3. The Council requires Providers to follow the Council's Contract Change Control process.

## **30. PERSONAL DIGNITY**

- 30.1. The person and their family do not experience anxieties about the Services received and is satisfied that the person's environment is maintained to their own standards. The person:
- a) Feels confident that Care/Support Workers will assist in their personal care with discretion and in such a way that dignity is maintained with the Care/Support Worker taking direction from the person, wherever possible;
  - b) Is satisfied that the changes they had hoped to achieve have been realised and the balance between support and assistance is appropriate to their circumstances;
  - c) Knows that information relating to them is kept confidential and only shared on a need to know basis.

30.2. Information should be detailed in the Care and Support Plan.

### **31. EXERCISING CHOICE AND CONTROL**

31.1. The person is informed and enabled to influence the way in which care is provided in a flexible and appropriate way, with Services responsive to needs and preferences of the person. They will:

- a) Feel confident that Care/Support Workers support their choices regarding all aspects of daily living;
- b) Feel confident that the Care/Support Worker will arrive and leave within timescales that enable the completion of the required support and will inform the person if there is any change in timing of the support required;

31.2. Feel listened to and able to give feedback regarding the Service (e.g. Complaint or compliment) or when suggesting improvement.

### **32. TRAVEL**

32.1. Support may be required outside the home environment which may be for socialisation or to provide support with practical tasks such as collecting shopping, paying bills, attending appointments with Health workers, etc. Details will be documented on the Support Plans and must be followed. The Service Provider must ensure:

32.2. Vehicle Usage: To ensure that the person is transported safely and appropriately and in accordance with the current legal requirements. The Provider must ensure all Care/Support Workers driving vehicles for people accessing the Service shall:

- a) Hold the appropriate vehicle insurance;
- b) Hold the appropriate vehicle licensing;
- c) Have a valid licence with no more than a maximum of six endorsements, and no disqualifications. Where a care/support worker has more than 6 points the provider must conduct a thorough risk assessment.
- d) Have regular driving licence validity, endorsements and disqualifications checks directly with the DVLA using a Driver Check Code, every six months – paper/card licence checks are not valid;
- e) Ensure the vehicle is taxed and has a valid MOT;
- f) Have awareness of their responsible for safety of the vehicle whilst driving, etc. And will therefore need to ensure the appropriate pre-driving vehicle checks for road worthiness are completed with the vehicle at the start of each period of driving; the provider will ensure this training forms part of the core training needed for the Care/Support Worker;
- g) Have time to familiarise themselves with the vehicle, to include understanding of any bespoke features, seat belt usage for wheelchair users, and any other additional non-standard features of vehicles by the person who is the owner of the vehicle;
- h) Have awareness of the protocols for correct use of Blue Badges where necessary.

- 32.3. The provider will work with the person accessing to the Service to ensure the following:
- a) The vehicle owner has the appropriate valid documentation for the vehicle each time a Care/Support Worker commences a driving period with the vehicle; to include MOT (Ministry of Transport) test certificate, V5C (vehicle registration document), a print out of vehicle tax validation from the DVLA, and insurance certificate;
  - b) The vehicle owner or appropriate person demonstrates all bespoke controls and safety features, seat belt usage for wheelchair users, and any other additional non-standard features of the vehicle.
- 32.4. Concessionary Travel: The Provider will ensure all Care/Support Workers are aware of the protocols for correct use of the following:
- a) English National Bus Pass/Kent County Council;
  - b) Concessionary Bus Pass Scheme;
  - c) Disabled Persons Railcard;
  - d) Kent Karrier;
  - e) Any form of assistive travel.

### **33. SERVICE USER ACTIVITIES AND TRANSPORT SUPPORT.**

- 33.1. The Care Plan will state focussed specific activities.
- 33.2. Service users must pay for their own activities and support workers must try to get concessionary arrangements where possible. If concessionary arrangements are not available any costs must be agreed with the Care manager.
- 33.3. We will only reimburse the cost of the activity on the submission of evidence of the activity having taken place (e.g. tickets, receipts)
- 33.4. Service users must be supported to use public transport wherever possible however if this is not possible:
- 33.4.1. Service users in receipt of a Mobility element of Personal Independence payment or other benefit, must use this to fund their transport needs
  - 33.4.2. If the service user is not in receipt of a Mobility element of Personal Independence payment or other benefit the Support Worker will transport the service user to agreed activities.
- 33.5. Journeys must be linked to an agreed activity in the care plan and journeys and mileage rates must be agreed with the Care Manager.
- 33.6. Non-routine or unplanned journeys where a Support Worker transports a service user must be agreed by the Care Manager prior to the journey taking place.

### **34. MULTI-DISCIPLINARY TEAMS (MDTS)**

- 34.1. Providers may be represented at Local Care Multi-Disciplinary Teams as they develop and will engage with Local Care development in their area where appropriate.
- 34.2. Providers will ensure that any social care needs are recognised, and the correct specialisms are fully engaged. Providers can co-ordinate, arrange and maintain local Services that compliment or are more suitable than the health care Service, to ensure progress towards clients' outcomes (e.g. Arrange for meals to be delivered or refer to day care etc.)

### **35. END OF LIFE CARE**

- 35.1. Staff must work cohesively with the Service User and where appropriate their Carer and/or Representative and Health Workers to ensure that the wishes of the Service User are adhered to in relation to their end of life care and included in their care plan.
- 35.2. End of Life Care has been defined by the National Council for Palliative Care as:
- 35.3. 'care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support'.
- 35.4. The Service Provider must:
  - a) Ensure staff at all levels have been appropriately trained and possess the skills and experience required for working with the Service Users and their Carer and/or Representative who have supportive and palliative care needs.
  - b) Work collaboratively with the multi-disciplinary team, working with, for example, gps, District Nurses, Macmillan Clinical Nurse Specialists, Community Matrons and Carers Support Services.
  - c) Have the flexibility and responsiveness to meet the changing needs of Service Users and their Carer and/or Representative to enable Service Users with End of Life Care needs to remain living in their own home

### **36. COMPLEX CARE AND SUPPORT**

- 36.1. The standard Care and Support in the Home Service will be provided to most people requiring Support but there will be some exceptions where the Complex Service will be required.
- 36.2. The Care and Support in the Home Complex Service is for people requiring Support who are assessed by the Council as having complex and/or challenging needs, where higher risks are present that cannot be reduced by additional Staffing. Complex level Support may also require additional training above that included in the Provider's mandatory expectations the

Council's Practitioners are responsible for assessing the need for Care and Support in the Home Complex Services and defining the Service required in the Care Plan.

- 36.3. Where people are assessed by a Practitioner as requiring Complex Services, this will be approved by the Council's Practice Assurance Panel and may be underpinned by risk assessment alongside the Care and Support Plan.
- 36.4. In recognition of the additional requirements set out above, the Care and Support in the Home Complex Service contracted rates are higher than those of Standard Support.
- 36.5. The Care and Support in the Home Complex Service requires the Provider's Staff to be trained to a higher level to meet the greater complexity of needs of the people requiring Support. In addition to the general standard Providers will:
- a) Prepare in depth risk assessments around the areas of higher risk and/or specific behaviour(s) together with what has been put in place to minimise and manage those risks;
  - b) Provide clear Behavioural Support Plan for people requiring Support that details: the identified behaviour(s); how the behaviour(s) manifest; clear guidelines as to how the person requiring Support should be Supported to reduce the behaviour(s) and what alternative solutions have been considered and/or implemented;
  - c) Have clear boundary settings;
  - d) Evidence that Care and Support Workers have had training appropriate to the complex needs of the individual, in particular where there are clinical presentations of mental health issues; Dementia and Neurological function;
  - e) Evidence that Care and Support Workers have had training in the delivery of intervention strategies;
  - f) Engage with professionals from other agencies who provide specific Support and guidelines and that you follow their guidelines as required; and
  - g) Engage with relevant professional Support networks.
- 36.6. Illustration examples of Complex Support:

**Example A: Simon (Standard Support)**

A person requiring:

- Prompting with morning and evening medication
- Support with Personal Care
- Prompting with Meal Preparation



10 Hours per week @ Standard Rate

**Example B: Ethel (Complex Support)**

A person presenting challenging behaviour and hearing loss, requiring:

- Communication via level 3 BSL
- Support with morning and evening medication
- Support with Meal Preparation
- Sleep Night Support



25 Hours Day Support per week @ Complex Rate  
7 Sleep Nights @ Contracted Rate

## **37. SERVICE USER DISCHARGE FROM HOSPITAL**

- 37.1. People in hospital when medically fit, who require support on discharge, will be offered an enablement package in the first instance, where this is the appropriate type of care and support. This is a short-term intensive support package focusing on the enablement of the person.
- 37.2. Providers will be expected to support discharge from hospital for known people (who already have a Council funded care package with the Provider), where there is no change in need and no Council re-assessment necessary
- 37.3. Providers will:
  - a) Follow the person's progress through the acute pathway by communicating directly (with permission) with the hospital ward and person, promoting self-care for some needs from the outset (where appropriate);
  - b) Be expected to work with hospital staff to determine when the person is fit for a safe discharge.
- 37.4. The Provider must ensure they are kept aware of all that has happened that will be relevant to their continued care and should visit the person in the acute setting or speak to them via the telephone to ensure they keep in contact.
- 37.5. There may be occasions when the Provider feels that they are unable to support a care package reinstatement from hospital. In these circumstances the Provider should notify the Council and the ward so that appropriate measures can be put in place to reassess the person's needs. Providers must report any safeguarding concerns in the usual way and should trust in their judgement regarding safe discharges from acute settings.
- 37.6. Providers must keep the Council informed whilst the person is in hospital and upon their discharge as the Care and Support Plans may need to be altered to reflect any changes in needs. This notification is important as it will prompt changes to the Council's social care records system to ensure Providers are paid appropriately.
- 37.7. Further details can be located in Schedule 1 section 2.3

## **38. CARE AND SUPPORT PLAN REVIEW**

- 38.1. Formal Reviews of the person's Care and Support Plan will be conducted by the Council. The first Review will be held within 8 weeks following the commencement of the person's care and support package, in line with requirements under the Care Act. Thereafter, a Review will be held as often as the Council, the Provider and the person feels is necessary; at least annually, or as determined by the milestones detailed in the action plan. This will include updates to the Care and Support Plan where required. Where necessary Service Users can access Advocacy through the Councils advocacy contract.
- 38.2. Reviews will be delivered, in line with Care Act requirements, at least annually. These will incorporate a review of the Care and Support Plan to ensure it remains fit for purpose and review of the Care Plan held by the Provider. Initially these Reviews will be conducted by the Council, but in the long-term there is an aspiration that Providers will complete these reviews. More detail is provided in Section 4.
- 38.3. Providers will complete Provider Pre-Review Information Form (PPRIF) to inform the Council's preparation for the Care and Support Plan Review. PPRIFS allow Providers to clarify hours of support, identify where development is possible and suggest any new goals and to state if there are any current goals being worked towards. This process will be from the outset of the contract for clients with Learning disability or Mental Health needs and may subsequently be rolled out to clients with Older person or Physical disability needs.
- 38.4. The Review will involve the person and the designated Council representative. The Provider will only be present if the person wishes them to be, but they must contribute to, and provide information, for the Review and confirm that they are able to support the goals and outcomes identified at the Review. Any other people who can actively contribute and whose input the person has requested may also be present with consent from the person.
- 38.5. The Review will also address the extent to which the initial outcomes are being met, determine whether eligibility criteria continues to be met and whether the person still requires the Service or if the level of Service needs to change.
- 38.6. The Provider should note that this process may change as part of the Council's Modernisation programme and review of Care Pathways and Optimisation. Providers will be informed of any changes. Potential changes to the Review process, roles and responsibilities are set out in section 56 of this Schedule.

## **39. PROVIDER REVIEW RESPONSIBILITIES**

- 39.1. It is expected that the Provider will highlight the need for Review whether the needs have increased or decreased. The Provider also has a responsibility to report any child or adult safeguarding concerns in accordance with Kent and Medway Multi-Agency Safeguarding Vulnerable Adults Protocols. The Provider's delivery plan may consequently be amended as necessary to reflect new outcomes as required. In addition, upon significant change to the person's condition or in the way that the person would prefer their Service provided,

Providers should signal the need for an early review or re-assessment of the arrangements commissioned by the Council.

- 39.2. The Provider will undertake informal continuous reviews during visits and, as determined by the person's action plan, and within reason will initiate additional Reviews at the Council's request, or as requested by the person. The Service review will address the extent to which the outcomes required of the Service are being met. Where the Provider has identified that Telecare/Telehealth (Assistive technology) may be beneficial, this should be notified to the Council. If outcomes are not being met the Provider will adjust the action plan accordingly in conjunction with the person and notify the Council.
- 39.3. The Provider should signal to the Council the need for a Review upon either a significant change to the person's condition, or a change in the way the person would prefer their Service provided in order that the Service review or re-assessment processes can be commenced.
- 39.4. The Provider should contact the Council and any Attorney or Deputy (as appointed by the Court of Protection) should there be a need for GP intervention.

#### **40. VISIT PROTOCOLS**

- 40.1. A communications book must be provided in each person's home, or if a Provider is using an alternative electronic document access must be provided for the person, family members and other professionals, to keep an ongoing record of the care provided and any refusals of agreed support, any financial transactions and regular feedback from the person receiving the Service.
- 40.2. The communications book and electronic document remain the property of the Council.
- 40.3. Providers must ensure that all financial transactions are carried out in accordance with the specific requirements identified in the person's Care and Support Plan and Care/Support Workers should be supported to fully understand policies and procedures in this regard.
- 40.4. Late/Early calls are defined as a call starting 45 minutes or more later or earlier from the time stated on the Service Delivery Order.
- 40.5. A missed call is defined as a call not made, or one that is started more than two hours after the time stated on the Service Delivery Order.

#### **41. INFECTION CONTROL**

- 41.1. When carrying out all personal care support, the following applies:
- 41.2. The Provider shall provide all personal protective equipment necessary for the supply of Services and any small pieces of equipment that help Care/Support Workers to support people back to independence. The Provider will ensure all Care/Support Workers have the appropriate clothing, footwear, and appearance whilst on duty to comply with Infection Control procedures, and the guidance detailed in the Health and Safety at Work Act 1974 and PUWER.

- 41.3. Anti-bacterial hand gel must have 60% alcohol content and must be provided along with paper towels, for households identified on the risk assessment as having inadequate hand washing facilities.
- 41.4. Staff must have received training in infection control during induction
- 41.5. The Provider will ensure Care/Support Workers, when carrying out caring of domestic tasks with people, will not wear nail varnish, artificial nails, hair accessories of any kind and jewellery that is likely to cause a health and safety risk including cross infection

## **42. EMERGENCY PROTOCOLS**

- 42.1. Occasionally Care/Support Workers are faced with emergency situations throughout the course of their work/activities. This can be stressful and upsetting. The procedures below give clear instructions about action which should be taken. Care/Support Worker will have received immediate support from the appropriate provider organisation manager/care co-ordinator. Guidance will be immediate, clear, calm and supportive of the person receiving care and the Care/Support Worker.
- 42.2. If a Care/Support Worker cannot obtain an answer from the person at home or the usual family/parent carer they should:
  - a) Check through the letterbox, windows and back of the house to see if it is accessible;
  - b) If you cannot see the person check with neighbours;
  - c) If the neighbour cannot help, telephone the Provider's office and the Duty Manager/Co-ordinator will inform you as to further action.
- 42.3. If the Care/Support Worker can see the person in receipt of the Service and they are on the floor or not responding Providers should advise Care/Support workers to:
  - a) Ring for an ambulance dialling 999 immediately;
  - b) Ring your provider organisation's allocated Duty Manager/Co-ordinator;
  - c) If you are aware of a key holder nearby, go to them – contact your Provider organisation when you reach the additional key holder to gain further advice.
- 42.4. If a Care/Support worker finds a person in receipt of the Service who appears dead when the Care/Support Worker arrives – providers should advise Care/Support Workers to:
  - a) Call the emergency Services by dialling 999 immediately and follow their instructions. They must be informed if there is a DNACPR (Do not attempt cardiopulmonary resuscitation) in place if known and follow the specific person-centred advanced care statement procedure for DNACPR.
  - b) If the person lives in Extra Care/sheltered accommodation pull the emergency cord.
  - c) The service user must not be moved unless at the instruction of the 999-emergency call handler.

- d) Once the emergency services are in attendance they will take the lead and continue with emergency procedures before confirming the death.
- e) Avoid touching anything unless directed to do so by the emergency services and once it is established that death has occurred leave the room and close the door to restrict access by people or pets.
- f) Call the Provider office, your provider Duty Manager/Co-ordinator and request that the Kent County Council Keyworker/Care Manager is notified
- g) Wait for the provider to send a senior member of personnel to assist you at once;

42.5. Should an emergency occur during the course of care being given, Care/Support Workers must ensure the following protocol is followed:

- a) If a person falls and may be injured they must not be moved unless they are in serious and imminent danger, e.g. Fire, drowning, road traffic accident etc.;
- b) They must be made comfortable and dial 999 immediately;
- c) If it is known that the person may be prone to occasional falls or collapse this should be considered in the risk assessment and a contingency action plan devised for this eventuality;
- d) If a person collapses or is taken seriously ill dial 999 immediately and make the person made as comfortable as possible – the emergency Services personnel may advise you of action to take while awaiting their arrival;
- e) In these situations, call your Provider Office and speak to the Duty Manager/Co-ordinator who will arrange for your subsequent visits to be covered while you stay with the person or will send someone to relieve you for you to continue the visits on your schedule if you are able to continue.

42.6. Providers shall:

- a) Ensure subsequent visits are covered immediately once a Care/Support Worker contacts to advise about any of the above situations, alternatively you must send someone to relieve the worker for them to continue visits on their schedule;
- b) Ensure the person (and where appropriate, carers, advocates) is aware of this Emergency protocol at the commencement of the Service, and is included within the Information Pack;
- c) Call ahead to advise people in receipt of the Service with the Care/Support Worker/s about the incident and whether they will receive a different Care/Support worker or whether their visit will be late;
- d) Advise the appropriate Council personnel by phone and followed up with an email within 12 hours of the incident;
- e) Ensure Care/Support Worker's Induction Training encompasses Emergency Protocols;
- f) Ensure a refresh of Emergency Protocols is conducted every quarter

- g) Draft an Emergency Protocols pocket guide is carried at all times by Care/Support workers;
- h) Decide whether the format of the pocket guide to Emergency Protocols e.g. Laminated A6 format, credit card size format, or included on the reverse of the identification worn by Care/Support Workers;
- i) Put in place additional support for Care/Support Workers who have witnessed a distressing situation;
- j) Work cooperatively with any additional statutory agency regarding follow-up investigations.

42.7. If an emergency or crisis arises the Provider will deploy additional Care/Support Worker time without the prior consent of the Council for the period of 1 hour. The Provider will notify the Council of such a change and any additional Care/Support Worker hours utilised immediately, clearly stating the reasons for the additional hours and any ongoing need. The person will not be required to make any payment to the Provider.

### **43. MENTAL CAPACITY ACT**

43.1. Providers must comply with the principles of the Mental Capacity Act and empower people to make decisions for themselves wherever possible. Assessments of capacity are time and decision specific, where a person has been assessed as lacking capacity in a decision then any action taken, or any decision made for or on behalf of that person, must be made in his or her best interests and the Provider should ensure such decisions are clearly documented.

43.2. Providers may be required to contribute to and/ or attend Best Interest Decision meetings

### **44. EQUALITY AND HUMAN RIGHTS**

44.1. The Equality Act 2010 introduced a public-sector equality duty which must be exercised by the Council in performing its functions. The Duty underpins this specification and Service Providers must pay due regard to:

- a) Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- b) Advancing equality of opportunity between people who share a protected characteristic and those who do not;
- c) Fostering good relations between people who share a protected characteristic and those who do not.

44.2. These are sometimes referred to as the three aims and arms of the general equality duty. Simplified, the act describes the need to have due regard for the advancing of equality which involves:

- a) Removing or minimising disadvantages suffered by people due to their protected characteristics; Taking steps to meet the needs of people from protected groups where these are different from the needs of other people;

- b) Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

44.3. Providers must operate in accordance with the Human Rights Act 1998, the statute which made the European Convention on Human Rights (ECHR) part of English law. It requires public authorities and those Services they commission to act compatibly with the ECHR.

44.4. It is a priority of the Council to meet its Human Rights Act obligations. This Service specification has been designed to help promote and protect the human rights of people receiving Care and Support in the Home Services. Contracted Providers must deliver Care and Support in the Home in ways that protect persons' rights to respect, dignity, privacy and autonomy.

44.5. The Equality and Human Rights Commission's framework for human rights in Care and Support in the Home has been adopted by the Council and underpins our expectations for the delivery of this Service. The Council will take positive steps to protect the human rights of people who receive Care and Support in the Home Services.

#### **45. ACCESSIBLE COMMUNICATION STANDARDS**

45.1. Service Providers are under a contractual obligation to promote and protect human rights, with a zero tolerance of neglect and abuse. Providers must find effective ways of communicating with each person to ensure that they are at the centre of their Care and Support Plans

45.2. Ensure staff are aware and use the Accessible Communication Standards published by the Department for Work and Pensions, Office for Disability Issues (August 2014)

#### **46. FINANCIAL PROTECTION**

46.1. The Provider will have policies and procedures in place for staff on the safe handling of money and property belonging to the person, which covers:

- a) Recording the amount and purpose of all financial transactions undertaken on behalf of the person. Records which must be signed and dated by the Care/Support Worker and the person or nominated advocate, attorney or deputy;
- b) Collection of pensions or benefits;
- c) Safeguarding the property of the person whilst undertaking care and support tasks;
- d) Reporting the loss or damage to the property whilst providing care and support.

46.2. The Provider's Safeguarding policies and procedures must make clear that staff must not:

- a) Use credit or debit cards, pre-payment cards, or any on-line accounts, cheques belonging to the person, or have knowledge of the person's PIN number;
- b) Accept gifts (beyond a very minimal value of £5);
- c) Use loyalty cards except those belonging to the person for the person;

- d) Use offers, vouchers, stamps or discounts other than for the person;
- e) Undertake personal activities during time allocated to provide care and support to the person;
- f) Witness or support with writing legal documentation for the person e.g. Will writing;
- g) Make personal use of the person's property (e.g. Broadband);
- h) Involve the person in gambling syndicates (e.g. National Lottery, online betting);
- i) Borrow from or lend money or vouchers to people within the Service;
- j) Sell or dispose of goods belonging to the person and their family; Sell goods or Services to the person and/or buy goods or Services from the person including any free Services e.g. Freecycle;
- k) Incur a liability on behalf of the person;
- l) Take responsibility for looking after any valuables on behalf of the person;
- m) Allow any unauthorised person (including children) or pets to accompany them when visiting the person, with exception of assistance dogs with consent of the person, without their permission and the Council's approval;
- n) Make or receive telephone calls that are personal or are regarding other people;
- o) Use time allocated to care and support the person for any other purpose;
- p) Undertake any activity which is in breach of UK legislation.

46.3. Provider must have policies and procedures in place for Staff concerning the investigation of allegations of financial irregularities and the involvement of Police, Customs Officials, Adult Social Care and Health and other professional bodies.

## **47. SAFEGUARDING AND FREEDOM FROM ABUSE**

- 47.1. The person will feel and be safeguarded from neglect and abuse and will know that any concerns will be listened to and acted upon promptly. The person will
- a) Be free of deliberate abuse and neglect, with the Provider responding promptly to the sharing of any concerns and understanding when this can/should be escalated to the Council;
  - b) Know who to report concerns to and issues regarding their care and support;
  - c) Know that concerns are taken seriously and addressed through the appropriate governance;
  - d) Live safely in their own home/community;
  - e) Know that home security is not compromised by the Service;
  - f) Be supported to develop good communication skills and be enabled to have a voice regarding any concerns, alleged discrimination and/or harassment.

- 47.2. To ensure that the person is free from abuse and appropriate action is taken where it is suspected, the Provider will:
- a) Respond to alerts immediately after ensuring the person is safe;
  - b) Attend Safeguarding Adults Review meetings;
  - c) Comply with the requirement that Safeguarding Adults Review Panel requests for Independent Management Reports are completed within six weeks;
  - d) Comply with any relevant guidance to safeguard children, including but not limited to Working Together to Safeguard Children (2018) and Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges (September 2016);
  - e) Where children are present in the home (whether by residence, visit or because they are receiving care as part of the service), immediate consideration will be given to their independent safeguarding needs and the [Kent and Medway Safeguarding Children Procedures](#) followed to ensure their welfare and safety is protected.
  - f) Ensure that all staff are aware of their duties in keeping young people safe from Child Exploitation and have training in this which is recorded. Staff must be able to identify risks associated with all forms of Child Exploitation and Providers will agree a risk management strategy with the Council;
  - g) Make representation in court as and when necessary;
  - h) Ensure there is a Safeguarding Adults policy available that compliments the Multi-Agency Safeguarding Policy, Protocols and Guidance for Kent and Medway.
  - i) Ensure staff are familiar with the Kent and Medway Adult Protection Procedures and with the Providers' own policy and procedures on Safeguarding and Adult Protection;
  - j) Ensure the Kent Adult Safeguarding Form (KASAF) is completed to notify the Council if adult abuse is witnessed or reported;
  - k) Work in partnership with officers of the Council (or any others that the Council chooses), to make enquires in fulfilling its duties under section 42 of The Care Act 2014;
  - l) Participate in adult protection assessments and enquiries and comply with any recommendations where practicable in post abuse action plans;
  - m) Ensure staff training is provided in safeguarding and is refreshed at regular intervals (minimum of every 2 years) and ensure staff attend relevant safeguarding adults training appropriate to their position;
  - n) Comply with the Disclosure and Barring Service (DBS) requirements for staff. These checks should be done every three years as a minimum;
  - o) Take positive action to combat discrimination in line with UK legislation;
  - p) Respond to the Prevent Duty Guidance.

47.3. Safeguarding for Children and Vulnerable adults is defined in Clause 13 of the contract terms and conditions.

## **48. RECORDS**

- 48.1. To ensure that records of visits to the person's home and details of support given are comprehensive and shared as appropriate, the Provider must ensure that;
- a) Any refusal of support agreed within the Care and Support Plans must be recorded in the person's communications book;

- b) The Council's authorised staff can see records required by this specification at any time;
- c) They accommodate visits by the Council's authorised staff, which may take place at any time and could be unannounced at the Provider's premises. The Council will be reasonable in exercising this right;
- d) Care/Support Workers visiting the person for the first time sign the person's file to show they have read the relevant sections and are familiar with the person's needs;
- e) Appropriate sections of the person's personal file are accessible to relevant care staff;
- f) The current communications book is left in the person's home always; completed pages should be removed and placed on the person's file at the Provider's premises after one month;
- g) Care/Support Workers are aware of the Provider's policy regarding confidentiality of records;
- h) Care/Support Workers will record the date and time of every visit, the support provided and any significant occurrence. Records will be factual, legible, signed and dated and kept in a safe place as agreed with the person, as per the record keeping policy.

48.2. Records will include:

- a) Assistance with medication;
- b) Care provided;
- c) Any specific person-centred requirements.
- d) Details of changes in the person's circumstances, support needs, health condition and any mental capacity concerns which raise questions about the person's ability to consent with specific decisions of the care and support arrangements;
- e) Any accidents, untoward incident, or emergency to the person and/or Care/Support Worker;
- f) Activities undertaken, and any achievements and/or goals achieved;
- g) Any information that will assist the next Care/Support Worker to ensure consistency in the Service provision.

48.3. The person will be informed about what is written and will have access to the communications book and any contents past or present. The person will be encouraged to have the current communications book kept in their home. Records will be available to the Council and/or person on request.

48.4. Any significant occurrence or changes in circumstances/support needs should be reported to the Providers and the Council's teams. Where the person does not agree, the Provider will record this refusal on the personal file held by the Provider, with the exception of Safeguarding concerns.

48.5. All information must be stored in accordance with current data protection legislation.

## 49. SECURITY

- 49.1. Providers must have clear protocols in place in relation to entering the home of the person. In some cases, it may be necessary for Care/Support Worker to have keys, entry fobs, and/or entry codes. The protocols will cover:
- a) Knocking/ringing bell and speaking out before entry;
  - b) Written and signed agreements on key/fob/entry code holding;
  - c) Safe handling and storage of keys/fob/entry codes outside the home;
  - d) Confidentiality of entry codes;
  - e) Alternative arrangements for entering the home;
  - f) Action to take in case of loss or theft of keys/fobs/entry codes;
  - g) Action to take when unable to gain entry;
  - h) Securing doors and windows;
  - i) Discovery of an accident involving the person;
  - j) Other emergency situations.
- 49.2. Providers will ensure that all Care/Support Worker and/or staff are identifiable employees of the Provider by supplying identity cards to Care/Support Workers entering the home of the person. Identity cards must display:
- a) A photograph of the member of Care/Support Worker or staff member;
  - b) The name of the Care/Support Worker and/or staff member and Provider organisation in large print and braille if required for the person in receipt of the Service;
  - c) The contact number and/or textphone number of the Provider;
  - d) Date of issue and expiry date, which must not exceed 36 months from the date of issue.
  - e) Identity cards must be:
    - I. Available in large print for people with visual impairments and/or braille if needed by the person in receipt of the Service;
    - II. Laminated or otherwise tamper proof;
    - III. Renewed and replaced within 36 months from the date of issue;
    - IV. Returned to the Provider and destroyed appropriately within 24 hours when employment ceases or when the card is renewed

49.3. The Provider will keep up-to-date with the developments in new security technology and where necessary provide enhancements to a person's security after gaining the person's permission and informing the Council.

## **50. HEALTH AND SAFETY**

50.1. Accidents and Injuries: To ensure the Provider's Staff are informed and deal confidently with accidents, injuries and emergencies the Provider must ensure that:

- a) All staff are aware of the Providers' policies and procedures for dealing with medical emergencies;
- b) Any accidents or injuries to the person that require hospital or GP attendance that the Care/Support Worker has knowledge of, are reported to the Council and noted in the person's Contact Book.

50.2. Risk Assessments: To ensure the appropriate risk assessments are conducted for the acquisition, use, and ongoing support of equipment used in the person's home, and activities supporting the person. This will include regular safety checks, appropriate training and preventative measures put in place whilst conducting duties to minimise the risk of harm to the person and Care/Support Workers, associated with the acquisition, use, and ongoing support of equipment used carry out duties for the person, by ensuring:

- a) There are clearly defined and designated roles and responsibilities for the management of the device/equipment;
- b) Equipment Audits are carried out annually to include current test certification organised by the equipment owner;
- c) Care and Support Plans received the Council contain consent forms for the use of bed rails, and these were signed the person or a family member where the person was unable to do this themselves;
- d) Equipment has an annual assessment for safety and recorded to include LOLER, should this be conducted by another Provider or the Council, this must be shared with the provider;
- e) Care/Support Workers understand how to use bedrails, shower commode chairs, and how safety straps are fitting to make sure people are safe.

50.3. Transmittable Diseases: To ensure that the person, his/her family, staff and visitors are protected from transmittable diseases, the Provider must ensure that:

- a) A policy in relation to transmittable diseases (e.g. HIV/AIDS and Hepatitis A, B and C) is available and known to all staff;
- b) Appropriate risk assessments are in place;
- c) All staff are trained to work safely with people always.

50.4. Data Protection and personal security to ensure that the protection of the person's home is maintained, and is not compromised by any action undertaken by a Care/Support Worker from the Provider's organisation, the Provider must:

- a) Comply with GDPR requirements set out in Schedule 20 Annex 1a/ 1b;
- b) Make staff aware of the risk of unintended breaches of confidentiality and make sure staff can identify situations in which it may occur through the provision of appropriate training;
- c) Ensure that staff know of the policies and procedures which are in place in respect of the person's safety;
- d) Make sure that staff do not carry with them more confidential information than they need for a week's work programme (e.g. Lists of names and addresses);
- e) Ensure, when it is necessary for staff to keep written information detailing passwords or keypad numbers with them, that they understand the need to preserve security; The Provider must also make sure passwords or keypad numbers are not kept alongside names and addresses and key fobs should not carry the name or address of the person on them;
- f) Liaise and negotiate with the person if a change of Care/Support Worker or a suspected breach of security occurs, to see whether a change of access code number will be acceptable to them;
- g) Have policies and procedures in place to make sure that when Care/Support Workers leave or change, an appropriate transition plan is in place for the person.
- h) Ensure, where appropriate, that they have achieved or are working towards the NHS Data Security and Protection toolkit.

## **51. NOTIFICATIONS TO THE COUNCIL**

51.1. Providers must notify the Council immediately in writing via email of any:

- a) Safeguarding concerns in respect of the person;
- b) Emergency incidents as detailed in section 6.3, including serious accidents or incidents involving the person or the Care/Support Worker, hospital admissions and/or deaths of the person, including any other change in the Service related to circumstances or emergency;
- c) Regular and/or persistent (three or more times in consecutive visits) refusal by the person to accept support to meet outcomes mutually agreed in the Care and Support Plan;
- d) Failure to provide the Service to the person, missed, late, void or 'No response' calls (within the contract tolerance);
- e) Delivery of 'flex hours' above or below the hours defined in the SDO and the reason for this change;
- f) Deterioration in the person's health or well-being

- g) Improvement in the person's circumstances, including mental capacity issues – improvement or deterioration of the person's mental capacity in relation to specific decisions of the Care and Support Plan. This may also include the achievement of a goal and/or outcome which may be associated with a reduction in the hours of care and support required.

## **52. NOTICE PERIOD**

- 52.1. Regarding handing back packages of care and support packages, Providers must immediately discuss with the Council, and give the Council notice as laid out in Schedule 1 section 2 of any proposed hand back, except as otherwise mutually agreed. The Provider and the Council will work together to minimise any disruption and maintain continuity of Service to the person whilst supporting a transition plan for the person.

- 52.2. The communications book and action plan for the person must be handed back to the Council or the alternative provider on the last day of Service delivery.

### **53. FUTURE SERVICE REQUIREMENT PROPOSALS**

- 53.1. Moving forward into the Contract we expect the focus of the Service to be on outcomes within a flexible package of support hours defined within the Care and Support Plan. The Care and Support Plan will detail the outcomes to be achieved for the person within these hours; the hours can then be used flexibly within the billing period set out to support the person as agreed.
- 53.2. This delivery style will support the flexible delivery of outcomes-based care, give greater choice and control for the person, using a strength-based approach.
- 53.3. As part of the aspiration to enable Providers to deliver care and support more flexibly there is the aspiration for the Council is to delegate responsibility for annual statutory reviews to the Provider. This will support a reduction in duplication of activity, as it is known that at present both Providers and the Council conduct their own annual reviews of a person's care and support package.
- 53.4. At present the process for Older people care and support often starts with a short period of care and support delivered by the Kent Enablement at Home service this allows the Council to gain a good understanding of the care and support needs of a service user. Throughout the life of this contract we will look at piloting a pathway for Learning Disability Clients which may utilise the Kent Pathway Service in a similar fashion. There will also be consideration given to assistive technology such as 'Just Checking'.
- 53.5. The Council expects to start discussions with providers in relation to these proposed changes in Summer 2019.
- 53.6. Providers must be mindful of the Councils continuous improvement in relation to systems, technology and processes and work towards compatibility with the Council. This may include activities such as The Kent and Medway Care Records.

### **54. ELECTRONIC CALL MONITORING AND TECHNOLOGY**

- 54.1. At present there is inconsistency in the use of Electronic call monitoring systems and other technological systems supporting tasks such as automated invoicing, creation of rotas and record keeping across the Provider market.
- 54.2. As part of the Council's aspirations in relation to market-shaping and ensuring market capability to deliver in a more flexible and personalised way, the Council wishes to see increased use of available technology underpinning the delivery of Care and Support in the Home Services. Some of the types of systems that the Council wishes to see Providers scoping and implementing and their associated benefits are listed below:
- a) Paper-based documentation will be replaced by electronic care plans that support person-centred care and assist providers to more effectively demonstrate and ensure compliance.

- b) Electronic Call Monitoring systems can give care workers a live rota on their mobile handsets and real-time task lists and service user data. It can also allow managers to see, instantly, if a care worker is running late for an appointment.
- c) Electronic Medication Administration Records (emar) enable care and nursing staff to more effectively coordinate, monitor and administer medications and provide more accurate and timely medication information for staff, and further improve safety.
- d) Smart scheduling and rostering systems can enhance accessibility to personalised care services in the most efficient ways. This allows an organisation to deliver more flexible and personalised care, therefore driving improved outcomes for the Service user.

54.3. It is expected that Providers who are successful in their bid for a Care and Support in the Home Services Contract will work with the Council to test and implement new technological systems which will support more efficient ways of working. Providers will be engaged to design any pilot projects and given appropriate notification of their commencement. The Council will work with providers to agree reasonable timescales for the implementation of new systems. However, it is envisaged that all Providers will be in a position to operationalise from April 2020.

54.4. It is expected that Providers who are successful in their bid for a Care and Support in the Home Services Contract will work with the Council to test and implement new technological systems which will support more efficient ways of working. Providers will be engaged to design any pilot projects and given appropriate notification of their commencement. The Council will work with providers to agree reasonable timescales for the implementation of new systems. However, it is envisaged that all Providers will be in a position to operationalise from April 2020.

## **55. HEALTH INTEGRATION**

55.1. Health Integration is about placing service users at the centre of the design and delivery of care with the aim of improving patient outcomes, satisfaction and value for money. Working more closely with Health partners will seek to improve the customer journey through the service pathway, resulting in a more seamless transition from hospital to care in the community Services. The Council has an aspiration to support the progression of the Health and Social Care integration agenda during the life of the Care and Support in the Home Contract to help meet its strategic outcomes.

55.2. Integration could support efficiencies such as joint assessments of a patient's care needs across more than one Service provision, improved use of back-office functions and reducing delayed transfers of care, all of which could support financial savings for both partners.

55.3. Improved integrated working could also deliver benefits by sharing best practice across care workers and health professionals. In the longer term, this could support the development of a better-defined career pathway for care professionals.

55.4. The Council has already given consideration to how best to enable joint working, particularly in the Lotting Strategy for Care and Support in the Home Services. Where appropriate, clusters will align to Local Care boundaries to enable closer joint working between Health and local Providers of Care and Support in the Home.

- 55.5. It is expected that from 8 April 2019, Providers will engage with Local Care organisations in their localities, and where appropriate will attend and support Multi-Disciplinary Teams to enable a joined up working approach.
- 55.6. Over the life of the Contract, Providers will be expected to work collaboratively with Health partners and the Council to design and run pilots across which will trial methods to progress the Health and Social Care integration agenda. This may include the delivery of a Health Alliance Contract, subject to further scoping during the life of the Contract.

## **56. PILOTING FLEXING OF HOURS**

- 56.1. As part of the aspiration to deliver in a more personalised, outcome-focused way and support people's independence in the most appropriate way, the Council recognises that it is sometimes necessary for Providers to deliver additional care above the hours specified by the care and support assessment, for a limited period of time.
- 56.2. The Council recognises that the Providers who deliver Care and Support in the Home Services will be the body best placed to identify where people require additional short-term support and implement this efficiently.
- 56.3. Flexing of hours may be required, for instance, in a situation where a person has developed a urine infection which is being treated with antibiotics but needs additional support for 72 hours to prevent admission to hospital. In a model enabling flexing of hours, a Provider could deliver additional hours within a defined tolerance for a defined, short-term period.
- 56.4. During the life of the Care and Support in the Home Contract, the Council intends to select a discrete geographical area where it will test enabling Providers to flex care up or down for a limited period within a defined tolerance. Testing the concept will enable the Council to build an evidence base and demonstrate whether this approach results in improved outcomes for the individual, and outcomes such as hospital admission avoidance.
- 56.5. Testing the concept of flexing of hours will be subject to additional work to scope the impact on the charging process, implement appropriate systems to support efficient payment mechanisms and consult with the public as required.
- 56.6. It is expected that Providers who are successful in their bid for a Care and Support in the Home Services Contract will work with the Council to test the concept of flexing hours, if they deliver in a Cluster area where the Council wishes to pilot. Providers will be engaged to design any pilot projects and given appropriate notification of their commencement.

## **57. PILOTING PROVIDERS DELIVERING STATUTORY ANNUAL REVIEWS**

- 57.1. As part of the aspiration to enable Providers to deliver care and support more flexibly, and the recognition that the Provider is best placed to understand and meet a person's changing needs, a long-term aspiration for the Council is to delegate responsibility for annual statutory reviews to the Provider.

- 57.2. This will support a reduction in duplication of activity, as it is known that at present both Providers and the Council conduct their own annual reviews of a person's care and support package.
- 57.3. In order to delegate authority for carrying out statutory reviews to Providers, the Council will need to enact robust risk mitigation measures and be assured of the market's capability and capacity to deliver these activities, and the maintenance or improvement of outcomes for people using Services.
- 57.4. During the life of the Care and Support in the Home Contract, the Council intends to select a number of Providers who will test the delivery of annual reviews. Testing the concept will enable the Council to build an evidence base and demonstrate the value of delegating this activity to Providers. It will also allow a time period where the Council can provide a higher level of oversight of these activities to quality assure the delivery before implementing across the market.
- 57.5. It is expected that Providers who are successful in their bid for a Care and Support in the Home Services Contract will work with the Council to test the delivery of annual statutory reviews.
- 57.6. Subject to successful testing of Providers delivering reviews, there will be a further competition for a Contract which delegates responsibility for annual statutory reviews to the Provider. It is expected that Providers will develop their capability and capacity over an agreed timeframe to support this objective.

## **58. PARTNERSHIP WORKING**

- 58.1. Where Providers are working alongside other agencies to deliver care and support packages, they will work in partnership with the other agencies to ensure the Services are provided in accordance with the person's Care and Support Plan and to maximise gains. Providers will sign up to an interface agreement provided by the Council and will actively support a consortia approach.
- 58.2. The principle of improved cross-sector working will be supported through the contract management approach using a balanced scorecard methodology with specified KPI's to encourage integrated, participative working with statutory bodies, other Care and Support in the Home Providers, private and voluntary Providers of social care Services and other organisations outside of the social care system.
- 58.3. Providers will be required to sign up to an interface agreement to support long-term consortia plans.
- 58.4. The Council wishes to work in partnership with Providers in delivering a high quality comprehensive Care and Support in the Home Service to its people. By signing up to a partnership approach the Council and Service Providers are making a commitment to:
- a) Seek to develop and maintaining constructive working relationships with the person requiring support, carers, families, colleagues, professionals and wider networks

- b) Have a contract that is flexible enough to reflect changing needs, priorities, strategy, seek continuous improvement through fostering a learning environment and working together, and which has person and Care/Support Worker participation at the centre;
- c) Work towards achieving key outcomes and objectives;
- d) Communicate openly and honestly with each other clearly and regularly;
- e) Share relevant information, expertise and plans;
- f) Avoid duplication wherever possible;
- g) Monitor the performance of all parties;
- h) Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level wherever possible.

58.5. Improve cross-sector working to ensure integrated, participative working, not only across statutory and voluntary providers of Services and social care but also with and between providers outside the social care system. These could include:

- a) Faith groups;
- b) Minority ethnic community organisations;
- c) Employers and employment organisations;
- d) Colleges;
- e) A full range of providers of sports and leisure activities;
- f) an Informal support groups.

## **59. QUALITY ASSURANCE REQUIREMENTS**

- 59.1. Providers must ensure that a quality management system is in place to ensure internal quality control and consistency of practice. Providers must also be committed to a process of continuous Service improvement driven by feedback from people receiving Services, the Regulator and the Council. Outcomes and key performance indicators will be reviewed throughout the life of the contract and the Council reserve the right to utilise a third-party representative to manage this on our behalf.
- 59.2. Providers will inform the Council within 7 days regarding any defaults, incentivisation protocols linked to poor practice and non-contractual compliance.
- 59.3. Contract review visits may be either pre-planned or unannounced and the Council (or our representative) reserves the right to view all records that relate to both our people and those of self-funders that reside in Kent to fulfil safeguarding and Care Act requirements.
- 59.4. The Council will utilise contract Sanctions to denote non-compliance with the Contract and Specification. Sanctions will also be used as a temporary measure whilst investigating

concerns, which may not result in an offence being found. Non-compliance with the Contract and Specification will be identified through KPI's, Contract Management and Monitoring processes and notifications from the Council's Practitioners.

59.5. There are three types of Contract Sanctions:

- a) Poor Practice Sanctions to express levels of non-compliance with the Service Specification;
- b) Contract Compliance Sanctions to express levels of non-compliance with the Terms and Conditions;
- c) Safeguarding Sanctions where a person(s) is/are reported to be at risk of harm, abuse or neglect.

59.6. Each of these Contract Sanctions have three risk levels starting at Level 1 and escalating up to Levels 2 and 3. A copy of these can be found at Annex B. A Level 3 flag will prevent the Provider from being offered or accepting referrals from the Council. The Council will immediately apply a Level 3 Contract Sanction if:

- a) The Regulator has issued a Warning Notice;
- b) Significant risks to people have been identified;
- c) The assessed needs of people are not being met.
- d) Scorecard elements of 1, Quality or 3, Delivery being scored as inadequate

- 59.7. Where contractual non-compliance is evidenced, the Council will require the Provider to draw up an action plan that addresses areas of concern and articulates the milestones to be achieved. This must be returned to us within 7 calendar days of the non-compliance being evidenced. The plan will be agreed by the Council and must be delivered by the Provider.
- 59.8. The Council will escalate Sanctions where Providers fail to meet the plan. It is the Provider's responsibility to evidence that improvements have been made and the Council will not commit to monitoring visits with Providers who have not shared some evidence of improvement following a desk top review.
- 59.9. Continuous non-compliance or more than three episodes of non-compliance within a 12-month period could lead to the termination of an order or the Contract itself and the removal of all persons funded by the Council. The Council will be entitled to terminate the Contract or any order without issuing a sanction if the Council finds the Provider to be in serious breach of the Contract.
- 59.10. Providers (owners, corporate managers and local managers) must participate in local health and social care Provider meetings organised by the Council and its partners. The Provider will take part in any events in relation to The Care Act, other legislative work and the Transformation agenda. Failure to do so may result in a Contract compliance sanction being placed on the Provider. The Council reserve the right to:
- a) Publish any information in relation to compliance Sanctions or any contractual or quality audits undertaken by the Council or our representatives;
  - b) Publish lists of Providers who attend events managed by the Council and those who do not;
  - c) Recoup any costs incurred in supporting the recovery or managed exits of Services, where Providers have demonstrated an unwillingness or inability to improve or manage the Service themselves;
  - d) Alter this policy at any time and will provide notice to Providers of any changes.

## **60. COMPLAINTS AND COMPLIMENTS**

- 60.1. Providers must ensure an easily understood, well-publicised and accessible procedure is in place to enable people to make a complaint or compliment and for complaints to be investigated. The Provider's complaints and compliments policy should also refer to the Regulator, Ombudsman and the Council Complaint Team, if the complaint requires an alternate signposting route.
- 60.2. The Provider will be expected to investigate any complaints, compliments or quality issues that arise in a clear and concise way with all evidence clearly documented. The Provider will have an established Complaints and Compliments Policy. The Provider must evidence how they ensure learning from complaints and compliments improves the quality of the Service, and an enhancement to the training provided to staff.
- 60.3. Where there is a local advocacy group or Peer Forums, it is expected that the Provider will make constructive use of these organisations always and specifically to help resolve complaints and problems as early as possible. All complaints whether they have been formally or informally resolved should be recorded.
- 60.4. The Provider will report serious complaints and issues to the appropriate organisations e.g. RIDDOR, Police, etc. In addition to the Council.
- 60.5. A record of compliments should be maintained together with evidence if available and be used to reinforce good practice. Providers must be able to evidence how they share feedback on the Service via their quality assurance process.
- 60.6. The record of the complaint / compliment must include:
  - a) The date of the complaint / compliment;
  - b) Details of who made the complaint/compliment;
  - c) Details of the organisational staff member who managed the complaint/compliment;
  - d) Full details of the actual complaint / compliment;
  - e) The date the complaint / compliment was received (if different);
  - f) The date when the complaint / compliment was responded to;
  - g) The outcome of the complaint;
  - h) Details of whether the complainant was satisfied with the response/outcome;
  - i) Any further actions arising from the complaint / compliment to ensure improvement in the Service quality.

## **61. COMPLIANCE AND GOVERNANCE**

- 61.1. Roles and Responsibilities of the Council
- 61.2. Strategic Commissioning is responsible for the commissioning and procurement of this contract. This is the team that Providers should inform of any Regulatory Warning Notices or other actions required by this contract that relate to Service delivery and Service quality.

Providers should email [TBC]@kent.gov.uk with this information. Providers will be informed should this email address change; the commissioner will use the generic email address that the Provider has given. The commissioning team also lead on Contract management, arrangement of price uplifts, any Contract variations, and the review of KPIs, although the Council reserve the right to utilise a 3rd party representative to manage this (wholly or in part) on our behalf.

- 61.3. Purchasing Staff support the management and control the offering of care packages to Providers in line with the Purchasing Protocol (attached at Annex C). They will issue the Service Delivery Order or the equivalent when MOSAIC is adopted and confirm the persons' details and Care and Support Plan.
- 61.4. Assistant Directors and their Service Managers have the responsibility of overseeing Adult Social Care and Health's new geographical areas which have been aligned to the Clinical Commissioning Groups geographical areas where appropriate. Providers should escalate practice concerns to Service Managers if they have not been resolved by the Council in their geographical area, and only then to Assistant Directors if the issue is not resolved.
- 61.5. Team Managers are deployed to arrange and review Services of sufficient quality for people who have been found on assessment to be owed a duty under various enactments. This should also be taken to include Care Manager (within Learning Disability), Care Co-ordinator (within Mental Health), Registered Practitioner, Occupational Therapist, Nurse, Social Worker, Physiotherapist qualified/state registered, Purchasing Officer and any other authorised representative.
- 61.6. The Payments Team is responsible for the payment cycle, person billing and any issues relating to payment.
- 61.7. The Safeguarding Team has the role of safeguarding vulnerable adults and statutory duties regarding adult protection. Providers are expected to work with all the Safeguarding Adults Team to address any relevant issues.
- 61.8. The Complaints Team has the responsibility of co-ordinating activity and investigation to support complaint resolution.

## **62. LEGAL / LEGISLATION STATUTES**

- 62.1. The Care Act 2014 was the biggest reform in health and social care for 60 years; the act has made care and support more consistent across the country and puts the well-being of people at the heart of health and social care Services.
- 62.2. Section 29 National Assistance Act 1948 (NAA 1948) and Section 2 Chronically Sick and Disabled Persons Act 1970 are the key provisions for Care and Support in the Home and community-based Services. There is significant overlap between the various statutes, but it is these two provisions that the majority of a person's legal entitlement to support within the home stems from.
- 62.3. Section 30 NAA 1948 allows a local authority to provide the Services itself or to make arrangements for the Services to be provided by a third party. Section 1 Local Government

Act 1997 in general terms permits a local authority to contract with that third party to provide the necessary support to people for whom they have a responsibility for.

- 62.4. However, such a contract does not discharge the Council of its duty to the person to ensure that they receive the necessary care. The Council must ensure that the support provided is both adequate and effective. If the care provided to the person is inadequate and inconsistent this could amount to breach of statutory duty. This will of course depend on the seriousness of the complaint and the reasons for the failings e.g. Staff sickness, the behaviour of the person etc. Notwithstanding this there is the potential risk of there being a case for maladministration against the Council for failing to have systems in place which keep under review the quality of care delivered and compliance of the Contract with the Care and Support in the Home Service.
- 62.5. The Health and Social Care Act 2008 sets out the framework for the regulation of care Services. Section 8 is an introduction to Chapter 2 of Part 1 of the Act which deals with registration of provision of health and social care. Its starting point is to define a “regulated activity” as an activity that involves or is connected to the provision of health or social care. Section 9 (3) defines “social care” as including all forms of personal
- 62.6. Any person who carries out a regulated activity without being registered as a Service Provider will be guilty of an offence under section 10 and is liable on summary conviction to a fine not exceeding £50,000 or to imprisonment for a term not exceeding 12 months, or both. If convicted on indictment, then the penalty will of course be greater and there is no upper limit on the fine that the court could impose. The requirement to register pursuant to section 10 applies to a natural person, a partnership or a company
- 62.7. The Mental Capacity Act 2005 is the primary legislation for all adult social care and the 5 statutory principles should be an integral part of all the work of care Providers. Section 44 of the MCA 2005 introduces two new criminal offences, namely ill treatment and wilful neglect of a person who lacks capacity to make relevant decisions.
- 62.8. Additional legislation, regulations and checking Services is listed below however the list should not be regarded as complete or exhaustive but constitutes guidance for Providers. Providers must ensure they remain aware of and comply with all relevant and applicable legislation, this specification and UK law to include the following:
- a) Care Standards Act 2000;
  - b) Care Act 2014;
  - c) Control of Substances Hazardous to Health Regulations 1989;
  - d) Data Protection Act 2018;
  - e) General Data Protection Regulation 2016
  - f) Disclosure and Barring Service;
  - g) Employment Rights Act 1996;
  - h) Essential Standards of Quality and Safety March 2010;
  - i) Equality Act 2010;

- j) Health and Safety at Work etc. Act 1974;
- k) Health and Social Care Act 2012;
- l) Health and Social Care Act 2008;
- m) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010;
- n) Human Rights Act 1998;
- o) Lifting Operations and Lifting Equipment Regulations 1998;
- p) Management of Health and Safety at Work Regulations 1992;
- q) Management at Work Regulations 1992;
- r) Manual Handling Operations Regulations 1992;
- s) Mental Capacity Act 2005;
- t) National Association for the Care and Resettlement of Offenders (NACRO) leaflet;
- u) National Minimum Wage Act 1998 and Regulations 1999;
- v) Part V Police Act 1997;
- w) Personal Protective Equipment Regulations 1992;
- x) Provision and Use of Workplace Equipment Regulations 1999;
- y) Public Interest Disclosure Act 1998;
- z) Public Interest Disclosure Act 1998 (Whistle Blowing);
- aa) Rehabilitation of Offenders Act 1974;
- bb) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995;
- cc) Working Time Regulations 1998 and 1999;
- dd) Workplace (Health Safety and Welfare) Regulations 1992.

62.9. This list will be kept under review and updated as appropriate throughout the life of the Contract. Any updates to the list will be issued via the Portal. It is the Provider's responsibility to ensure they maintain an awareness of and comply with any updates to this list.

### **63. STRATEGIC DIRECTION AND LEGISLATIVE CONTEXT**

63.1. Understanding the Council's Strategic Commissioning Direction

63.2. The Council is continuing its journey to transform adult social care in Kent, as detailed in Section 4. This Service is supporting us towards making this vision a reality.

63.3. Providers are expected to attend the Strategic Provider meetings and those detailed in Schedule 14 Contract Management. Provider meetings will support an ongoing understanding of the Council's Strategic Direction and progress towards achieving its long-term objectives.

## GLOSSARY

**Adult Protection** – safeguarding vulnerable adults from abuse, harm and exploitation.

**ASCH** – the Adult Social Care and Health Directorate within the Kent County Council.

**Area Referral Management Service (ARMS)** – the main access points for people wanting to contact Social Care, Health and Well-being about needs relating to themselves or others. They deal with contacts regarding adults with a physical and/or learning disability, people with sensory needs and older people.

**Assistive technology** – any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of people with support needs.

**Behavioural Support Plan** – a document created to help understand and manage behaviour in children and adults who have learning disabilities and display behaviour that others find challenging. It provides carers with a step by step guide to support a good quality of life and to identify when they need to intervene to prevent an episode of challenging behaviour.

**Breach (of contract)** – an action in the direct opposition to defined agreed requirements.

**Branch** – the physical office registered with the CQC from which packages of care are Serviced.

**Business Continuity Plan** – an effective plan of helping business to build resilience against any disaster.

**The Care Act** – the paper that takes forward the Government's commitments to reform social care legislation and improve the quality of care following the findings of the Francis Inquiry.

**Care in the Home** (previously referred to as Domiciliary/ Home Care) – Care provided in a person's home following an assessment of need.

**Care Package** – a combination of Services put together to meet a person's needs arising from an assessment or a review.

**Care and Support Plan** – a document produced by the Council giving particulars of how to support, enable and achieve independence and well-being. It is a written statement regularly updated and agreed by all parties, setting out the health and social care support that a person requires in order to achieve specific outcomes and meet assessed needs.

**Care Quality Commission (CQC)** – the Regulatory body that ensures that standards of quality and safety are being met where regulated activity is provided. The body has a wide range of enforcement powers if Services do not meet the standards required.

**Care/Support Worker** – a member of staff employed by a Provider organisation to deliver the Care and Support in the Home Service.

**Cluster** – the geographic boundary(s) that the County has been divided into for the provision of the Services.

**Consortium** – an association of two or more organisations who participate in a common activity and pool resources to achieve a common objective.

**Controcc** – the Council's database that contains key information on the needs and treatment of children and young adults up to and including 25 years old, receiving a Service as well as the organisations providing care.

**Commission** – the process by which local authorities decide how to spend money to get the best possible outcomes for persons and communities, based on identified needs.

**Commissioner** – Members of the Council's staff who have responsibility for determining what Services will be purchased to meet assessed eligible needs.

**Common Induction Standards** – standards that are set by the CQC that state that all adult social care practitioners should reach within 12 weeks of starting their job.

**Communication / Contact book** – book used by staff to record interaction with the person.

**Co-produce** – active input into Service design by the people who refer into and use the Service.

**Core Team** – means the Care/Support Workers who are rostered to provide the relevant care to the Service User under the Contract. The Provider will seek to match Care/support Workers to meet specific needs of the person wherever possible. This team does not include workers on scheduled annual leave / holiday, however would be impacted by other absences including sickness, failure to report to work and any other reasonable explanation.

**The Council** – Kent County Council – the Council has a duty to arrange and review Care and Support in the Home Services for people who have an assessed need. In this agreement the Council could include Care Manager (within Learning Disability), Care Co-ordinator (within Mental Health), Case / Care Manager Assistants, Occupational Therapist, Nurse, Social Worker, Physiotherapist qualified/state registered, Purchasing Officer and any other authorised representative.

**DVLA** - Driver and Vehicle Licensing Agency.

**Declined Package of Care** – will be defined and confirmed via the Strategic Provider Forum by the end of the first quarter of the Contract. For the first quarter of the Contract kpis relating to this definition will be monitored but not enforced.

**Deprivation of Liberty Safeguards (dols)** – extension of the Mental Capacity Act (2005) which aims to ensure that the person in receipt of social and health care are looked after in a way that does not inappropriately restrict their freedom.

**Disclosure and Barring Service (DBS)** – the tool that helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

**Driver Check Code** – This is a code the owner of a driving licence can generate with the DVLA directly, to give to an organisation to enable them access to the driver's licence history and check whether there are any endorsements/penalties or disqualifications on a driving licence.

**European Convention on Human Rights (ECHR)** – is an international treaty to protect human rights and political freedoms in Europe.

**Expert patient schemes** – a self-management programme for people with support needs or are living with long-term conditions.

**Financial Activation Notice (FAN)** – a document which outlines the costs associated with the assessed needs of an individual for the package of care and support.

**Flexible Package of Support** – a package of hours for a person in receipt of the Service to be used in an outcomes-based way to support the person's care and support needs as specified on the Care and Support Plan.

**Improvement Plan** – a response to raise standards in key areas in Service development and delivery within agreed specified timescales.

**Kent Enablement at Home (keah)** – the Council's in-house provider of enablement Services.

**Key Performance Indicator (KPI)** – criterion that helps to measure Service quality and providers' contractual obligations.

**Key Performance Indicator dashboard** – a tool that communicates Service achievement in a succinct way that facilitates the process of action being taken to raise the quality of the Service.

**Late/Early Call** – Calls made more than 45 minutes after/before the time stated on the Service Delivery Order.

**Locality Team** – integrated community health and social care professionals managing the care of people with LD and MH issues (some areas).

**Manager Induction Standards** – benchmark for managers new in post in adult social care.

**Market Position Statement** – a declaration that summarises Commissioners' purchasing intentions which also provides intelligence to Providers (the market) to enable them to plan how to respond to the Commissioner's needs.

**Missed Call** – Non-attendance by staff or attendance more than two hours after time of call identified on the Service Delivery Order.

**(Contract) Mobilisation** – The development and execution of proposed Service provision.

**Mosaic** – the Council's new database/ system that will be phased in to replace SWIFT from January 2019.

**Must (must) / Will (will)** – to be obliged or required by law.

**Needs assessment** – appraisal of a person's care and support needs for community care Services.

**Newly Offered** – refers to packages of care that have not been previously offered to the Provider.

**NMDS-SC** – Skills for Care National Minimum Dataset for Social Care.

**Ombudsman / Local Government Ombudsman Officer** – whose role is to investigate complaints where persons have been treated unfairly or have received poor Service from government departments and other public organisations and NHS in England.

**Outcome** – Consequence, impact or result of an activity, plan, process or agreed Intervention and the comparison with the intended projected result.

**People / Person** – refers to the users of this Service.

**Personal Care** – care and support provided to people that includes assistance with bodily functions such as washing, bathing or shaving, toileting/continence, getting in or out of bed, eating, drinking and taking medication.

**Policy** – a set of statements which help person to make sound judgments based on legislation, legal terms and conditions and any Regulatory requirements.

**Provider Pre Review Information Form (PPRIF)** – A form for the Provider to complete two weeks before the Review which highlights the support being delivered, the level of ability of the individual and the goals that are currently being worked towards. This form is a method of identifying issues to be addressed at the Review so that Council workers and Providers can be prepared for the review meeting. Where appropriate, it should be completed with the person receiving the Service.

**Practice Assurance Panel** – a panel of Practitioners who quality assure assessed needs and Care and Support Plans and agree spend for care and support packages.

**Procedure** – the method by which a policy is put into practice.

**Protocol** – a code of correct conduct.

**Provider Care Plan** – a statement of intent written by the Provider (usually in conjunction with the person using the Service) describing the goals and aspirations of the person and how these will be achieved. These plans must be Specific, Measurable, Achievable, Relevant and Time-bound.

**Purchasing Protocol** – the process that the Purchasing Officers and Area teams need to follow to allocate the packages of care to ensure continuity of the clusters that have been designed in collaboration with the Provider market.

**Purchasing Officer** – an employee of the Council who is authorised to buy goods and Services.

**PUWER** – The Provision and Use of Work Equipment Regulations 1998

**Registered Manager** – the person appointed by the Provider to carry out duties as stated in the Health and Social Care Act (2008). Providers must meet the Regulator's requirements in this regard. All Providers must have a Registered Manager and each regulated activity is required to be supervised by the Regulated Manager.

**Registered Practitioners/ Case Officers** – a targeted, community-based and pro-active Council workforce that assesses people who may have care needs, reviews packages of care and produces co-ordinated Care and Support Plans.

**Regulator** – the body which is established by statute and whose powers the Provider is subject to. Currently, this is the Care Quality Commission.

**Regulatory inspection** – an organised examination of an organisation's systems and processes by an authorised body with enforcement powers.

**Response time** – is the time taken between the package of care being offered to the Provider and the Provider informing the Purchasing Officer if they can take the package of care.

**Reviews:**

Care and Support Plan review – a statutory Review of a person's Care and Support Plan which must take place at least annually, in line with the Care Act. A Review may also be triggered at any time by a change in circumstances, such as a deterioration or improvement in condition, or the introduction of a piece of equipment. Providers are expected to treat the delivery of care as a continuous informal review which may trigger a formal Review of the Care and Support Plan. Reviews of the Care and Support Plan will provide assurance that the care and support package, goals and outcomes remain appropriate.

**RIDDOR** – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

**Safeguarding** – describes the multi-agency process of protecting vulnerable adults and children from abuse or neglect and putting systems in place to prevent harm.

**Scorecard** – a dashboard-style tool which collects and presents Key Performance Indicator data from Providers and the Council to inform Contract Management processes.

**Self-care advice** – an umbrella term that includes a range of different situations whereby people are given information on how to better manage conditions or impairments with minimal or no involvement of Services.

**Service Delivery Order** – initiates and tailors the Service for the person

**Strengths based approach** – Person led activities that focus on positive outcomes with emphasis on the resources and traits that the person has.

**Supervision** – a formal recorded meeting on a one to one basis with the Staff member's line manager to enable administrative review, discussion of and reflection on the Staff member's work; learning from practice; personal support; professional development and mediation. Supervision will take place at least quarterly (every three months). Written records of these Supervisions must be kept demonstrating the range, content and outcome of the discussion at each meeting.

**Supporting People** – the act of assisting a person to complete a task or access the community to remain as independent as possible.

**SWIFT** – the Council's database that contains key information on the needs and treatment of adults from 26 years receiving a Service as well as the organisations providing care.

**Modernisation Agenda** – the Council's strategy and teams to improve its Services. This includes innovative ways of working with the Council's partners with renewed focus on rapid response, prevention, targeted interventions, supporting careers and empowering people.

**V5C** – Vehicle Registration Document.

**Warning Notices** – to formally make aware in advance of actual or potential harm to the Service or persons receiving care and support.

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Kent County Council – Strategic and Corporate Services  
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## **APPENDIX 1 - CARE QUALITY COMMISSION (CQC) THE REGULATOR:**

- 63.4. The Council must be informed when Providers are due to be inspected.
- 63.5. The Provider must also inform the Commissioner/Contract Manager within 24 hours of having the inspection that the inspection has taken place and provide the Council with a copy of the written feedback given at the time of the inspection.
- 63.6. The Council must be informed of the outcome of the most recent inspection within 5 working days of the Provider receiving their inspection report and rating.
- 63.7. The provider must inform the council when the CQC draft report is received and what their ratings are in each of the five KLOE's – Safe, Caring, Responsive, Effective, and Well Led, and if they intend to challenge and if so why.
- 63.8. The Provider must inform the council when they receive their final report and state whether the ratings are different from the last inspection and draft report. Should any ratings be lower than previously then the provider must provide us with a copy of their Service Improvement Plan
- 63.9. The Provider should expect to discuss their latest CQC report at their next contract review meeting.
- 63.10. The provider must inform the council if they receive any breeches to the Regulation and their plans to address these and timelines.
- 63.11. The provider must inform the Council if they do not have a Registered Manager in place and state who is therefore over-seeing the service
- 63.12. CQC are now taking a more rolling approach with a new system, currently being referred to as the "Provider Information Collection" (PIC). The PIC will no longer be an annual "snapshot" or pre-inspection questionnaire, but an on-going monitoring tool. Providers will have to complete the PIC in full once a year. However, they may be asked to update parts of it more frequently by the inspector. The Provider will be expected to submit a copy of this once a year and/or when updated, this will feed into our own contract monitoring.

## **APPENDIX 2 - THE ESTHER SCHEME:**

- 63.13. Ambassador: An ESTHER Ambassador is someone who promotes ESTHER and raises awareness of the model with those they come into contact with through their work. The training is delivered through a one-hour e-learning package. There is no preparation needed or expected in advance of this training. Upon completion of the training ESTHER Ambassadors are given a badge to wear, it is expected that they wear this.
- 63.14. Coach: An ESTHER Coach is a person who is trained in quality improvement and coaches their team in this way to make improvements that are of benefit to the experience of esthers receiving care and to their organisations. Prior to ESTHER Coach training all those identified for the training have to complete the ESTHER Ambassador training. The ESTHER Coach Training is run over a period of 5 months with 4 full day training sessions and one half-day which is the final session for the presentation of their improvement projects. The training focusses on quality improvement, coaching skills and working in partnership with ESTHER.
- 63.15. An ambassador e-learning package can be accessed by organisations from April 2019. The ambition is:
- 1.a.1. Year 1 – 30% of all staff ambassador trained
  - 1.a.2. Year 2 – 60% of all staff ambassador trained
  - 1.a.3. Year 3 – 80% of all staff ambassador trained
  - 1.a.4. Year 4 – 90% of all staff ambassador trained
- 63.16. All new staff joining the organisation will need to complete the ESTHER ambassador e-learning as part of their induction. Each organisation will be required to have at least one ESTHER coach within the first year of the contract. E-learning will be provided free of charge. However, for providers to access the coach training there will be a charge to put the one employee through the coach training, which is £1,000. The benefits of accessing the coach training will help to demonstrate to CQC the person-centered approaches that the provider is implementing, and that ESTHER is a recognised model of care.
- 63.17. There is a virtual ESTHER network to provide ongoing support and Providers will have access to the Design and Learning Centre Learning and Development hub for ongoing support and access to ESTHER training and expertise. Providers will also be invited to an annual ESTHER Inspiration Event (free of charge) to understand how the model is progressing and plans for its further development.

### **APPENDIX 3 - WORKFORCE DEVELOPMENT:**

63.18. Providers will be registered with the Skills for Care National Minimum Dataset for Social Care (NMDS-SC) and the following criteria must be met:

- a) All establishments will complete a NMDS-SC organisational record and must update all its organisational data at least once in the financial year;
- b) The establishment must fully complete person NMDS-SC worker records for a minimum of 90% of its total workforce (this includes any staff who are not care-providing);
- c) Person records for workers which are included in the 90% calculation must be both fully completed and updated at least once in the financial year;
- d) The establishment must agree to share information via the facility within NMDS-SC with the Council, CQC and NHS Choices.

63.19. Providers must show that they are complying with the relevant Regulations covering staff competence and training. Providers must ensure the completion of the Care Certificate (or other standards as set out by the CQC) for all new Care/Support Workers and other employees within 12 weeks of starting their employment. This induction must specifically include Mental Capacity Act (MCA), Safeguarding, Deprivation of Liberty Safeguards (DoLs), Manual Handling and Dementia training. Providers will consider, where appropriate, incorporating the Skills for Care values-based recruitment guidance into their recruitment processes.

63.20. Providers must assess workforce training levels, the training already achieved and skills gap for the workforce as a group. Providers must have financially resourced plans in place to address workforce development requirements. The Provider must have a training plan, a training matrix and keep records of successfully completed training on a person's file and central file to continuously monitor and develop the plan.

63.21. Registered Managers must complete the Manager Induction Standards and have or undertake a recognised qualification for registered managers within the first year of employment. This must be completed within 2 years of employment. Managers should undertake periodic management training to update their knowledge, skills and competence to manage the Service. Where appropriate, Registered Managers should access peer support networks such as local Registered Manager networks to support their development and share best practice.

63.22. Staff must be supported to ensure appropriate skills are maintained to ensure that the highest level of care and support is provided by qualified and competent staff. Providers will ensure:

- a) All staff are competent and trained to undertake the activities for which they are employed and responsible;

- b) All Care/Support Workers hold a relevant qualification recognised under the Skills for Care Regulated Qualifications Framework E.g. Level 2 Diploma in Health and Social Care or equivalent.
- c) Those who do not already hold a qualification at the relevant standard should be supported to achieve the above qualification as a minimum within one year from commencing employment;
- d) Care/Support Workers receive specific advice and training about human rights in relation to Home Care Services within three months of starting employment and updated every two years;
- e) All staff have training on the prevention of abuse within three months of employment and this must be updated every two years;
- f) Any staff aged under 18 are supported in their work and must undertake an approved apprenticeship training programme – it is advised that the Health and Social Care Apprenticeship framework is used;
- g) Providers will support the development of staff and ensure that at least 2.3% of their workforce is accessing development through approved apprenticeship standards;
- h) Specialist advice, training and information is provided to Care/Support Workers working with specific groups and / or medical conditions and long-term conditions to ensure they are professionally qualified to do so;
- i) Staff have training in the requirements of MCA (Mental Capacity Act 2005) and DOLS (Deprivation of Liberty Safeguards);
- j) All staff are aware of their Safeguarding responsibilities both for Children and Adults;
- k) All staff are aware of and familiar with the Provider's policies and procedures;
- l) All staff are aware of and support equality and diversity principles, in line with the Equality Act 2010;
- m) All staff are aware of their responsibility regarding the Prevent Duty Guidance.

63.23. Equality, diversity and workforce development

63.24. The Provider will ensure that staff receive the appropriate levels of training to ensure each person receives care that reflects their specific needs in all areas. Providers will also consider longer term workforce development and demonstrate action planning to meet longer term development goals.

63.25. Providers will maintain awareness of and adhere to the Council's equalities policies, all relevant UK employment laws and workers' rights. They will ensure their employees work in an environment where they are shown respect and are not subject to any form of discrimination.

#### **APPENDIX 4 - EXAMPLES OF ACTIVITIES AND OUTCOMES:**

63.26. Personal Care and support. This is defined by the Regulator as meaning physical assistance given to a person and could be in connection to the following types of tasks:

- a) Keeping clean and presentable in appearance according to the person's personal choice, this may require daily changes and flexibility based on personal choice etc;
- b) Direct assistance with or regular encouragement to perform daily living tasks;
- c) Training and providing advice and support on self-care skills including signposting to sites such as Support for Carers, Kent 24hr Dementia Helpline etc.;
- d) Assistance with all aspects of daily living e.g. To get up or go to bed, transfers from or to bed / chair / toilet, dressing, all aspects of toileting and continence management, washing/bathing (excluding any activity that requires a health care professional e.g. Podiatrist, tissue viability nurse etc.).
- e) Assistance with skin care such as moisturising very dry skin;
- f) Medication management in relation to home from hospital support.

63.27. Staff must have received training in infection control and utilise the appropriate PPE to perform these tasks. Staff must also be aware of factors which pre dispose individuals to incontinence such as infections and constipation so that help and advice at an early stage can be sought from the appropriate Health Worker.

63.28. Promotion of well-being and self-care support for the person:

- a) Prompts to take medication or safe administration of medication which has been prescribed in accordance with agreed protocols;
- b) Assistance with putting on appliances with appropriate training for example leg calliper, artificial limbs and surgical stockings and assistance with visual and hearing aids e.g. Glasses care, hearing aid battery checks;
- c) Food or drink preparation including delivery of meals from on-site restaurants/café, planning meals, shopping, healthy eating and budgeting;
- d) Eating and drinking (including the administration of parenteral nutrition (that is nutrition not administered through the mouth and alimentary canal)), including any associated kitchen cleaning and hygiene;
- e) Dealing with correspondence;
- f) Night settling, preparing the person for the night, making the home safe and secure before leaving;
- g) Support access to activities including employment initiatives, education and voluntary work, social and community;
- h) Health action plan support;
- i) Assistance in budgeting and debt avoidance management;

- j) Support in claiming benefits (including support at tribunals if additional funding for the support was approved by the respective operational team);
- k) Support topping up pre-paid keys for gas or electricity meters;
- l) Well-being checks (Extra Care Support).

63.29. Promotion of safeguarding support:

- a) Identification and reporting of possible safeguarding adults' concerns including self-neglect;
- b) Identification and reporting of possible safeguarding children concerns;
- c) Identification and reporting of possible domestic abuse;
- d) Reporting back to the Council's Safeguarding Team where risks or hazards have been identified which may require a risk assessment;
- e) An awareness of the Prevent Duty Guidance and how to report concerns (guidance can be found):
- f) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445977/3799\\_Revised\\_Prevent\\_Duty\\_Guidance\\_\\_England\\_Wales\\_V2-Interactive.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf) Link correct as of 11<sup>th</sup> September 2018.

63.30. Social and Vocational Access and Participation:

- a) Supporting to attend all aspects community day Services and schemes, training, work experience, appointments, laundry Services, all aspects of home improvement including transport arrangements and any other additional schemes;
- b) Assisting with shopping and supporting to handle their own money in multiple formats e.g. Contactless, including accompanying to the shops;
- c) Shopping, collecting pensions, benefits, prescriptions, dealing with correspondence, paying bills or other simple errands on behalf of the person where they are not able to do so themselves;
- d) Travel training.

63.31. Cleaning and support around the home:

- a) Support the person to keep their home clean, which may include vacuuming, sweeping, washing up, polishing, cleaning floors and windows, bathrooms, kitchens, toilets etc. And general tidying as appropriate, using appropriate domestic equipment and appliances where appropriate. Providers will:
- b) Make beds and change bedlinen;
- c) Dispose of household and personal rubbish (including shredding of confidential material);

- d) Assist with the consequences of household emergencies including liaison with local contractors;
- e) Assist with household tasks such as cleaning;
- f) Wash clothes or household linens, including soiled linen, drying, necessary ironing, storage and simple mending;
- g) Light fires, boilers etc., subject to health and safety guidance;
- h) Identify and mitigate as far as possible any hazards or risks around the house exit and egress and suggest solutions e.g. Rugs or obstacles, areas with soiling subject to a risk assessment;
- i) Supporting the development of a personal evacuation plan;
- j) Cleaning any additional aid or adaptation e.g. Walking aid, shower chair, etc.

## Care and Support in the Home Services

### Disabled Children and Young people

0 - 18 Years

#### Addendum to Care and Support in the Home Services Contract - Contract Number: SC19012

**NB: This document MUST be read in conjunction with the above Schedule 2 Specification. The general principles of support to disabled people are consistent across Adults and Children/Young people however for Children and Young people there is a need to also consider the family and to provide support to enable a healthy and functional family home.**

<b>Addendum:</b> Service Specification Document	<b>This document identifies the following:</b>  1. Additions and clarifications to the main Specification relating to children aged 0 to 18 and their families.
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Section 1	Introduction
<b>1: Addition to Paragraph 1.2</b>	This document also sets out the requirements for support that the Council wish to procure for those disabled children/young people aged 0 to 18 and their families who have been assessed by the Council as requiring support to enable them to continue to live at home and to help prevent family breakdown.
<b>2: Additional Paragraph</b>	It is acknowledged that for many families caring for a disabled child or young person there are everyday additional stresses and challenges. Under the Children Act 1989, the Children and Families Act 2014 and the Care Act 2014 local authorities have a duty to assess, identify and offer support to disabled children, young people and their families.
<b>3: Additional Paragraph</b>	The Care and Support in the Home services will be provided in line with the general principles set out in Part 3 of the Children & Families Act 2014 and therefore it is imperative that disabled children & young individuals are at the heart of social care support activities which will enable families to continue to care for their child in the family home or young people to live independently in safety with privacy, courtesy, dignity, compassion and respect.
Section 2	Scope
<b>1: Addition to Paragraph 2.4</b>	This Specification supports the aim of developing an outcome-focused care and support model throughout the Contract term to meet the Council's strategic objective that 'Older and vulnerable residents are safe and

	supported with choices to live independently', and 'Children and young people get the best start in life'.
<b>Section 3</b>	<b>Regulatory Requirements</b>
<b>1: Addition to Paragraph 3.6</b>	Providers will be required to inform the Council of any relevant CQC activity as detailed in Appendix 1, as well as any relevant Ofsted activity.
<b>Section 4</b>	<b>Service Aims</b>
<b>1: Additional paragraph</b>	Services for children will maintain a focus on family support, ensuring that tasks and support deployed are effective in maintaining a stable environment for the child and preventing family breakdown.
<b>Section 5</b>	<b>Personalisation</b>
<b>1: Addition Paragraph</b>	In being person centred the service will support disabled children and young people in respect of the 5 Outcomes for children and young people: <ul style="list-style-type: none"> <li>• Be healthy</li> <li>• Stay safe</li> <li>• Enjoy and achieve</li> <li>• Make a positive contribution</li> <li>• Achieve economic well-being</li> </ul>
<b>2: Additional Paragraph</b>	The Provider will encourage participation of the child/young person and their family in decisions around the provision that is purchased to support them, taking into consideration always the wishes and feelings of the disabled child/young person.
<b>3: Additional Paragraph</b>	For children under the age of 16 years The Council will, in consultation with the child, their parent or those who have parental responsibility, establish the decision-making process for the child and the support mechanisms required. This judgement will be part of the assessment process and revised as required via the review process.
<b>Section 10</b>	<b>Workforce Requirements</b>
<b>1: Additional Paragraph:</b>	Staff must be supported to ensure appropriate skills are obtained and maintained to ensure that the highest level of care and support is provided by qualified and competent staff. Providers will ensure: all staff are competent and trained to undertake the activities for which they are employed and responsible.  Where young staff (16-18-year olds) are employed they must be supported in their work. and be undertaking an approved training programme – it is advised that the Health and Social Care Apprenticeship framework is used.
<b>Section 12</b>	<b>Monitoring Requirement</b>
<b>1: Clarification</b>	Children's activity will be monitored through monthly KPI's and will not necessitate the full scorecard methodology described.

<b>Section 13</b>	<b>Care and Support in the Home</b>
<b>1: Addition to Paragraph 13.5</b>	Providers must work in partnership with other people involved in the care and support of the child to ensure the child's needs are met, e.g. Schools, Social Workers, Brokerage Officers, Health Workers, other Service Providers, etc.
<b>Section 14</b>	<b>6.11 Access, Assessment, Eligibility and Care and Support Planning</b>
<b>1: Additional Paragraph</b>	(d) disabled children & young people aged 0 – 18 who have been assessed by the Council's Disabled Children & Young People's teams and Specialist Social Work Teams as requiring support to meet their identified needs.
<b>2: Additional Paragraph</b>	The Provider will accept referrals to the service and changes to existing provision every day of the year to support seasonal fluctuations. e.g. within Disabled Children & Young People's Service there is an increase in need during school holidays notably summer and Easter.
<b>3: Additional Paragraph</b>	<p>DCYP Social Care and Health Staff complete a needs assessment. Following this they will work with the person to develop a Care and Support Plan which confirms eligible met needs and eligible unmet needs. The plan thereafter describes the personal outcomes related to eligible unmet need, and the outcomes the local authority has agreed to meet.</p> <p>A formal review of the individual's Care Plan will be conducted by the Council within 4 weeks following the commencement of the service, thereafter, a review of the person's care and support plan will be held as often as The Council, the Provider and the person feels is necessary, or determined by the milestones detailed in the Care Plan, but at least 6 monthly one of which will coincide with the child's/young person's EHCP review, where applicable.</p> <p>Providers will provide information prior to the review, to report on the progress to date on the identified outcomes, suggest any other opportunities or outcomes and other relevant observations.</p> <p>Central to the review will be how the voice of the child is captured and acted upon. The review will involve as a minimum the disabled child/young person, for those under 16 years of age their parents or those acting with parental responsibility, the designated Council representative and representative from the service, unless otherwise stated by the young person. It may include any other individuals who can actively contribute and whose input the disabled child/young person has requested may also be present. The review will address the extent to which the initial outcomes are being met, determine whether eligibility criteria continues to be met and whether the person still requires the service or if the level of service needs to change.</p>
<b>Section 47</b>	<b>Safeguarding</b>
<b>1: Clarification</b>	Includes all Safeguarding meetings and reviews (Children's and/or Adults).
<b>2: Clarification</b>	An appropriate Safeguarding Children policy must also be in place, providers must ensure all staff are familiar with the Policy and be able to utilise the correct forms and processes should a safeguarding issue need to be reported.

### SCHEDULE 3

#### PRICING AND PAYMENT

Providers are requested to submit an hourly rate within the Standard and Complex price envelopes outlined in the table below for each of the Cluster Groups they are bidding for.

#### Standard and Complex Day Support (07:00 – 22:00)

The Pricing of Standard and Complex Day Support Hours within the Care and Support Service has been applied using regional variance, taking into consideration cost of living, existing unit volumes and rurality across the lotted Cluster Groups as outlined in the table below:

Standard and Complex Day Support New Cluster Group Name	Standard Support		Complex Support	
	Lower Envelope	Upper Envelope	Lower Envelope	Upper Envelope
ASHFORD	£16.40	£17.87	<b>£17.88</b>	<b>£19.02</b>
BOROUGH GREEN & WROTHAM	£18.68	£19.62	<b>£19.63</b>	<b>£20.92</b>
CANTERBURY & COSTAL	£16.40	£17.87	<b>£17.88</b>	<b>£19.02</b>
CANTERBURY & RURAL	£16.40	£17.87	<b>£17.88</b>	<b>£19.02</b>
CRANBROOK	£19.33	£20.30	<b>£20.31</b>	<b>£21.65</b>
DARTFORD, GRAVESHAM & SWANLEY EAST	£16.85	£17.86	<b>£17.88</b>	<b>£19.07</b>
DARTFORD, GRAVESHAM & SWANLEY WEST	£19.06	£20.01	<b>£20.02</b>	<b>£21.35</b>
ENDEBRIDGE	£18.44	£19.37	<b>£19.37</b>	<b>£20.03</b>
ELHAM	£16.40	£17.87	<b>£17.88</b>	<b>£18.10</b>
MAIDSTONE WEST	£16.46	£17.78	<b>£17.88</b>	<b>£19.12</b>
PADDOCK WOOD	£19.11	£20.07	<b>£20.07</b>	<b>£21.37</b>
SEVENOAKS	£21.40	£22.47	<b>£22.48</b>	<b>£23.98</b>
SHEPPEY	£16.40	£17.87	<b>£17.88</b>	<b>£18.97</b>
SHEPWAY	£16.64	£17.80	<b>£17.88</b>	<b>£19.02</b>
SOUTH KENT COAST	£16.72	£17.89	<b>£17.90</b>	<b>£19.03</b>
SWALE & CANTERBURY	£16.67	£17.83	<b>£17.88</b>	<b>£18.97</b>
THANET & COASTAL	£16.40	£17.87	<b>£17.88</b>	<b>£19.03</b>
TONBRIDGE	£19.37	£20.34	<b>£20.36</b>	<b>£21.65</b>
TUNBRIDGE WELLS & LANGTON GREEN	£22.40	£23.52	<b>£23.53</b>	<b>£25.06</b>

In addition, 45-minute units and 30-minute units have been calculated at 80% and 60% of the provider's full hourly rate.

## Rurality Indices Rate Uplift

The Office of National Statistics 'Rurality Indices' categorise the postcodes across Kent into the following four distinct classifications:

Urban Major Conurbation	Urban City and Town	Rural Town and Fringe	Rural Village and Dispersed
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In recognition of the additional associated travel costs when delivering Care and Support in harder to reach rural communities, the Council will apply an increase to contracted hourly rates based on each client's postcode, against the Rurality Indices as set out in the table below:

Urban Major Conurbation	Urban City and Town	Rural Town and Fringe	Rural Village and Dispersed
N/A	N/A	+5%	+10%

These uplifts will be confirmed on a per client basis and will be reflected in the associated FAN / SDO / PO as applicable.

## Sleep Night Support (22:00 – 07:00)

Sleep Night Support will be priced at the existing contracted rate, or at the Council's Cost Setting Guidance rate as applicable for each provider for the 9-hour shift.

The Council remains committed to ensuring sustainable compliance with HMRC guidance in relation to the National Living Wage and will presently maintain its approach in responding to uplift requests from providers to achieve a sustainable average rate of pay for employees at the end of a monthly pay period.

However, further to the Court of Appeal decision on 13 July 2018, overturning a tribunal ruling that social care staff should be paid the national Living Wage for Sleep Night shifts, the Council continues to review its position and following any further decision by the Supreme Court, the Council's approach to the funding of Sleep Nights may be subject to change.

## Wake Night Support (22:00 – 07:00)

Wake Night Support within the Care and Support in the Home service will be funded at 75% of the respective contracted full hourly rate of Day Support for the 9-hour shift. This is based on the premise that Wake Night Support will not require any travel time or mileage costs calculated on an hourly basis due to it being a single shift, and therefore the associated travel and mileage component of the hourly rate has been removed.

## Payment

\*please note that Childrens operate a weekly pay-run and therefore the portal will need to be updated on a weekly basis with time accrued).

## Lotting

For the purpose of this Care and Support in the Home tender the geographic area covered by Kent County Council has been divided into Clusters, each of which will constitute a Lot.

The Lots have been built based on Office for National Statistics Middle Super Output Areas (MSOAs). MSOAs group the population based on an area with approximately 5,000 residents in each area. This means that MSOAs differ significantly in geographical size, with urban areas being concentrated over a small geographical area, and rural areas more widely spread.

Please use the maps and data provided to ensure you understand the geography and associated pricing. It is important that you do this, as it is a mandatory requirement of this contract that you will provide full coverage of the Lot, or part(s) thereof, that you are awarded a contract for.

**Please note that the Lots detailed in this document cover Home Care and Supporting Independence Services, and that providers bidding for Lots will be expected to deliver both Services.**

In designing this strategy, consideration has been given to the historic challenge of securing supply in rural areas, often with a fragmented market. This strategy has utilised performance reporting to evidence the clusters where packages are particularly hard to place, and addresses these challenges with a mix of two approaches:

- Block Contracts which enable greater flexibility of delivery and ensure capacity. This approach has demonstrated improvements in availability of care and support in a pilot project.
- 'Cluster groups' where urban and rural MSOAs have been brought together. This provides a more profitable urban area to balance the cost of delivering care and support in more challenging rural areas.

This approach is intended to normalise incentivisation to reduce supply issues in rural areas and ensure all areas are financially viable for providers. The strategy utilises Office of National Statistics rurality indices and has a close interdependency with the Payment Mechanism. In considering the Payment Mechanism to support the achievement of the key priorities set out in this document, the Council has applied a weighting to contracted rates, aligning all Kent postcodes to the following Office of National Statistic's Rurality Index Categorisations:

- Urban major conurbation
- Urban city and town
- Rural town and fringe
- Rural village and dispersed.

The strategy has been designed to take account of:

- Rurality of areas and associated costs of delivering care and support in these areas
- Volume of hours delivered in areas
- Types of needs in areas
- Volume of hours required for provider viability
- Number of providers required within an area to minimise risk and achieve a viable market share.

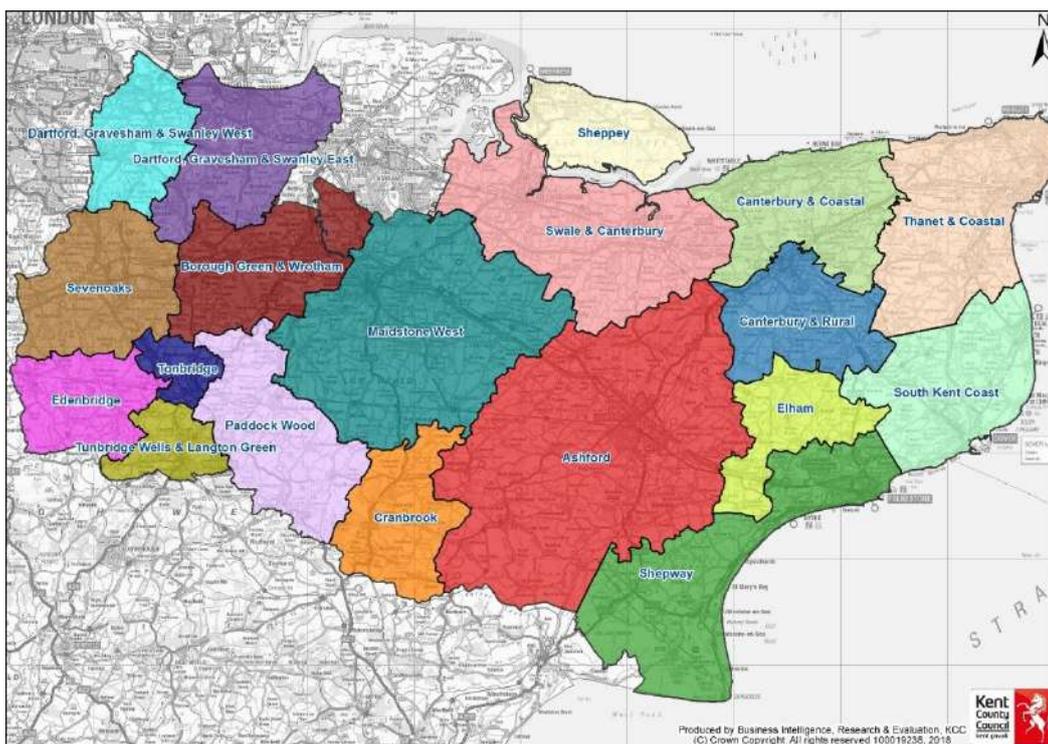
In developing the Lotting Strategy, an evidence-based approach utilising Performance data from the existing contract has been applied throughout.

## Key Principles of the Strategy

- Providers commit to work together to ensure that residents have equitable access to quality Services in a timely manner
- Differing rates across Services and localities will be stabilised to normalise incentivisation
- SIS and Home Care Services will be brought together to improve availability of provision in hard-to-place rural areas and reduce fragmentation in the market.
- Further strategies will follow for specialist Services to ensure equitable access to good quality Services across the county
- Evidence based and informed by findings from SBDI.

## Complex Support

During the evaluation stage of the Care and Support in the Home Service, the Council will ensure that each Cluster Group has some Contracted Provider presence with the capacity and capability to safely and appropriately meet both Standard and Complex assessed needs. Where, for example, the Council required 6 Providers, and the 6 highest ranked Providers do not cover both needs groups, the Council will remove the 6<sup>th</sup> ranked Provider and replace with the highest ranked Provider (who also meets all necessary criteria) with the next ranked Provider who meets the needs of the previously unmet group. As a responsible commissioning authority, this approach ensures the Care and Support in the Home Service meets the Council's strategic outcome that 'older and vulnerable residents are safe and supported with choices to live independently' and the strategic objective of supporting a sustainable market with the capacity and capability to deliver quality Care and Support services, with equitable access across Kent regardless of level of need or postcode.



**SCHEDULE 3**  
**PRICING, PAYMENT AND LOTTING SCHEDULE**

[insert tenderer's pricing submission, including any instructions as appropriate]

## Price review clause

In accordance with Clause 23, price adjustment applies. A Price Review applies on the first Monday following the commencement of the Council's Financial year.

The Council may apply an annual fee award, subject to budgetary provision, on the Price Review Date.

The Price Review may represent an increase, static award or a decrease where efficiencies or other relevant factors allow.

Where the fee award represents an increase, the fee award will be one percentage rate, which blends both staffing and non-staffing costs (the **blended rate**). The blended rate shall be applied to all relevant and appropriate units of delivery as stipulated in the Pricing Schedule section of this Schedule.

The blended rate shall be determined according to the criteria below. The percentage applicable to each element shall be calculated annually by the Council, in consultation with KiCA (Kent integrated Care Alliance).

- Percentage of spend related to staffing
- Percentage of spend rate related to non-staffing
- Percentage of staff eligible for Living Wage
- Percentage of staff eligible for Minimum Wage
- Percentage of Living Wage eligible staff affected
- Percentage of Minimum Wage eligible staff affected
- Percentage the Council shall contribute relating to staffing pressure

Additionally, in order to calculate the blended rate, the following annual criteria must be determined:

- The Kent Index - Inflation rate (in accordance with Clause 23.2 of the Terms and Conditions) (percentage)
- Living wage increase (as published) (percentage)
- Minimum wage increase (as published) (percentage)

The Kent Index is determined by the relevant factors within:

- Inflation
- KCC Pay Range Changes
- Affordability within Overall Council Budgets
- Statutory Requirements under the Care Act 2014 and any other relevant Legislation

The Kent Index shall be made up of only those elements which are attributable to the Services delivered under the Contract.

The annual blended rate shall be rounded to two decimal places.

## **BLOCK CONTRACT PROVISION (WHERE USED)**

Where stipulated within the Pricing section under this Schedule 3, the Council and Provider have entered into a Block Contract, for which the Council agree to pay the Provider a sum for the stipulated hours per week.

The Provider shall have workers available, as per the agreed volume of hours, on shift patterns to be agreed between the Council and the Provider. The Provider shall accept all packages of care allocated under this arrangement, unless otherwise agreed by the Council.

The Council shall monitor the usage of the Block arrangements and this will be regularly reviewed in accordance with Schedule 14 (Contract Management). Failure to adhere to the Block arrangement may result in sanctions being applied in accordance with the Contract.

In the event the Block is under-utilised, the Provider shall make available any spare capacity as agreed between the Council and the Provider, under the Council's direction. This may include the co-development and design of future models of care and the Council's move towards outcome-based care, within the skillset of the available workforce.

The Block contract has a notional hourly rate (or part thereof), as per this Schedule. All commissioned care shall be inputted on the Council's systems and shall be paid via the Council's Payment Systems (see previous section of this Schedule). Any remaining hours (or part thereof) up to the Block shall be paid via an invoice and reconciled on a four-weekly basis. This shall be administered by the local area team, unless otherwise agreed and directed.

The Provider will not invoice the Council for hours under this Block which have not been available for use by the Council. The Provider shall inform the Council of the reasons for this. Should the Council require more hours than the Block allows for, the Council shall purchase additional hours where necessary and as agreed from time-to-time. These hours shall be purchased at the notional rate agreed under the Contract. The parties may mutually agree to increase or decrease the available Block hours by increments to adjust the availability of shifts to suit demand.

In the absence of prior agreement with the relevant Council Officer, should the Provider decline to accept a package of care whilst hours are available under the Block, the Council shall be entitled to reduce the Block payment payable under this agreement by the total of declined hours until such a time as this client no longer requires a package of care or the remaining hours available under this Block have been filled.

The Council's relevant Manager, or other nominated Council Officer, will meet with the Provider at an agreed frequency to collaborate on the timing of shifts/workforce deployment to match where and when care is required. The Provider shall provide to the Council evidence of work schedules, and other related materials, to allow for reconciliation as and when required.

**SCHEDULE 4**

**TENDER**

[Insert details otherwise state "Not Used"]

**SCHEDULE 5**

**SCHEDULE OF AGREEMENTS**

**1.0 Provider Organisation Details**

<b>Organisation Name:</b>	
<b>Organisation Type:</b> (e.g. limited company, partnership etc.)	
<b>Company Registration Number:</b>	
<b>CQC Registration Number:</b>	
<b>Telephone:</b>	
<b>Address:</b>	

**2.0 Provider Labour and Supervision Personnel For Contract Work**

2.1 The Provider's Team and Contact Details (increasing order of seniority)

<b>1<sup>st</sup> Point of Contact (Contract Manager)</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Address:</b>	

<b>2<sup>nd</sup> Point of Contact (Contract Manager)</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Address:</b>	

<b>3<sup>rd</sup> Point of Contact (Contract Manager)</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Address:</b>	

### 3.0 The Council's Team and Contact Details

<b>1<sup>st</sup> Point of Contact (Contract Manager): First Line Contract Support</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Address:</b>	

<b>2<sup>nd</sup> Point of Contact (Contract Manager): Authorised Representative of the Council</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Address:</b>	

<b>3<sup>rd</sup> Point of Contact (Contract Manager): Senior Representative of the Council</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Address:</b>	

#### 4.0 Correspondence

4.1 The **Provider** confirmed that its address for Service of **Notices** for this Contract is:

[ ]

For the attention of [Name], [Job Title]

4.2 The **Council** confirmed that its address for Service of **Notices** for this Contract is:

[ ]

4.3 The Provider confirmed that all **day to day correspondence** was to be directed to:

[ ]

For the attention of [Name], [Job Title]

4.4 The Council Confirmed that all **day to day correspondence** was to be directed to the following:

[ ]

For the attention of [Name], [Job Title]

4.5 The Council Confirmed that the following person from the Council would be overseeing the Contract:

[Name], [Job Title]

#### 5.0 Provider Insurance

5.1 The Provider is required to have, by contract commencement, insurance cover in accordance with the table below on a “per claim” basis and to provide the Council with copies of insurance certificates demonstrating that cover is in force.

<b>Insurance</b>	<b>Cover</b>	<b>Basis</b>
Public Liability	£10 million	Per claim
Employer’s Liability	£5 million	Per claim

Medical Malpractice	£5 million	Per claim
Business Use Vehicle Insurance	As appropriate	As appropriate

**SCHEDULE 6**  
**SERVICE LEVELS AND SERVICE**  
**CREDITS**

Not Used

## SCHEDULE 7

### CHANGE CONTROL

#### 1. Provider Insurance

- 1.1 Where the Council or the Provider sees a need to change this Contract, the Council may at any time request, and the Provider may at any time recommend, such Change only in accordance with the Change Control Procedure set out in paragraph 2 of this Schedule 7.
- 1.2 Until such time as a Change is made in accordance with the Change Control Procedure, the Council and the Provider shall, unless otherwise agreed in writing, continue to perform this Contract in compliance with its terms before such Change.
- 1.3 Any discussions which may take place between the Council and the Provider in connection with a request or recommendation before the authorisation of a resultant Change shall be without prejudice to the rights of either Party.
- 1.4 Any Change-related work undertaken by the Provider and the Provider's Staff which has not been authorised in advance by a Change, and which has not been otherwise agreed in accordance with the provisions of this Schedule 7, shall be undertaken entirely at the expense and liability of the Provider. Should the Council not authorize such work the Provider may, at the Council's absolute discretion, be required to reverse such work and the cost for so doing will be borne by the Provider alone.

#### 2. Procedure

- 2.1 A Change request must be submitted to the Council's Contract manager in the case of a request by the Provider and to the Provider's manager in the case of a request by the Council.
- 2.2 Either Party may raise a change request in the form annexed (the "**Contract Change Control Form**"). All Contract Change Control Forms should where practicable be supported by additional information which should accompany the Contract Change Control Form. Where a Party requires additional information from the other Party in order to complete the Contract Change Control Form as fully as possible then that other Party shall respond to such request for additional information as soon as practicable and in any event shall use all reasonable endeavors to supply the necessary details within 3 Working Days, or such other timescales as may be agreed between the Parties.
- 2.3 The minimum information required to be submitted on the Contract Change Control Form is as follows:
- (a) Date of Change request
  - (b) Name of Party making the change request
  - (c) Date of proposed implementation of Change request

- (d) If appropriate, changes to the requirement, or any other aspect of this Contract to be changed
  - (e) Any changes to existing documentation or any new documentation that may be required
  - (f) A description of the change or the new requirement (as appropriate).
  - (g) Justification for making the Change
  - (h) Detailed cost implications
  - (i) Impact on exit plan
  - (j) If necessary and so far as possible a description of any future impact analysis work to be undertaken together with anticipated time scales and costs if any.
  - (k) So far as possible, a description of the impact of the Change or new requirement (as appropriate) quantified in terms of input required from each Party, timescales, performance and cost.
- 2.4 Discussions between the Council and the Provider concerning a Change shall result in any one of the following:
- (a) No further action being taken; or
  - (b) A request to change this Contract by the Council; or
  - (c) A recommendation to change this Contract by the Provider
- 2.5 Where a written request for an amendment is received from the Council, the Provider shall, unless otherwise agreed, submit two copies of a Change Control Form signed by the Provider to the Council within three weeks of the date of the request or such other timescales as may be agreed between the Parties.
- 2.6 A recommendation to amend this Contract by the Provider shall be submitted directly to the Council in the form of two copies of a Change Control Form signed by the Provider at the time of such recommendation. The Council shall give its response to the Change Control Form within three weeks or such other timescales as may be agreed between the Parties.
- 2.7 A Change Control Form signed by the Council and by the Provider shall constitute an amendment to this Contract.



**Annex 1**

**Contract Change Control Form**

<b>CCF NUMBER:</b>	[ insert answer here ]
<b>TITLE:</b>	[ insert answer here ]
<b>DATE RAISED:</b>	[ insert answer here ]
<b>ORIGINATOR:</b>	[ insert answer here ]
<b>REQUIRED BY DATE:</b>	[ insert answer here ]
<b>DETAILED DESCRIPTION OF CONTRACT CHANGE BEING PREPARED AND DETAILS OF ANY RELATED CONTRACT CHANGES:</b>	[ insert answer here ]
<b>DETAILED JUSTIFICATION FOR MAKING THE CHANGE:</b>	[ insert answer here ]
<b>PROPOSED ADJUSTMENT TO THE PRICING WITH DETAILED COSTINGS RESULTING FROM THE CONTRACT CHANGE:</b>	[ insert answer here ]
<b>DETAILS OF PROPOSED ONE-OFF ADDITIONAL PRICING AND MEANS FOR DETERMINING THESE – THESE WILL BE BASED ON PROVIDER COSTS PLUS ACCEPTABLE MARGIN):</b>	[ insert answer here ]
<b>DETAILS OF ANY PROPOSED CONTRACT AMENDMENTS:</b>	[ insert answer here ]
<b>DETAILS OF ANY KEY PERFORMANCE INDICATOR'S AFFECTED:</b>	[ insert answer here ]
<b>DETAILS OF IMPACT ON EXIT PLAN:</b>	[ insert answer here ]
<b>DETAILS OF IMPACT ON REQUIREMENT:</b>	[ insert answer here ]
<b>DETAILS OF IMPACT ON DOCUMENTATION:</b>	[ insert answer here ]
<b>DETAILS OF ANY OPERATIONAL SERVICE IMPACT:</b>	[ insert answer here ]
<b>DETAILED RISK ASSESSMENT:</b>	[ insert answer here ]

**EXECUTION UNDER HAND**

**IN WITNESS** whereof this Contract has been executed by the Parties in accordance with their respective constitutions:

Signed for and on behalf of

**THE KENT COUNTY COUNCIL**

.....

Authorised Signatory

.....

Print Name of Authorised Signatory  
Signed for and on behalf of

**[THE PROVIDER]** in the presence of:

.....

Authorised Signatory

.....

Print Name of Authorised Signatory

## SCHEDULE 8

### EXIT ARRANGEMENTS

#### 1. General

- (a) The Provider acknowledges that it is of critical importance to the Council to ensure on termination or expiry of this Contract an orderly transfer of the Services either back to the Council or to a Replacement Provider and for this reason the Council relies significantly on the Provider fulfilling its obligations under this Schedule.
- (b) If this Contract is terminated in whole or part or expires in accordance with its terms, the Provider will, during the Exit Period, co-operate with the Council and where applicable any Replacement Provider to ensure the orderly migration of, and transfer of responsibility for, the Services.

#### 2. Exit Obligations

- (a) During the Exit Period the Provider shall:
  - (i) provide all reasonable assistance and appropriate resources to the Council and any Replacement Provider to facilitate the orderly transfer of the Services to the Council or the Replacement Provider;
  - (ii) continue to provide the Services in accordance with any relevant Service Levels in force at the date of termination or expiry on the terms set out in this Contract;
  - (iii) provide such information and assistance as detailed in paragraph 4;
  - (iv) provide such copies of the Council's data in its possession as are requested by the Council and at no additional charge to the Council;
  - (v) carry out such security tasks necessary to identify security and operator risks inherent in the transfer of the Services and inform the Council of such risks and possible preventative and curative measures necessary to deal with such risks;
  - (vi) immediately prior to the end of the Exit Period provide the Council with a detailed description and status report of all errors which have not been corrected, problems not resolved or agreed changes to the Services which have not been fully implemented at the termination of the Exit Period.
- (b) The Provider shall carry out the Exit Obligations in such a manner so as to cause as little disruption as possible to the Council's business.

### **3. Documentation And Due Diligence**

- (a) During the Exit Period, the Provider will comply with any reasonable request by the Council for any information in relation to the Services to ensure the smooth transition of the Services. Following such a request the Provider will within two (2) days of such request make the relevant information available to the Council for inspection or on the Council's authorisation to the Replacement Provider and shall within two (2) days of such inspection provide copies of the relevant information to the Council and/or (if so requested by the Council) the Replacement Provider.
- (b) The Provider shall promptly and diligently answer any questions about the Services which may be asked by the Council or by any Replacement Provider as necessary in order (i) to explain the manner in which the Services have been provided; and (ii) to allow the Council or Replacement Provider to conduct all such due diligence as is reasonably required to enable it to take over responsibility for the provision of the Services (or any part thereof).
- (c) The Council shall procure that any Replacement Provider agrees to be bound by (i) an obligation of confidentiality in respect of any confidential information of the Provider which is made available to it under this Schedule and (ii) an obligation to use any of the Provider's confidential information solely for the purpose of evaluating and/or providing to the Council the services which will replace the Services.

### **4. Exit Manager**

- (a) The Provider will appoint a person as Exit Manager at the commencement of the Exit Period and will notify the Council as soon as possible of the name and contact details of such person. The Council shall have the right to require the replacement of the Exit Manager if it reasonably believes that such person is unsuitable for the position.
- (b) The Exit Manager will be the Council's primary point of contact in connection with the matters referred to in this Schedule. The Provider shall ensure that the Exit Manager liaise with the Council in relation to all issues relevant to the termination (in whole or part) or expiry of this Contract and all matters connected with this Schedule.

### **5. Exit Period**

- (a) The Exit Period shall be:
  - (i) a period of up to twelve (12) months prior to the end of the Contract;

provided that the Council may terminate the Exit Period at any time by giving ninety (90) days' notice in writing to the Provider.

## SCHEDULE 9

### TUPE and Pensions

In this Schedule the following terms shall have the following meaning-

**Admission Agreement:** means the agreement in the form set out in Appendix A to this Schedule to be entered into in accordance with regulation 54 of the LGPS Regulations, by the Authority and the Provider and/or Sub-Contractor, as appropriate.

**Admission Body:** means a body that has entered into an Admissions Agreement with an administering authority in accordance with regulation 54 of the LGPS Regulations.

**Agency Worker:** is as defined by the Agency Workers Regulations 2010.

**Appropriate Pension Provision;** means in respect of the Transferring Employees, either:

(a) for the LGPS Employees membership, continued membership or continued eligibility for membership of the LGPS; or

(b) for the LGPS Employees a pension scheme, which is certified by the Government Actuary's Department (GAD) as being broadly comparable to the terms of the LGPS for the LGPS Employees.

**Authority:** shall mean Kent County Council as the administering authority for the LGPS in accordance with the LGPS Regulations.

**Bond:** means the bond to be executed in the Authority's standard form/ in the form set out in Appendix B to this Schedule to the value stipulated by the Authority.

**Compensation Regulations:** means the Local Government (Discretionary Payments) (Injury Allowances) Regulations 2011 and the Local Government (Early Termination of Employment) (Discretionary Compensation) (England and Wales) Regulations 2006, as amended or replaced from time to time.

**Eligible Employees:** means any Transferring Employees and/or any Relevant Employees who transferred to the Outgoing Provider or to any Sub Contractor from the Council in connection with the provision of the Service and who have been continuously part of the economic entity providing the Service since that transfer and who are active members of (or eligible to join) the LGPS or a broadly comparable scheme on a Relevant Transfer Date.

**Employee Emoluments:** means all employment related outgoings including salaries, wages, bonus or commission, holiday pay, redundancy costs whether statutory or contractual, expenses, national insurance and pension contributions and any liability to taxation.

**Employee Information:** means the categories of information referred to or listed in clauses 3.6 and 3.12 of this Schedule.

**Employee Liability Information:** means the information that a transferor is obliged to notify to a transferee under Regulation 11 of TUPE.

**Future Transfer:** means any future transfer pursuant to TUPE of any employees who are subject to the terms of this Contract.

**Future Transfer Date:** means the date on which any Future Transfer takes effect.

**LGPS:** means the Local Government Pension Scheme made pursuant to the LGPS Regulations (or where the context requires their predecessor regulations made pursuant to the Superannuation Act 1972) as amended or replaced from time to time.

**LGPS Employee:** mean those Transferring Employees who are also Eligible Employees and thus active members of (or eligible to join) the LGPS or a broadly comparable scheme on a Relevant Transfer Date.

**LGPS Regulations:** mean the Local Government Pension Scheme Regulations 2013 (SI 2013/2356) and/or any regulations amending, modifying or replacing them.

**Losses** shall mean all costs, losses, charges, expenses, damages, compensation, fines, claims, demands, liabilities, actions and proceedings (including the costs and expenses (including legal costs and expenses) of such actions and proceedings and the staff costs expended in requiring the discharge of an indemnity or payment of damages) arising from or relating to the contractual clause in question or to its breach.

**Outgoing Provider:** means the outgoing provider(s) of the Service and includes their sub-contractors

**Party:** means a party to the Contract.

**Relevant Employees:** means any of the Outgoing Provider's or the Provider's Staff or the Staff of any Sub Contractor who would be liable to transfer pursuant to TUPE from the employment of the Outgoing Provider or of any Sub Contractor to the Provider or from the employment of the Provider or of any Sub Contractor to the employment of the Replacement Provider or to the Council irrespective of whether they actually transfer (and for the avoidance of doubt shall include Transferring Employees).

**Relevant Transfer:** means a relevant transfer for the purposes of TUPE.

**Relevant Transfer Date:** means the date of a Relevant Transfer.

**Replacement Provider:** means any third party appointed by the Council upon the expiry, assignment or termination of this Contract to undertake work which is substantially similar or identical to the Service.

**Service:** means those Services referred to in the Specification to this Contract.

**Staff:** means any person employed or engaged by the Outgoing Provider, by the Provider or by any Sub Contractor (including volunteers, apprentices, and agency personnel) undertaking any activity related to or connected with the provision of the Service.

**Sub-Contractor:** means any third party engaged by the Provider (or where the context requires the Outgoing Provider) to carry out the Services other than its Staff.

**The Transfer Date:** means in respect of Transferring Employees employed by the Outgoing Provider prior to the Transfer Date or by any Sub Contractor appointed by the Outgoing

Provider prior to the Transfer Date the date upon which the Provider or any Sub Contractor appointed by the Provider become responsible for the delivery of the Service.

**Transferring Employees:** means any Relevant Employees who are the subject of a Relevant Transfer.

**TUPE:** means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended from time to time) implementing the Acquired Rights Directive 77/187 (as amended from time to time).

## **TUPE TRANSFER AND EMPLOYMENT ISSUES UPON THE COMMENCEMENT OF THE CONTRACT**

Transfer of employees from the Outgoing Provider to the Provider on the Transfer Date

- 1.1 The Council hereby makes the Provider aware that in its opinion in connection with this Contract and in connection with the delivery of the Service under this Contract there may be a Relevant Transfer of Transferring Employees employed or contracted by the Outgoing Provider or their Sub Contractors from the Outgoing Provider or their Sub Contractors to the Provider. The Council can offer no warranties or indemnities in respect of this and It is the responsibility of the Provider to take advice as to the applicability of TUPE and request up to date TUPE information.
- 1.2 The Council hereby makes the Provider aware that in relation to the operation of the Service the Provider may be required to offer Transferring Employees employed or contracted by the Outgoing Provider or their Sub-Contractors membership of the LGPS or equivalent scheme. The Council can offer no warranties or indemnities in respect of this and It is the responsibility of the Provider to take advice as to the scope of any such pension scheme membership that will need to be provided.
- 1.3 The Provider shall be deemed to have satisfied itself before submitting its tender as to the correctness and sufficiency of the rates and prices stated and which shall (except in so far as it is otherwise provided in the Contract) include all of its obligations under the Contract and shall be deemed to have obtained for itself all necessary information as to risks, contingencies and all other circumstances influencing or effecting his tender.
- 1.4 The Council is unable to offer the Provider any warranties or indemnities in respect of any Transferring Employees who are transferring from the Outgoing Provider or any Sub-Contractor appointed by any Outgoing Provider to the Provider.

### Apportionments

- 1.5.1 The Outgoing Provider shall be responsible for all emoluments and outgoings in respect of all Transferring Employees employed (including all wages, bonuses, commission, premiums, subscriptions, PAYE and national insurance contributions and pension contributions) which are attributable in whole or in part to the period up to the Transfer Date. The Council offers the Provider no indemnities against the Outgoing Provider's failure to comply with this clause.
- 1.5.2 The Provider or any Sub-Contractor appointed by the Provider shall be responsible for all emoluments and outgoings in respect of the Transferring Employees (including

all wages, bonuses, commission, premiums, subscriptions, PAYE and national insurance contributions and pension contributions) which are attributable in whole or in part to the period on and after the Transfer Date and for any employment related liabilities that transfer to it or to any Sub Contractor pursuant to TUPE and the Provider will indemnify the Council in respect of the same.

#### Information and Consultation

1.6.1 The Provider shall comply (and shall procure that any Sub-Contractor complies) with its obligations under Regulation 13 of TUPE during the period prior to the Transfer Date.

1.6.2 The Provider shall indemnify the Council and the Outgoing Provider against all Losses incurred as a result of:

1.6.2.1 any failure by the Provider or any Sub-Contractor appointed by the Provider to comply with its obligations under Regulation 13 of the TUPE, or any award of compensation under Regulation 15 of TUPE arising from that failure; and

1.6.2.2 any claim (including any individual employee entitlement under or consequent on such a claim) by any trade union or other body or person representing the Transferring Employees arising from or connected with any failure by the Provider or any Sub-Contractor appointed by the Provider to comply with any legal obligation to such trade union, body or person.

#### Indemnities

1.7.1 The Provider shall in respect of the Transferring Employees also indemnify the Council against all Losses incurred by the Council in connection with or as a result of:

1.7.1.1 any claim or demand by any Relevant Employee employed by the Outgoing Provider prior to the Transfer Date (whether in contract, tort, under statute, pursuant to European law or otherwise) without limitation, in each case arising directly or indirectly from any act, fault or omission of the Outgoing Provider, the Provider or any Sub-Contractor appointed by the Provider or by the Outgoing Provider in respect of any Relevant Employee before, on or after the Transfer Date; and

1.7.1.2 any claim or demand by any Relevant Employee employed by the Outgoing Provider, the Provider or any Sub-Contractor appointed by the Provider or by the Outgoing Provider arising out of any change or proposed change in the terms and conditions of employment or working conditions before, on or after the transfer to the Provider or any Sub-Contractor appointed by the Provider; and

1.7.1.3 any claim or demand by any Relevant Employee that the change of employer itself amounts to a significant material detriment where that Relevant Employee would have been a Transferring Employee but for their resignation or decision to treat their employment as terminated under Regulation 4(9) of TUPE on or before the Transfer Date.

1.7.2 Without prejudice to the foregoing, the Provider shall comply at all times with its obligations under TUPE and shall ensure that any Sub Contractor complies with its obligations and shall indemnify and hold harmless the Council and the Outgoing Provider from and against all Losses, arising in connection with or as a result of any breach of such obligations.

- 1.8 The Provider shall immediately on request by the Outgoing Provider or the Council provide details of any measures that the Provider or any Sub-Contractor of the Provider envisages it will take in relation to any Transferring Employees including any proposed changes to terms and conditions of employment. If there are no measures, the Provider shall give confirmation of that fact.

## **TUPE AND EMPLOYMENT ISSUES DURING THE LIFETIME OF THE CONTRACT**

2. Transfer of Transferring Employees to the Provider
- 2.1 The Council and the Provider agree that any transfer of Transferring Employees from the employment of the Outgoing Provider or of any Sub-Contractor appointed by the Outgoing Provider into the employment of the Provider or a Sub-Contractor, will, (subject to Transferring Employees' rights under Regulation 4(7) of TUPE) be by operation of TUPE on the Transfer Date. The Provider shall comply and shall procure that each Sub-Contractor shall comply with their obligations under TUPE.
- 2.2 The Provider confirms and agrees that at all times during the term of this Contract it shall comply with and shall ensure that any Sub-Contractor appointed by the Provider shall comply with clauses 5 to 14 of this Schedule and with the Best Value Authorities Staff Transfers (Pensions) Direction 2007 and where applicable comply with the Pensions Schemes Act 1993, the Pensions Acts 2004, 2008 and 2011, the Public Service Pensions Act 2013 and any other statutory provision, guidance or regulation relating to workforce matters or pensions in local authority/public sector service contracts or related matter whether in existence or to be enacted and will fully indemnify the Council and any Replacement Provider from all Losses arising from its failure to do so.
- 2.3 The Provider shall be liable for and indemnify and keep indemnified the Council and any Replacement Provider against any failure by the Provider or by any Sub-Contractor appointed by the Provider to meet all Employee Emoluments for the Transferring Employees and any other person who is or will be employed or engaged by the Provider or any Sub-Contractor in connection with the provision of the Service from and including the Transfer Date up to but not on or after a relevant Future Transfer Date.
- 2.4 The Provider shall indemnify and keep indemnified the Council and the Replacement Provider against any Losses, incurred by the Council or by the Replacement Provider in connection with any claim or demand by any Transferring Employee arising out of the employment of any Transferring Employee by the Provider or any Sub-Contractor appointed by the Provider or from the termination of that employment. This indemnity shall apply provided that it arises from any wrongful act, fault or omission of the Provider or the Sub Contractor in relation to any Transferring Employee on or after the Transfer Date or as a result of any failure to comply with its or their obligations under clauses 1 and 2 of this Schedule.

## **TUPE TRANSFER UPON ON ASSIGNMENT, EXPIRY OR TERMINATION OF THE CONTRACT**

- 3.1 The Provider and the Council acknowledge and confirm that in the event of assignment, expiry or termination of this Contract, TUPE may apply but that the position shall be determined in accordance with the law at the relevant date as the case may be and this clause 3 of this Schedule is without prejudice to such determination. The Parties shall comply with their respective obligations and the

Provider shall ensure that any Sub Contractor complies with its obligations under TUPE in respect of a Relevant Transfer of Transferring Employees to the Council or to a Replacement Provider on a Future Transfer Date and with any other applicable legislation or agreement with regard to the information to be given to and consultation with the Relevant Employees or any trade union or other representatives on their behalf. The Provider will provide:

3.1.1 to the Council (for use by the Council or by a Replacement Provider) the Employee Liability Information required pursuant to Regulation 11 of TUPE in respect of any Relevant Employees in accordance with the timescale specified therein, and shall warrant at the time of providing such Employee Liability Information that such information will be updated to take account of any changes to such information as is required by TUPE; and

3.1.2 will keep the Council and the Replacement Provider indemnified in full against all Losses arising from any claim against the Council or against the Replacement Provider by any person or organisation as a result of the Provider or any Sub Contractor failing to provide or promptly to provide the Council or to the Replacement Provider with any Employee Liability Information in respect of any Relevant Employees or as a result of any material inaccuracy in or omission from the Employee Liability Information; and

3.1.3 comply with the Provider's obligations and ensure that any Sub Contractor complies with its obligations (including without limitation under regulation 13(4) of TUPE).

3.2 Immediately on the expiry, termination or assignment of this Contract the Provider shall fully indemnify the Council and any Replacement Provider against all Losses arising out of-

3.2.1 any claim or demand by any Relevant Employee arising from and relating to his employment prior to the Future Transfer Date due to, arising from or relating to the act, fault or omission of the Provider or of any Sub Contractor prior to the Future Transfer Date (including but not limited to any claims relating to a failure to provide or failure adequately to provide a pension);

3.2.2 any claim or demand arising out of or in connection with employment with the Provider or of any Sub Contractor or the termination thereof, by any past, present or future employee who is not a Relevant Employee (including but not limited to any claims relating to a failure to provide or failure adequately to provide a pension);

3.2.3 any claim by or on behalf of any Relevant Employee pursuant to Regulation 4(9) of TUPE on the grounds that the identity of the Council or of any Replacement Provider as his employer is both a substantial change and to his material detriment;

3.2.4 subject to Clause 3.3.3 of this Schedule below, any claim arising out of any failure by the Provider or by any Sub Contractor to comply with TUPE regulations 11 or 13 prior to the Future Transfer Date;

3.2.5 any claim or demand by any trade union or staff association or employee representatives (whether or not recognised by the Provider in respect of any Relevant Employees) arising from or connected with any failure by the Provider or by any Sub Contractor to comply with any legal obligation to such trade union, staff association or employee representative.

3.3 On assignment, expiry or termination of this Contract, the Council shall fully indemnify the Provider against all Losses arising out of-

3.3.1 any claim by any Relevant Employee arising from and relating to his employment or the termination of his employment with the Council or with the Replacement Provider on or after the Future Transfer Date and arising from the Council's or the Replacement Provider's act, fault or omission in relation to any Relevant Employee on or after the Future Transfer Date;

3.3.2 any claim arising from the Council's (but not from the Replacement Provider's) failure to supply the Provider with information in respect of "measures" under TUPE regulation 13(4) but only in relation to a transfer of Staff taking place on the Future Transfer Date;

3.3.3 any claim arising from the Council's (but not from the Replacement Provider's) failure to comply with the Council's obligations to consult the Relevant Employees or their representatives pursuant to regulation 13 of TUPE but only in relation to a transfer of Staff taking place on the Future Transfer Date.

PROVIDED that this indemnity shall not apply to any claim arising as a result of the Council's or the Replacement Provider's act, fault or omission which arises or is occasioned directly or indirectly from any act, fault or omission of the Provider or of any Sub Contractor.

3.4 All salaries and other Employee Emoluments and the cost of all benefits, including (but not limited to) accrued holiday pay, tax and national insurance payments, bonus and commission arrangements relating to the Transferring Employees shall be the responsibility of the Provider from the Transfer Date up to the Future Transfer Date and the responsibility of the Council or the responsibility of the Replacement Provider on and after the Future Transfer Date and all necessary apportionments shall be made to give effect to this Clause 3.4 of this Schedule.

3.5 The Provider shall fully indemnify the Council and the Replacement Provider against all Losses arising from the Provider's or any Sub Contractor's failure to comply with Clause 3.4 of this Schedule and the Council shall fully indemnify the Provider against all Losses arising from the Council's and the Replacement Provider's failure to comply with Clause 3.4 of this Schedule.

3.6 At any point during the duration of or upon the expiry, termination or assignment of this Contract and where the Council believes that TUPE may apply and within 15 working days of being so requested by the Council, the Provider shall fully and accurately disclose to the Council (and at no cost to the Council) any and all information in relation to the Provider's Staff or any such staff employed by a Sub Contractor who are assigned to the provision of the Service in the manner prescribed in Clause 3.13 of this Schedule, a list of all Relevant Employees who are liable to transfer as a consequence of a Future Transfer as in the form set out in Clause 3.14 of this Schedule and such information regarding the manner in which the Provider organises and carries out the provision of the Service as the Council may request.

3.7 The Provider shall warrant the accuracy of all the information provided to the Council pursuant to Clause 3.6 of this Schedule and the Provider authorises the Council to use any and all the information as the Council may consider necessary for the purposes of the Council's business or for informing any prospective tenderer for any Service which are substantially the same as those provided by the Transferring Employees under this Contract.

- 3.8 The Provider shall notify the Council as soon as reasonably practicable in writing of any material changes to the information supplied in accordance with Clause 3.6 of this Schedule as soon as reasonably practicable as and when such changes arise and the Provider shall fully indemnify the Council against all Losses arising from the Provider's failure to comply with Clauses 3.6 to 3.8 of this Schedule.
- 3.9 The Provider agrees that it shall not and shall not permit with reference to any Relevant Employees in the period following a likely TUPE transfer being identified by either Party other than with the Council's prior consent and in accordance with prevailing market condition-
- 3.9.1 other than in circumstances where an individual resigns voluntarily or where an individual's employment is terminated pursuant to the policies and procedures of the Provider or any Sub Contractor (in which cases the said individual may be replaced) make or allow any material increase or decrease in the numbers of Relevant Employees;
- 3.9.2 make or allow to be made any material increase in the remuneration or other material change in the terms and conditions of the Relevant Employees other than in the ordinary course of business and with the Council's prior written consent;
- 3.9.3 transfer or allow to be transferred any of the Relevant Employees to another part of the business of the Provider or any Sub Contractor or move other employees from elsewhere in the business of the Provider or any Sub Contractor who have not previously been subject to the terms of this Contract save with the Council's prior written consent.
- 3.10 The Provider shall indemnify the Council and the Replacement Provider and shall keep the Council and the Replacement Provider indemnified in full against all Losses arising from any claim by any person or organisation as a result of the Provider's failure to comply with its obligations under Clauses 3.9, 3.9.1, 3.9.2 and 3.9.3 of this Schedule above save that this indemnity shall not apply in respect of any failure to the extent that such information was originally provided to the Provider by the Council or the Replacement Provider and was materially inaccurate or incomplete when originally provided.
- 3.11 The Provider agrees that if it fails to provide the TUPE information requested by the Council pursuant to Clauses 3.6 to 3.9 of this Schedule or to clarify submitted information within the time allowed for the provision of the same by this Schedule the Council may withhold 25% of all applications for payment until the information is received and further where failure to submit the TUPE information to the timescales stated results in more than two days delay to the procurement timetable, the Provider shall be liable to pay liquidated damages of £200 per day to cover the costs of altering documents, re-scheduling bidder briefings, responding to requests for information from tenderers and notifying tenderers.
- 3.12 If, by operation of law, the contract of employment of any individual who is not at the relevant time identified under Clause 3.6 and Clause 3.14 of this Schedule by the Provider as being a Transferring Employee due to transfer under TUPE on a Future Transfer Date takes effect or is alleged to take effect as if originally made with the Council or with any Replacement Provider (as applicable) as a consequence of the expiry, termination or assignment of this Contract, the Provider agrees that:

3.12.1 in consultation with the Council or with the Replacement Provider (as applicable), the Provider will, within 7 days of being so requested by the Council or by the Replacement Provider (as applicable) (as long as the request is made no later than 14 days after the Council or the Replacement Provider (as applicable) become aware of such transfer of employment), make to that individual an offer in writing to employ him under a new contract of employment or to continue employing him under the terms of his existing employment contract to take effect upon the termination referred to below; and

3.12.2 the offer to be made will be such that none of the terms and conditions of the new contract save insofar that they relate to any occupational pension scheme will differ from the corresponding provision of that person's contract of employment immediately prior to the Future Transfer Date; and

3.12.3 the Council or the Replacement Provider (as applicable) shall be entitled to terminate the employment of the individual and the Provider shall indemnify and keep indemnified the Council or the Replacement Provider (as applicable) against all Losses arising from or in connection with the employment of such an individual until such termination and the termination of the employment itself.

Clauses 3.12.1, 3.12.2 and 3.12.3 of this Schedule will not apply where the Provider or any Sub Contractor has given full information about the individual in question in good time as required by this Schedule and the Replacement Provider or the Council has unreasonably refused to accept the employee as a Transferring Employee on the Future Transfer Date.

### 3.13 Employee Information

Individual terms and conditions to be provided in accordance with Clause 3.6 of this Schedule.

3.13.1 Copies of all current employment contracts, and all other terms and conditions of employment.

3.13.2 A schedule comprising in respect of each Relevant Employee, the following particulars:-

- full name of the employee and his/her current employer;
- post/job title;
- hours of work (indicating whether the employment is considered to be full or part time);
- sex;
- date of birth;
- date of commencement of employment (and if different, date of commencement of period of continuous employment);
- place of work;
- holiday entitlement;

- notice period (or, if relevant, duration of fixed-term);
- normal retirement age;
- remuneration (including rate and intervals at which paid);
- pension details;
- sick pay entitlements

3.13.3 Details of any changes of terms and conditions in relation to any employee within the last 12 months.

3.13.4 Copies of any employee handbooks, rules and other policies, procedures, arrangements, or agreements in relation to:-

- (a) redundancy procedures and payments;
- (b) redeployment procedures;
- (c) sickness absence and sick pay entitlements;
- (d) equal opportunities;
- (e) disciplinary matters;
- (f) maternity and other parental rights;

and details of whether or not each of the above are discretionary or contractual.

3.13.5 Copies of any job descriptions.

3.13.6 Details of any practices or customs which although not written down form part of employees' terms and conditions of employment.

### **Collective bargaining**

3.13.7 Details of the names of all trade union and other employee representatives, with the name of the trade union, the position held and how long the position was held.

3.13.8 Details of any trade union recognised by the Provider or by any Sub Contractor giving the date and details of the recognition agreement (and a copy if available), with brief details of current and historic labour relations and any pending negotiations.

3.13.9 Details of any other agreement, whether local or national, with any trade union or other body of employee representatives (and copies if available) including any informal recognition and procedure arrangements and other arrangements honoured by "custom and practice".

### **Disputes**

3.13.10 Details of any dispute or potential dispute with any employee or former employee within the last 2 years whether brought under the Provider's disciplinary,

dismissal or grievance procedure or any other employer of a Relevant Employee or otherwise and any matters which might give rise to such.

3.13.11 Details of any litigation threatened or pending within the last 2 years against the Provider or any Sub Contractor including any court, employment tribunal or arbitration claims or any matters which might give rise to such.

3.13.12 Details of any enquiry, correspondence or contact within the last 2 years between the Provider or any Sub Contractor and the Equality and Human Rights Commission, the Commission for Racial Equality, the Equal Opportunities Commission, the Health and Safety Inspector, the Inland Revenue or any similar body concerning employees.

3.13.13 Details of any court judgment or employment tribunal award within the last 2 years in respect of any employee dispute (including confirmation of whether satisfied).

3.13.14 Details, and, if available, copies, of any warnings given to Relevant Employees under the disciplinary or capability procedure or similar procedures within the last 2 years.

#### **Dismissals**

3.13.15 Details of all dismissals/resignations within the last 12 months including reasons for the dismissal/resignation.

3.13.16 Details of all employees recruited within the last 12 months.

#### **Working Time Regulations 1998**

3.13.17 Copies of any individual, collective and workforce agreements entered into pursuant to the Working Time Regulations.

#### **Health and Safety**

3.13.18 Details of any health and safety committees/representatives.

3.13.19 Details of any health and safety complaints or recommendations or claims within the last 5 years.

#### **Trainees/Consultants**

3.13.20 Details of all individuals involved in the provision of the Services involved in training, work experience or similar schemes.

3.13.21 Details of all consultancy agreements or self-employed personnel who are or may actually be employees.

#### **Absent employees**

3.13.22 Details of all employees who have notified the Provider or any Sub Contractor that they are pregnant or who are currently absent on maternity leave together with confirmation of their expected week of confinement and any confirmed dates for the start or end of maternity leave.

3.13.23 Details of all employees on long term sick leave together with confirmation of the nature of their illness and the duration and dates of their absence(s).

3.13.24 Details of all employees absent on other leave together with confirmation of the nature of such leave and dates of their absence(s).

#### **Job Evaluation Scheme**

3.13.25 A copy of any job evaluation scheme.

#### **Pension**

3.13.26 A list of all pension schemes (both occupational and personal) applicable to the employees.

3.13.27 Details of any current or pending applications for early retirement.

#### **Agency Workers**

3.13.28 Details of all Agency Workers engaged by the Provider or any Sub Contractor in connection with this Contract within the 12 calendar months prior to the proposed Future Transfer Date; including

The total number of Agency Workers engaged;

The areas of business in which they are engaged; and

The types of work that they are contracted to undertake.

3.13.29 Details of the current employment status of those Agency Workers:

3.13.30 Details of those Agency Workers to whom Regulation 5 of the Agency Worker Regulations 2010 will be applicable on the Transfer Date.

#### **3.14 Transferring Employees**

The Provider represents that in accordance with clause 3.6 of this Schedule that in the Provider's opinion that by virtue of TUPE the following employees will transfer into the Council's employment or that of a Replacement Provider in the event of a Future Transfer (list to be provided by Provider).

#### **4. THIRD PARTY RIGHTS**

4.1 The Parties agree that the Contracts (Rights of Third Parties) Act 1999 shall apply to this Schedule to the extent necessary to ensure that any Replacement Provider shall have the right to enforce the obligations owed to, and indemnities given to the Replacement Provider by the Provider in their own right under section 1(1) of the Contracts (Rights of Third Parties) Act 1999.

4.2 Despite paragraph 4.1, it is expressly agreed that the Parties may by agreement rescind or vary any terms of this Contract without the consent of any other person who has the right to enforce its terms or the term in question despite that such

rescission or variation may extinguish or alter that person's entitlement under that right.

## **5. PENSIONS**

- 5.1 The Provider shall or shall procure that any relevant Sub-Contractor shall ensure that the LGPS Employees who transfer from the employment of the Outgoing Provider or any Sub-Contractor into the employment of the Provider or any Sub-Contractor appointed by the Provider on the Transfer Date are offered Appropriate Pension Provision up to and including the date of the termination or expiry of this Agreement.
- 5.2 The provisions of clause 5.1 of this Schedule shall be directly enforceable by a LGPS Employee against the Provider in respect of its own default or that of any relevant Sub Contractor.

## **6. ADMITTED BODY STATUS TO THE LOCAL GOVERNMENT PENSION SCHEME**

- 6.1 Where the Provider or Sub-Contractor has elected to offer the LGPS Employees membership of the LGPS, the Provider shall or shall procure that it and/or each relevant Sub-Contractor shall enter into an Admission Agreement ("Provider Admission Agreement") to have effect from and including the Transfer Date. The Provider or Sub-Contractor will bear the cost of any actuarial assessment required in order to assess the employer's contribution rate or Bond value in respect of any LGPS Employee who is eligible to elect to join the LGPS on or after the Transfer Date.
- 6.2 The Provider shall indemnify and keep indemnified the Council and the Authority and/or any Replacement Provider from and against all Losses suffered or incurred by it or them, which arise from any breach by the Provider or Sub-Contractor of the terms of the Provider Admission Agreement, to the extent that such liability arises before or as a result of the termination or expiry of this Contract.
- 6.3 The Provider shall and shall procure that it and any Sub-Contractor shall prior to the Transfer Date obtain any indemnity or Bond required in accordance with the Provider Admission Agreement.
- 6.4 The Provider shall and shall procure that any relevant Sub-Contractor shall award benefits (where permitted) to the LGPS Employees under the LGPS Regulations in circumstances where the LGPS Employees would have received such benefits had they been employed by the Council. The Provider shall be responsible for meeting all costs associated with the award of such benefits.
- 6.5 The Council shall have a right to set off against any payments due to the Provider under this Contract an amount equal to any overdue employer and employee contributions and other payments (and interest payable under the LGPS Regulations) due from the Provider or from any relevant Sub-Contractor (as applicable) under the Provider Admission Agreement.
- 6.6 The Provider agrees to become and will ensure that any Sub-Contractor will become an Admission Body on a fully funded basis from the start and the Provider agrees and acknowledges-
- 6.6.1 That the Council does not guarantee any funding deficiency.

6.6.2 Other than as otherwise provided for in clauses 5 and 6 of this Schedule or as required for by the LGPS Regulations or by the terms of the Provider Admission Agreement or Bond the Provider shall be responsible for the LGPS funding deficit in respect of any LGPS Employees if it or the Sub Contractor opts to become an Admission Body.

6.6.3 Other than as otherwise provided for in clause 6 of this Schedule the Provider will be entirely responsible for any liability which the Provider or the Sub-Contractor may have to pay as contributions or any other sum of money payable (including all payments due to be paid by the Provider or any Sub-Contractor as a Provider Admission Agreement employer under the LGPS Regulations (including Regulations 67 to 71 inclusive of the LGPS Regulations) under the said the LGPS Regulations including any payments payable by an exiting employer within the meaning of Regulation 64 of the LGPS Regulations as a result of the Provider Admission Agreement or the termination or expiry of that agreement or the termination of this Contract and the Provider will indemnify the Council or the Replacement Provider (as the case may be) in respect of the same.

6.7 For the avoidance of doubt, the indemnity provided in Clause 6.6 of this Schedule includes any amounts payable as a result of the non-payment of contributions properly payable by the Provider and, if relevant, any Sub-Contractor, during its or their period of admission in the LGPS in accordance with any Provider Admission Agreement and prior to the termination of any Provider Admission Agreement.

## **7. PROVIDER PENSION SCHEME**

7.1 Where the Provider or Sub-Contractor does not wish to or is otherwise prevented from offering the LGPS Employees membership or continued membership of the LGPS, the Provider shall or shall procure that any relevant Sub-Provider shall offer the LGPS Employees membership of an occupational pension scheme with effect from the Transfer Date. Such an occupational pension scheme must be:

7.1.1 established no later than three months prior to the Transfer Date; and

7.1.2 certified by the GAD as providing benefits that are broadly comparable to those provided by the Authority's LGPS scheme; and the Provider shall produce evidence of compliance with this clause 7.1 to the Council prior to the Transfer Date.

7.2 The Authority's actuary shall determine the terms for bulk transfers from the Authority's LGPS scheme to the Provider's scheme following the Transfer Date and any subsequent bulk transfers on termination or expiry of this Contract.

## **8. PENSION PROVISION FOR THE PROVIDER'S EMPLOYEES**

8.1. The Provider shall procure that with effect from the Transfer Date that it and each relevant Sub-Contractor shall procure that any of the Provider's or Sub Contractor's employees who are not Transferring Employees but whose contracts of employment with the Provider or with the relevant Sub-Contractor become contracts in relation to what is done for the purposes of this Contract will be provided with pension benefits which are in accordance with (where applicable) the Pensions Schemes Act 1993 and with the Pensions Acts 2004, 2008, 2011 and the Public Service Pensions Act 2013 and any Regulations made thereunder.

8.2 The Provider shall indemnify the Council and/or any Replacement Provider from and against all Losses suffered or incurred by it or them which arise from successful claims by any of the Provider's or Sub Contractors' employees or by any trade unions, elected employee representatives or staff associations in respect of all or any such employees and which relate to any failure of the Provider or any Sub Contractor to offer access to pension arrangements in accordance with the provisions of this clause 8 of this Schedule.

## **9. UNDERTAKINGS FROM THE PROVIDER**

9.1 The Provider on its own behalf and on behalf of any Sub Contractor undertakes to the Council (for the benefit of the Council and the Authority) that:

9.1.1 all information which the Council and/or the Authority or its/their professional advisers may reasonably request from the Provider or any Sub Contractor for the administration of the LGPS concerning any other matters raised in clause 6 of this Schedule (Admitted body status to the LGPS), clause 7 of this Schedule (Provider Pension Scheme) and clause 9 of this Schedule (Undertaking from the Provider) shall be supplied to them as expeditiously as possible;

9.1.2 it shall not without the consent in writing of the Council (which shall only be given subject to the payment by the Council of such reasonable costs as the Council reasonably requests) consent to instigate, encourage or assist any event which could impose on the LGPS, the Authority or on the Council a cost in respect of any Transferring Employee or any Relevant Employee greater than the cost which would have been payable in respect of that Transferring Employee or Relevant Employee had that consent, instigation, encouragement or assistance not been given;

9.1.3 until the Transfer Date it shall not issue any announcements (whether in writing or not) to the LGPS Employees concerning the matters stated in clauses 5 and 6 of this Schedule without the consent in writing of the Council (not to be unreasonably withheld or delayed); and

9.1.4 it shall not take or omit to take any action which would materially affect the benefits under the LGPS, or under the Provider Pension Scheme of any LGPS Employees who are or will be employed wholly or partially in connection with the Services without the prior written agreement of the Council (not to be unreasonably withheld or delayed) provided that the Provider will be so entitled without the requirement of consent to give effect to any pre-existing contractual obligations to any LGPS Employees.

## **10. DISCRETIONARY BENEFITS**

10.1 Where the Provider or a Sub-Contractor is an Admission Body, the Provider shall and/or shall procure that any relevant Sub-Contractor shall comply with its duties as a scheme employer under Regulation 60 of the LGPS Regulations to award benefits (where permitted) to the LGPS Employees under the Compensation Regulations and/or the LGPS Regulations in circumstances where the LGPS Employees would have received such benefits had they still been employed by the Council.

10.2 Where the award of benefits in clause 10.1 is not permitted under the Compensation Regulations and/or the LGPS Regulations or the Provider and/or a Sub-Contractor is

not an Admission Body, the Provider shall and/or shall procure that any Sub-Contractor shall award benefits to the LGPS Employees which are no less favourable than the benefits the LGPS Employees would have received under the Compensation Regulations and/or the LGPS Regulations in circumstances where the LGPS Employees would have received such benefits had they been employed by the Council.

- 10.3 Under clauses 10.1 and 10.2, where such benefits are of a discretionary nature, they shall be awarded on the basis of the Council's written policy in relation to such benefits at the time of the Transfer Date (which the Council shall provide upon request). Where the payment of such benefits is not, for whatever reason, possible, the Provider shall and/or shall procure that any relevant Sub-Contractor shall compensate the LGPS Employees in a manner which is broadly comparable or equivalent in cash terms.

## **11. CLAIMS FROM TRANSFERRING EMPLOYEES OR FROM TRADE UNIONS**

- 11.1 The Provider hereby indemnifies and shall procure that any relevant Sub-Contractor indemnifies the Council and/or any Replacement Provider against all Losses suffered or incurred by it or them which arise from claims by Transferring Employees or by any trade unions, elected employee representatives or staff associations in respect of all or any such Transferring Employees, which losses:

11.1.1 relate to pension rights in respect of periods of employment on and after the Transfer Date until the date of termination or expiry of this Contract; or

11.1.2 arise out of the failure of the Provider and/or any relevant Sub-Contractor to comply with the provisions of clauses 5 to 13 of this Schedule (Pensions) before the date of termination or expiry of this Contract.

## **12. TRANSFER TO ANOTHER EMPLOYER**

- 12.1 Save on expiry or termination of this Agreement, if the employment of any Transferring Employee transfers to another employer (by way of a transfer under TUPE) the Provider shall and shall procure that any relevant Sub-Contractor shall:

12.1.1 consult with and inform those Transferring Employees of the pension provisions relating to that transfer; and

12.1.2 procure that the employer to which the Transferring Employees are transferred (the "New Employer") complies with the provisions of clauses 5 to 13 of this Schedule (Pensions) provided that references to the "Sub-Contractor" will become references to the New Employer, references to "Transfer Date" will become references to the date of the transfer to the New Employer and references to "Transferring Employees" will become references to the Transferring Employees so transferred to the New Employer.

## **13. PENSION ISSUES ON EXPIRY OR TERMINATION**

- 13.1 The Provider shall:

13.1.1 maintain such documents and information as will be reasonably required to manage the pension aspects of any onward transfer of any person engaged or employed by the Provider or by any Sub Contractor in the provision of the Services on

the expiry or termination of this Contract (including without limitation identification of the LGPS Employees, the Transferring Employees or the Relevant Employees)

13.1.2 promptly provide to the Council or to the Authority such documents and information mentioned in clause 13.1.1 which the Council or the Authority may reasonably request in advance of the expiry or termination of this Contract; and

13.1.3 fully co-operate (and procure that the trustees of the Provider's scheme shall fully co-operate) with the reasonable requests of the Council or the Authority relating to any administrative tasks necessary to deal with the pension aspects of any onward transfer of any person engaged or employed by the Provider or any Sub Contractor in the provision of the Services on the expiry or termination of this Contract.

## **SCHEDULE 10**

### **PARENT COMPANY GUARANTEE**

[Insert details otherwise state "Not Used"]

**THIS DEED** is dated [DATE]

#### **PARTIES**

- (1) [FULL COMPANY NAME] incorporated and registered in England and Wales with company number [NUMBER] whose registered office is at [REGISTERED OFFICE ADDRESS] (Guarantor).
- (2) **THE KENT COUNTY COUNCIL** of County Hall, Maidstone, Kent ME14 1XQ (hereinafter together called "the Contracting Authority").

#### **BACKGROUND**

- (A) By an agreement dated on or about the date of this guarantee (Agreement which term includes all amendments to variations of or supplements to it from time to time in force) the Contracting Authority has agreed to engage [INSERT NAME] (Provider) to provide [ ] services.
- (B) It is a condition of the Agreement that the Provider procures the execution and delivery to the Contracting Authority of a parent company guarantee substantially in the form of this guarantee.
- (C) The Guarantor has agreed to guarantee the due performance of the Agreement by the Provider.
- (D) It is the intention of the parties that this document be executed as a deed.

#### **AGREED TERMS**

##### **1. INTERPRETATION**

- (a) Unless the context requires otherwise, the definitions and rules of interpretation in the Agreement shall apply in this guarantee.
- (b) A reference in this deed to this guarantee shall be construed as a reference to this deed of guarantee.

##### **2. OBLIGATIONS OF THE GUARANTOR**

In consideration of the Contracting Authority entering into the Agreement with the Provider, the Guarantor:

- (a) as primary obligor guarantees to the Contracting Authority the due and punctual performance by the Provider of each and all of the obligations, representations, warranties, duties and undertakings of the Provider under and pursuant to the Agreement when and if such obligations,

representations, warranties, duties and undertakings shall become due and performable according to the terms of such Agreement;

- (b) agrees, in addition to its obligations set out in clause 2(a), to indemnify the Contracting Authority on demand against all losses which may be awarded against the Contracting Authority or which the Contracting Authority may otherwise incur arising out of, under or otherwise in connection with the Agreement whether arising under statute, contract or at common law including without limitation by reason of any breach by the Provider of its obligations, representations, warranties, duties and undertakings under and/or pursuant to the Agreement save that, subject to the other provisions of this guarantee (including without limitation clause 2(c)), this shall not be construed as imposing greater obligations or liabilities on the Guarantor than are imposed on the Provider under the Agreement; and
- (c) agrees to indemnify the Contracting Authority on demand against all losses whether arising under statute, contract or at common law which may be awarded against the Contracting Authority or which the Contracting Authority may otherwise incur if any obligation guaranteed by the Guarantor is or becomes totally or partially unenforceable, invalid or illegal as if the obligation guaranteed had not become unenforceable, invalid or illegal provided that the Guarantor's liability shall be no greater than the Provider's liability would have been if the obligation guaranteed had not become unenforceable, invalid or illegal.

### **3. LIABILITY**

The Guarantor agrees that it shall not in any way be released from liability under this guarantee by any act, omission, matter or other thing whereby (in absence of this provision) the Guarantor would or might be released in whole or in part from liability under this guarantee including, without limitation and whether or not known to the Guarantor:

- (a) any arrangement made between the Provider and the Contracting Authority; or
- (b) any alteration in the obligations undertaken by the Provider whether by way of any addendum or variation referred to in clause 4 or otherwise; or
- (c) any waiver or forbearance by the Contracting Authority whether as to payment, time, performance or otherwise; or
- (d) the taking, variation, renewal or release of, the enforcement or neglect to perfect or enforce any right, guarantee, remedy or security from or against the Provider or any other person; or
- (e) any unenforceability, illegality or invalidity of any of the provisions of the Agreement or any of the Provider's obligations under the Agreement, so that this guarantee shall be construed as if there were no such unenforceability, illegality or invalidity; or
- (f) any legal limitation, disability, incapacity or other circumstances relating to the Provider, or any other person; or

- (g) the dissolution, amalgamation, reconstruction, reorganisation, change in status, function, control or ownership, insolvency, liquidation or the appointment of an administrator or receiver of the Provider or any other person.

#### **4. ADDENDUM OR VARIATION**

The Guarantor by this guarantee authorises the Provider and the Contracting Authority to make any addendum or variation to the Agreement, the due and punctual performance of which addendum and variation shall be likewise guaranteed by the Guarantor in accordance with the terms of this guarantee.

#### **5. GUARANTEE**

5.1 This guarantee shall be a primary obligation of the Guarantor and accordingly the Contracting Authority shall not be obliged before enforcing this guarantee to take any action in any court or arbitral proceedings against the Provider, to make any claim against or any demand of the Provider, to enforce any other security held by it in respect of the obligations of the Provider under the Agreement or to exercise, levy or enforce any distress, diligence or other process of execution against the Provider. In the event that the Contracting Authority brings proceedings against the Provider, the Guarantor shall be bound by any findings of fact, interim or final decision award or judgement made by an adjudicator, arbitrator or court in such proceedings.

5.2 This guarantee is a continuing guarantee and accordingly shall remain in full force and effect (notwithstanding any intermediate satisfaction by the Provider, the Guarantor or any other person) until all obligations, warranties, duties and undertakings now or hereafter to be carried out or performed by the Provider under the Agreement have been satisfied or performed in full and is not revocable and is in addition to and not in substitution for and shall not merge with any other right, remedy, guarantee or security which the Contracting Authority may at any time hold for the performance of such obligations and may be enforced without first having recourse to any such security.

#### **6. OUTSTANDING PAYMENTS**

6.1 Until all amounts which may be or become payable under the Agreement or this guarantee have been irrevocably paid in full, the Guarantor shall not as a result of this guarantee or any payment or performance under this guarantee be subrogated to any right or security of the Contracting Authority or claim or prove in competition with the Contracting Authority against the Provider or any other person or demand or accept repayment of any monies or claim any right of contribution, set-off or indemnity and any sums received by the Guarantor or the amount of any set-off exercised by the Guarantor in breach of this provision shall be held by the Guarantor in trust for and shall be promptly paid to the Contracting Authority.

6.2 The Guarantor shall not hold any security from the Provider in respect of this guarantee and any such security which is held in breach of this provision shall be held by the Guarantor in trust for and shall promptly be transferred to the Contracting Authority.

6.3 Until all amounts which may be or become payable under the Agreement or this guarantee have been irrevocably paid in full, if (notwithstanding the provisions of

clause 6.1 and clause 6.2) the Guarantor has any rights of subrogation against the Provider or any rights to prove in a liquidation of the Provider, the Guarantor agrees to exercise such rights in accordance with the directions of the Contracting Authority.

## **7. CHANGE OF CONTROL**

The Guarantor shall procure that, during the term of this guarantee, there shall be no Change of Control of the Provider.

## **8. PAYMENT AND EXPENSES**

8.1 Each payment to be made by the Guarantor under this guarantee shall be made in pounds sterling, free and clear of all deductions or withholdings of any kind, except for those required by law, and if any deduction or withholding must be made by law, the Guarantor shall pay that additional amount which is necessary to ensure that the Contracting Authority receives a net amount equal to the full amount which it would have received if the payment had been made without the deduction or withholding.

8.2 The Guarantor shall pay interest on any amount due under this guarantee from the day after the date on which payment was due up to and including the date of payment in full (as well after as before any judgment) in accordance with the Late Payment of Commercial Debts (Interest) Act 1998.

8.3 The Guarantor shall reimburse the Contracting Authority for all legal and other costs (including VAT) incurred by the Contracting Authority in connection with the enforcement of this guarantee.

## **9. SETTLEMENT**

Any settlement or discharge between the Contracting Authority and the Provider and/or the Guarantor shall be conditional upon no settlement with security or payment to the Contracting Authority by the Provider or the Guarantor or any other person being avoided or set aside or ordered to be refunded or reduced by virtue of any provision or enactment relating to bankruptcy, insolvency or liquidation for the time being in force and accordingly (but without limiting the Contracting Authority's other rights hereunder) the Contracting Authority shall be entitled to recover from the Guarantor, as if such settlement or discharge had not occurred, the value which the Contracting Authority has placed upon such settlement or security or the amount of any such payment.

## **10. WARRANTIES**

10.1 The Guarantor warrants and confirms to the Contracting Authority :

- (a) that it is duly incorporated with limited liability and validly existing under the laws of England;
- (b) that it has full power under its memorandum and articles of association or equivalent constitutional documents in the jurisdiction in which it is established to enter into this guarantee;
- (c) that it has full power to perform the obligations expressed to be assumed by it or contemplated by this guarantee;

- (d) that it has been duly authorised to enter into this guarantee;
- (e) that it has taken all necessary corporate action to authorise the execution, delivery and performance of this guarantee;
- (f) that this guarantee when executed and delivered will constitute a legally binding obligation on it enforceable in accordance with its terms;
- (g) that all necessary consents and authorisations for the giving and implementation of this guarantee have been obtained; and
- (h) that it has not received any notice, nor to the best of its knowledge is there pending or threatened any notice of any violation of any applicable laws, ordinances, regulations, rules, decrees, awards, permits or orders which may affect its ability to perform under this guarantee.

10.2 The Guarantor warrants and undertakes to the Contracting Authority that it will take all necessary action directly or indirectly to perform the obligations expressed to be assumed by it or contemplated by this guarantee and to implement the provisions of this guarantee.

10.3 The Guarantor warrants and confirms to the Contracting Authority that it has not entered into this guarantee in reliance upon, nor has it been induced to enter into this guarantee by any representation, warranty or undertaking made by or on behalf of the Contracting Authority (whether express or implied and whether pursuant to statute or otherwise) which is not set out in this guarantee.

## **11. ASSIGNMENT**

The Contracting Authority shall be entitled by notice in writing to the Guarantor to assign the benefit of this guarantee at any time to any person without the consent of the Guarantor being required and any such assignment shall not release the Guarantor from liability under this guarantee.

## **12. NOTICES**

12.1 Any notice to or demand on the Guarantor to be served under this guarantee may be delivered or sent by first-class recorded delivery post or telex or facsimile transmission to the Guarantor at its address appearing in this guarantee or at such other address as it may have notified to the Contracting Authority in accordance with this clause 12.

12.2 Any such notice or demand shall be deemed to have been served:

- (a) if delivered, at the time of delivery; or
- (b) if posted, at 10.00 am on the second day after it was put into the post; or
- (c) if sent by telex or facsimile process, at the expiration of 2 hours after the time of dispatch, if dispatched before 3.00 pm on any day, and in any other case at 10.00 am on the next day.

12.3 In proving service of a notice or demand it shall be sufficient to prove that delivery was made or that the envelope containing the notice or demand was properly addressed and posted as a pre-paid first-class recorded delivery letter or that the

telex or facsimile message was properly addressed and dispatched, as the case may be.

**13. WAIVER**

13.1 No delay or omission of the Contracting Authority in exercising any right, power or privilege under this guarantee shall impair or be construed as a waiver of such right, power or privilege nor shall any single or partial exercise of any such right, power or privilege preclude any further exercise of such right, power or privilege or the exercise of any other right, power or privilege. The rights and remedies of the Contracting Authority provided for in this guarantee are cumulative and not exclusive of any rights or remedies provided by law.

13.2 A waiver given or consent granted by the Contracting Authority under this guarantee will be effective only if given in writing and then only in the instance and for the purpose for which it is given.

13.3 A waiver by the Contracting Authority shall not constitute a continuing waiver and shall not prevent the Contracting Authority from subsequently enforcing any of the provisions of this guarantee.

**14. SEVERABILITY**

The invalidity, illegality or unenforceability in whole or in part of any of the provisions of this guarantee shall not affect the validity, legality and enforceability of the remaining part or provisions of this guarantee.

**15. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999**

It is agreed for the purposes of the Contracts (Rights of Third Parties) Act 1999 that this guarantee is not intended to, and does not, give to any person who is not a party to this guarantee any rights to enforce any provisions contained in this guarantee except for any person to whom the benefit of this guarantee is assigned or transferred in accordance with clause 11.

**16. GOVERNING LAW**

16.1 This guarantee and any disputes or claims arising out of or in connection with it, its subject matter or formation (including non-contractual disputes or claims) is governed by and shall be construed in accordance with English law.

16.2 The Guarantor submits to the exclusive jurisdiction of the English courts for all purposes relating to this guarantee and any disputes or claims arising out of or in connection with it, its subject matter or formation (including non-contractual disputes or claims).

**17. ENTIRE AGREEMENT**

17.1 This guarantee contains the whole agreement between the parties relating to the transactions contemplated by this guarantee and supersedes all previous agreements between the parties relating to the transactions.

17.2 Each party acknowledges that in entering into this guarantee it has not relied on any representation, warranty, collateral contract or other assurance (except those set out in this guarantee and the documents referred to in it) made by or on behalf

of any other party before the date of this guarantee. Each party waives all rights and remedies which, but for this clause 17.2, might otherwise be available to it in respect of any such representation, warranty, collateral contract or other assurance.

17.3 Nothing in clause 17.1 limits or excludes any liability for fraud.

This deed has been entered into on the date stated at the beginning of it.

**EXECUTION UNDER HAND**

**IN WITNESS** whereof this Agreement has been executed by the Parties in accordance with their respective constitutions:

Signed for and on behalf of  
**THE KENT COUNTY COUNCIL**

.....  
Authorised Signatory

.....  
Print Name of Authorised Signatory

Signed for and on behalf of **[THE CONTRACTOR]** in the presence of:

.....  
Authorised Signatory

.....  
Print Name of Authorised Signatory

**SCHEDULE 11**  
**PERFORMANCE BOND**

Not Used

## SCHEDULE 12

### BUSINESS CONTINUITY PLAN

The Civil Contingencies Act 2004 requires the Council to maintain plans ensure it can continue to provide essential services at all times regardless of emergencies or business interruptions. Providers who deliver Services or goods which underpin the Council's Service provision must therefore have in place their own resilient contingency arrangements to enable the Council's obligations in relation to this Contract to be met. Specifically, the Provider is required to have in place a Business Continuity Plan which must contain required information in accordance with the Civil Contingencies Act 2004.

The Provider shall use its reasonable endeavours:

- a) to prepare a robust Business Continuity Plan setting out the Provider's proposed methodology to ensure continuance of the Contract in the event of a business disruption; and
- b) a description of the minimum service level which the Provider will endeavour to maintained throughout a business disruption; and
- c) a description of the recovery time objective when normal Service will be resumed following a business disruption; and
- d) upon request, to disclose to the Council the contents of its Business Continuity Plan (including any revisions made to it from time to time); and
- e) to allow the Council at its discretion from time to time to monitor the Provider's business continuity arrangements; and
- f) to test their Business Continuity Plan no less than once per annum; and
- g) to inform the Council when such tests or exercises are scheduled and, if requested to do so, provide outcomes of these tests or exercises to the Council in writing; and
- h) to provide the Council with details of how the Provider managed any incident which resulted in the activation of the Provider's Business Continuity Plan and any consequential amendments made to the Provider's processes and/or procedures thereafter.

The Provider shall take reasonable care to ensure that in the performance of its obligations under the Contract it does not disrupt the operations of the Council, its employees or any other Provider Contracted by the Council.

The Provider shall immediately inform the Council of any actual or potential threat, from whatever source, which affects or might affect its ability at any time to perform its obligations under the Contract.

In the event that the actual or potential threat is realised, the Provider shall seek approval (such approval to be sought prior to the issue of any notification to the press or other media) to its proposals to continue to perform its obligations under the Contract in accordance with their Business Continuity Plan.

If the Provider's proposals (above) are considered insufficient or unacceptable by the Council acting reasonably, then the Contract may be terminated with immediate effect by the Council by notice in writing.

If the Provider is temporarily unable to fulfil the requirements of the Contract owing to disruption of normal business of the Council, the Provider may request a reasonable allowance of time and in addition, the Council will reimburse any additional expense reasonably incurred by the Provider as a direct result of such disruption.

On receipt of approval, the Provider shall:

- a) implement their Business Continuity Plan;
- b) continue to provide the affected Services to the Council in accordance with the Business Continuity Plan; and
- c) restore the affected Services to normal within the period laid out in the Business Continuity Plan.

To the extent that the Provider complies fully with the provisions of this clause (and the reason for the declaration of a business disruption was not breach of any of the other terms of this agreement on the part of the Provider), the Service Levels (if any) to which the affected Services are to be provided during the continuation of the business disruption shall not be the Service Levels as referred to in Schedule 6 but shall be the Service levels set out in the Business Continuity Plan or (if none) the best Service levels which are reasonably achievable in the circumstances.

The Provider is required to assist the Council in meeting these duties by:

- Developing and adopting a Business Continuity Plan which complies with the Civil Contingencies Act 2004;
- Operating the Business Continuity Plan for the duration of this Contract;
- Providing the Council with a copy of any such plan upon request.

It should be acknowledged that Provider commitments under this Contract shall include regular risk assessments and business impact analysis in relation to this Contract to be carried out on an annual basis, or more frequently if the Council requests that additional testing be undertaken.

The Business Continuity Plan must include but is not limited to the following:

#### Distribution List

- The Provider must note all the individuals to whom the completed Business Continuity Plan has been sent. The list should include the number of each recipient's copy, along with the recipient's name and location.

#### Table of Contents

- This enables information in the plan to be located quickly. The number and name of the section should be given along with a page reference.

## Aims and Objectives

- The Provider should be clear about why he is completing this plan and what it aims to achieve if the plan is activated.

## Considerations

- The Provider's aim is to prepare its business to cope with the effects of an emergency or disruption to enable continuity of delivery under this Contract;
- The Provider's organisation must know how to act in the event of an emergency or crisis;
- The Provider intends that its usual working patterns will recover as quickly as possible and with as little impact as possible;
- Additional Provider-specific objectives of the plan may include:
  - To prevent customers going elsewhere;
  - To ensure that the Provider's credit rating is unaffected; and
  - To prevent cash-flow problems.

Note: requirements specific to the Provider's own organisation should also be listed.

## Critical Function Analysis and Recovery Process

- A critical function is an operation that the Provider's business cannot survive without. Each of the Provider's 'critical functions' should be analysed, and the Provider should assign a level of importance to each.
- The Provider needs to work out the effect of disruption of a 'critical function' over time - after 24 hours, between 24-48 hours, up to a week and up to two weeks.
- This allows the Provider to identify the actions it may need to take in the short-term (immediately following an emergency) and in the long-term (to fully recover).
- The Provider will also need to identify what resources, including people, will be required to recover its business from the emergency.

## Priority List of Critical Functions

- In the event of an emergency or extended period of disruption the Provider may need to refer to its list of priorities in order to prepare an Action Plan.
- This will serve as a reminder about which functions must be reinstated first and will be most crucial in the recovery process.
- By prioritising and organising in advance, the Provider's course of action will be clearer if a crisis occurs.

## Emergency Response Checklist

- This should include all actions that need to be completed to ensure the most efficient method of recovery. The Provider will need to note who has completed each action, and the date it was completed.

## Actions may include:

- Liaison with emergency services;
- Noting damage to the organisation, including staff, premises, equipment, data or records;

- Identification of disrupted “critical functions”; and
- Provision of briefings to staff, customers, public and interested parties.

#### Key Contacts lists

- The Provider should keep a list of people who need to be informed in case of an emergency, or will need to be involved in action planning following a disruption.
- Details should include name, email, mobile number and other details as appropriate. Next of kin details for staff members within the Provider’s organisation may also be relevant.

#### Layout/map

- The Provider should consider including with its disaster recovery document up-to-date plans of any premises that the Provider’s organisation may occupy.
- This is of use to the emergency services and should include locations of main water stop-cock; switches for gas and electricity supply; any hazardous substances; and items that would have priority if salvage became a possibility.

#### Emergency Pack

- As part of the Business Continuity Plan for the Provider’s organisation, the Provider should hold copies of all important documents, records and/or equipment off-site. Their location should be recorded in the Provider’s Business Continuity Plan.
- This emergency pack may be crucial to the recovery process.

#### Expenses Log

- All expenses incurred should be recorded. Details of who made the decision and reasons why should be given.

Keep the plan up to date.

The Provider organisation should not only prepare a Business Continuity Plan, but must ensure it is kept up to date. Plans should be updated:

- If there are any changes to the Provider’s organisation, including restructuring;
- If the Provider changes the method of delivery of its critical activities;
- If there is a change to the external environment in which the organisation operates;
- With lessons learned from an incident or exercise;
- If there are changes to staff;
- If the Council requires any changes to the Business Continuity Plan in relation to ensuring continuity of delivery under this Contract.

**SCHEDULE 13**  
**COMMERCIALLY SENSITIVE INFORMATION**

If Used

**SCHEDULE 14**  
**CONTRACT MANAGEMENT**

**SCHEDULE 14**  
**CONTRACT MANAGEMENT**  
**Care and Support in the Home Services**

**Please Note:**

**For : Care and Support in the Home Services, Disabled Children and Young people, 0 - 18 Years**

**There is an Addendum to Schedule 14 Care and Support in the Home Services Contract Management which clarifies which part of the wider Contract management schedule is used for Children's services**

**1. INTRODUCTION AND CONTEXT**

- 1.1. This schedule outlines the governance, management information and Key Performance Indicators (KPIs) for the Contract Management of Care and Support in the Home Services.
- 1.2. This Schedule provides information on how the Providers and 'lotted' Services will be Contract managed at both an Operational and Strategic Level.
- 1.3. This schedule supports the Provider to understand their Contract Management obligations and provides information to enable the Provider to make provision for the Council's required governance structure.
- 1.4. It is expected elements of this Contract Management Schedule will be reviewed over the life of the Contract in response to the Specification changes detailed within Schedule 2.
- 1.5. Any future additional performance monitoring requirements will be introduced through consultation and engagement with persons and Providers and will be informed by the review and development of the Service Specification.

**2. CONTRACT PROVIDER TYPES**

- 2.1. From Contract Commencement Date, there will be three provider types:
  - a) A 'Cluster' Contracted provider is specifically Contracted within the 'Care and Support in the Home' framework to provide care and support within the Cluster in question.
  - b) An 'Other' Contracted provider is Contracted within the 'Care and Support in the Home' framework to deliver care and support in another Cluster area.

- c) A 'Spot Contracted' provider is not Contracted with the Council in the Care and Support in the home framework but may be the holder of an individual contract relating to an individual person or persons.

### **3. AUDIT (CONTRACT REVIEW VISITS)**

3.1. The Council will plan regular Contract Management meetings with the Service Provider. The Council may manage Service or Provider audits (contract review visits) in relation to any areas of Contract compliance/performance that Commissioners wish to better understand.

3.2. These audits may be announced or unannounced.

3.3. In the case of an announced visit, the Council will send through a list of documents they wish to review prior to the audit.

3.4. Where unannounced visits take place, the list of required documents will be given to the Provider on arrival at their premises. Unannounced visits will only be managed in exceptional circumstances where levels of risk require this approach.

3.5. Examples of areas for auditing might include, but not be limited to, the following:

- a) Remuneration of workers, including mileage charges and any benefits in relation to terms and conditions
- b) Financial accounts; current and historic
- c) Time and task activities relating to reporting of KPIs
- d) Outcome Focused Action Plans relating to reporting of KPIs
- e) Supervision and training schedules
- f) Disaster Recovery/Business Continuity plans; ensuring they are current and up to date
- g) Professional Registration; that these are current and there are no improvement plans in place and costs in relation to levels of regulation
- h) Client Satisfaction including any outstanding formal complaints
- i) Waiting list information
- j) Any other reasonable requests.

3.6. Quality Assurance

3.6.1. Following an audit (Contract Review Visit) the Council may issue sanctions explained further below (Appendix 1 of this Schedule – Sanctions)

3.7. Work Shadowing

3.7.1. The Council may from time to time submit requests to shadow Care and Support Workers. The purpose of this is for Members and employees of the Council to get a first-hand understanding of the day-to-day challenges faced by Care and Support Workers. The Provider will be informed of the Council's

intention to shadow Care and Support Workers with a minimum of five working days' notice.

#### **4. CONTRACT MONITORING METHODOLOGY**

- 4.1. The Contract will use a Provider Scorecard method as detailed in Appendix 2 of this Schedule. The Provider is expected to evidence performance against the Specification and their achievement of outcomes and objectives using the KPIs specified within the Scorecard template.
- 4.2. This Contract Management approach enables Commissioners to monitor Service performance data on a regular basis and to identify trends and broader performance indicators on a long-term basis. This will help Commissioners and the Council maintain an oversight of issues such as supply and demand and with developing a more holistic understanding of the Service.
- 4.3. Managing the Contract in this way will enable the Council to take evidence-based decisions in relation to the development of Services and market shaping to ensure ongoing sustainability.
- 4.4. The Contract will be managed against the following elements:
  - a) Quality / Contract Assurance
  - b) Cost and Innovation
  - c) Delivery Performance (KPIs)
  - d) Relationship Development
  - e) Business Assurance and Responsible Business Conduct

#### **5. PROVIDER SCORECARDS**

- 5.1. A Provider Scorecard is a performance tool used in strategic management to identify and improve various functions of a business/ Service and its resulting outcomes. It can be used to measure the performance of Providers/ Services, shape feedback and enables the Provider and Commissioner to compare, contrast and share learning.
- 5.2. Good quality data collection is crucial to underpin the Scorecard methodology and deliver reliable quantitative information. The Provider Scorecard approach will be utilised alongside qualitative information such as feedback from people using the Service and Care and Support worker feedback. Provider Scorecard data will be interpreted by Commissioners and will inform decision-making throughout the life of the Contract.
- 5.3. The Provider Scorecard is used to communicate and reinforce the desired behaviours in a Service Provider. The Scorecard will identify the areas of the business that Commissioners are seeking to better understand, influence and improve. The Scorecard is designed to support a continuous improvement approach throughout this contract period.
- 5.4. The Provider Scorecard is used to measure performance in relation to the Specification and Service objectives, the efficacy of innovation and initiatives such as pilots, and any goals that are achieved because of these primary functions.

- 5.5. Commissioners and Providers will use Scorecards to identify factors hindering good quality Contract performance and will outline Service improvements which can then be tracked by future Scorecards.
- 5.6. Commissioners will also use the Provider Scorecard to:
- a) Implement strategy mapping to understand where value already exists in the Service or where added value may be incorporated;
  - b) Develop strategic initiatives and objectives in partnership with Contracted Providers.
- 5.7. Guidance for the completion of the Provider Scorecard is provided as Appendix 2 in this Schedule.
- 5.8. It is recognised that data collection methodologies cannot always reflect the nuances of Service delivery and that the tool cannot be wholly objective. Stakeholders may sometimes find that they have differing interpretations of the information collated within the Provider Scorecards.
- 5.9. To mitigate against this, several perspectives will be collated to ensure a full and fair understanding of Provider performance. Council Commissioners, Operational Social Care teams and Providers will all rate the individual areas detailed within the Scorecard. The final score will be agreed by taking account of all contributions at the Contract Management meetings.
- 5.10. Performance will be reviewed against ratings of Good, Requires Improvement and Inadequate.

Good
Requires improvement
Inadequate

- 5.11. Scoring of the Provider Scorecard will be as below:
- 5.12. Each Scorecard section has 4 subsections, each subsection will be scored 1-3 according to the guidance given
- 5.13. All subsection scores are totalled together to achieve a final score in the Provider Scorecard Section

Section	Total Score	Sanctions
Good Overall quality of service is considered to meet expectations, with substantial levels	10 -12	Any level 3 sanction or 2 or more other sanctions will limit the score to Requires

of assurance, low risk and good prospects for improvement.		Improvement (see 5.4.8)
Requires improvement Overall quality of service is inconsistent, with adequate or limited assurance, medium risks and adequate or uncertain prospects for improvement.	7-9	
Inadequate Overall quality of service requires improvement, significant issues are arising with limited or no assurance, high risks and uncertain prospects for improvement.	Less than 7	

## 6. SCORECARD ELEMENT 1 - QUALITY / CONTRACT ASSURANCE

6.1. This Section of the Scorecard measures the perception of and/or evidenced quality of the Provider and its accountability, in accordance with Contract requirements.

6.2. This will consider aspects such as:

- a) Ownership and accountability (Contract Compliance).
- b) Quality Issue management (Poor Practice & Safeguarding).
- c) Contract assurance / Outcome focused care and support.
- d) Quality of the service.

6.3. These will be measured via:

- a) Information received via an information, intelligence and issues log.
- b) Sanctions Applied.
- c) Customer Satisfaction surveys.
- d) CQC ratings, reports and intelligence.
- e) Intelligence and evidence received from the Council's Purchasing, Operations and Finance teams.
- f) Provider Self-Assessment.

## 7. SCORECARD ELEMENT 2 - COST AND INNOVATION

7.1. Throughout the life of this Contract the Council intends to shape provision towards a more outcome-focused model of care.

- 7.2. This movement away from current time and task models will need to evolve throughout the Contract period and will be undertaken through ongoing engagement and partnership working with Contracted Providers.
- 7.3. To support this approach, the cost and innovation element of the Provider Scorecard will consider aspects such as whether:
- a) Is there value for money? Evidence of Return on Investment.
  - b) Continuous Improvement recognition and planning.
  - c) Cost and Finance process and procedure.
  - d) Cost and Finance Tolerance management.
- 7.4. These will be measured via:
- a) Information received via an information, intelligence and issues log.
  - b) Intelligence and evidence received from the Council's Purchasing, Operations and Finance teams.
  - c) Provider Self-Assessment.
  - d) Maturity and ability to work with our systems.
  - e) Pilots and project engagement.

## **8. SCORECARD ELEMENT 3 – DELIVERY AND PERFORMANCE**

- 8.1. This Section of the Scorecard measures the perception of and/or evidenced quality of the Provides Service delivery and performance, in accordance with Contract requirements.
- 8.2. This will consider aspects such as:
- a) Delivery within agreed specifications.
  - b) Response to enquiries and feedback.
  - c) Management of supply /demand acting on trend information.
  - d) Evidenced activity in seeking customer feedback and feeding into future service development.
- 8.3. Delivery performance will be measured through a mixture of:
- a) Information received via an information, intelligence and issues log.
  - b) Intelligence and evidence received from the Council's Purchasing, Operations and Finance teams.
  - c) Provider Self-Assessment.
  - d) Customer Satisfaction surveys.
  - e) Maturity and ability to work with our systems.

- f) Pilots and project engagement.

## **9. SCORECARD ELEMENT 4 – RELATIONSHIP MANAGEMENT**

9.1. This section of the Scorecard measures collaborative engagement typically characterised by high degrees of openness, honesty and trust. This will consider aspects such as:

- a) Contract management and joint working (with the Council).
- b) Provider / The Council customer status (Adult to Adult).
- c) Provider and Client / Families relationships status.
- d) Behaviours and collaboration with other sectors and other providers.

9.2. This element of the Scorecard will be measured through:

- a) Provider Self-Assessment.
- b) Customer Satisfaction surveys.
- c) Peer feedback (Provider forum).
- d) Information received via an Information, intelligence and issues log.
- e) Contract review meetings.

## **10. SCORECARD ELEMENT 5 – BUSINESS ASSURANCE AND RESPONSIBLE BUSINESS CONDUCT**

10.1. This section of the Scorecard measures the suitability and appropriateness of the provider from several perspectives as highlighted in the Provider Scorecard guidance. This includes assessing the Provider's capabilities to meet broader Legislation and Policy Objectives.

- a) This will consider considerations such as:
- b) Contract/business assurance and legislation compliance and Business Continuity.
- c) GDPR & DSP compliance – Maturity.
- d) Workforce management.
- e) Ethical Safe and Environmentally sound working practices.

10.2. This will be measured by:

- a) Business Assurance reviews incl. legislative changes.
- b) Staff surveys.
- c) Provider Self-Assessment.
- d) CQC.

10.3. General Data Protection Regulations (GDPR) and Data Security and Protection (DSP) Legislation is now in place. Under this section of the balanced scorecard the Council will monitor Provider compliance to GDPR Regulations and Providers' work towards delivering DSP requirements, including the DSP toolkit.

10.4. Capacity and Demand

10.4.1. In acknowledgement of the challenges relating to workforce recruitment and retention, the Council expects to be able to access data and information which can inform Service improvement and long-term strategy. The Council expects that Providers will work in partnership with its Commissioners to begin to collate information about their workforce.

10.4.2. This could relate to numbers of people in their workforce, their skill set for delivery, training plans etc. Whilst there is no obligation on the Provider under this Contract Management Schedule the Council reserves the right to obtain a true and clear picture of workforce, including their capability and capacity.

## **11. ESCALATION OF INADEQUATE SCORECARD PERFORMANCE THRESHOLDS**

11.1. If any elements of the scorecard are reported as inadequate, Providers must give a written response to the contract manager within 10 days as to the reasons why and what remedial action has taken place to rectify.

11.2. If the same scorecard element is reported as inadequate in the following quarter (inadequate for two consecutive quarters) Providers must immediately complete a Performance Exception Report. detailed in section 15 in this Schedule.

11.3. This issue will be escalated to the Contract Manager where the Provider's senior management need to commit to making the necessary improvements.

11.4. The Contract Manager will set the time scale for resolution via a remedial action plan and if this is not adhered to KCC will issue an Improvement Notice which shall remain in place until:

11.5. The Commissioner withdraws the Improvement Notice; or

11.6. The Commissioner replaces the Improvement Notice with a Default Notice.

11.7. During the time the Improvement Notice is in place, KCC reserves the right to investigate (directly or via a third party) any aspects of the service performance.

11.8. These investigations could lead to:

- a) Revision of the Improvement Notice,
- b) Withdrawal of the Improvement Notice,
- c) Replacement of the Improvement Notice with a Default Notice.

- 11.9. The Council may issue a Default Notice if an Improvement Notice has previously been issued but has not resulted in the delivery of the objectives or enough improvement in performance within the specified time frame.
- 11.10. Once the Default Notice has been issued the Commissioner shall be entitled to apply for contractual remedies detailed within the terms and conditions: Clause 41 and Clause 50

## **12. PROVIDER SELF-ASSESSMENT**

- 12.1. The providers self-assessment will request information relating to management and key objectives, in addition to the KPIs Linked to the Provider Scorecard.
- 12.2. The full provider self-assessment can be viewed in Appendix 3 of this Schedule.
- 12.3. The measurement of KPIs will be as outlined in Appendix 3 below and will be measured in accordance with this Contract Management Schedule.
- 12.4. The Council reserves the right to alter the KPIs and management measures in line with internal or external changes. The Council will, from time to time, ask for additional reporting over and above what is contained within this Schedule.
- 12.5. The Provider Self-assessment form will be reviewed at a 6-month review and any changes will be developed in collaboration between the Provider and the Commissioner. Information will be monitored monthly by the Provider and reported monthly to Commissioners.
- 12.6. To ensure the KPI targets are Specific, Measurable, Actionable, Relevant and Timely (SMART) the Contract Manager will work with the Providers via the Provider forums. These forums are also an opportunity for Providers to meet with the Contract Manager to finalise the validity of all KPIs and their associated targets to ensure they are fit for purpose and aligned with the Outcomes and Schedule 2 Specification.
- 12.7. Where the Contract Manager or Providers identify a need to change any of the KPIs and targets, they may make a recommendation which will be reviewed by the Council's Commissioners. Any agreed change will be made in accordance with the Change Control Procedure set out in Schedule 7 Change Control.
- 12.8. Stretch targets are to be reviewed as part of ongoing performance monitoring. This is to ensure alignment with specified requirements of the Service and to encourage continuous improvement. The stretch target will be achievable through effective and efficient service delivery, which the Provider and Council will establish through the course of delivering the Service. The Contract Manager will work with the Provider throughout the life of the contract to support the achievement of the stretch targets and ensure that stretch targets remain realistic and achievable.
- 12.9. Providers will input all KPI and self-assessment information via a web link, to be provided by the Council, in the first quarter of Contract Commencement. Thereafter these will be submitted monthly.

- 12.10. KPIs will be monitored at least quarterly and will be tracked and compared on a quarter-by-quarter basis. KPIs are not cumulative between quarter.
- 12.11. Providers are advised that an annual (minimum) audit will be undertaken to evidence provision of core training requirements for Care and Support Workers. Training requirements are detailed in full in the Service Specification. The audit will review what training has been undertaken, by whom and when Providers are advised that Management Information requirements may change.
- 12.12. KPI - Status – Quarterly Monitoring.
- 12.13. Each KPI will be reviewed against a performance rating of Outstanding, Good, Requires Improvement or Inadequate based on Providers achieving the relevant performance threshold. KPIs will be reported monthly with all performance ratings submitted through the online portal by the due date set by the Council.
- 12.14. Requires Improvement KPIs
- 12.15. All KPIs that are recorded as Requires Improvement will be discussed at the quarterly Contract Review Meetings where Providers will provide an explanation and action plans to assure improvement.
- 12.16. If any KPI remains Requires Improvement for two consecutive quarters Providers must give a written response within the Contract Quarterly Report as to the reasons why and what remedial action has taken place or is planned to rectify the issue.
- 12.17. Inadequate KPIs
- 12.18. Where any KPIs are reported as Inadequate, Providers must give a written response within the Contract Quarterly Report as to the reasons why and what remedial action has taken place or is planned to rectify the issue.
- 12.19. If the same KPI is reported as Inadequate in the following quarter (Inadequate for two consecutive quarters) Providers must complete a Performance Exception Report. This report and its requirements are detailed in Section 15.

### **13. THE COUNCILS MEASURES**

- 13.1. In relation to this contract, measurements will be taken from various KCC sources. The Councils operational teams and case managers / case workers will lead on information relating to the individual packages of care as detailed in the SDO/FAN. This will include any Safeguarding issues or issues relating to the quality of individual persons support. The councils commissioning teams will lead on information relating to the contract.
- 13.2. Information, intelligence and issues log.
- 13.3. People who refer clients to Care and Support in the Home Services will feed into an Information, intelligence and issues log which will be shared with the Contract Manager. This will contain details of any relevant information, intelligence and issues arising. Issues identified will be discussed during Cluster / Contract Management meetings or on an immediate basis, where urgent attention is required.

- 13.4. An action tracker will be maintained by Commissioners to ensure mitigating actions are recorded and monitored.
- 13.5. Sanctions process further explained in Appendix 1 of this Schedule.
- 13.6. The Sanction process is due to be reviewed and this will take place during the period of the Care and Support in the Home Contract. The existing Sanction process is detailed below. This Schedule will be updated where required to reflect any changes to the Sanction process.
- 13.7. The Council may issue Sanctions to a Provider following a Contract Review visit or upon information received in relation to the Contract provision from professional staff or partners. Sanctions may be issued not as a punitive measure, but to allow an investigation of any issue raised.
- 13.8. Should any Sanction be applied it will limit the rating on the Provider Scorecard. Any Level 3 Sanction, or two or more Level 2 Sanctions within a defined reporting period, will limit the Provider's Scorecard rating to 'Requires improvement'.

#### **14. EXTERNAL MEASUREMENTS**

- 14.1. Customer Satisfaction surveys.
- 14.2. The Council is committed to ensuring that the views and experiences of people using its Services are sought and that this evidence is used to improve Services. The Council will regularly seek feedback from people using its Services.
- 14.3. Specific Elements which the Council would be interested in understanding from clients and carers are detailed in appendix 3 of this Schedule.
- 14.4. CQC reports and meetings.
- 14.5. The council holds regular meetings with local inspectors, share information and work jointly in areas of concern.
- 14.6. Other statutory bodies. The Council will work jointly as necessary with other statutory bodies such as Kent Police and Fire Service, this may be on a case by case basis or as a multi-agency forum.

#### **15. ESCALATION ROUTES**

- 15.1. Should the Provider identify any issues relating to an individual persons Care and Support then in the first instance this should be raised with the Case Manager as stated in the care and support plan.
- 15.2. Should the Provider identify any issues which require escalation in relation to the contract, these shall be raised with the Commissioner in the first instance. If satisfactory resolution cannot be reached the next point of escalation should be with the Senior Commissioner. In exceptional circumstances where resolution can still not be reached the issue should be escalated to the Senior Commissioning Manager.

- 15.3. Should Commissioning feel the need to escalate any issues to the provider the routes for escalation will be defined in Schedule 5

## **16. EXCEPTION REPORTING**

- 16.1. Situations may arise where a provider's performance is outside of the agreed Specification. In this case an Exception Report will be required for the relevant circumstance. Within the Performance framework situations which may also require an exception report are also indicated. An Exception Report must contain:

- a) Date,
- b) Reasons for the Exception,
- c) Remedial Action Plan detailing how this issue will be resolved going forward,
- d) Anticipated time frame,
- e) Key persons from all organisations involved.

- 16.2. An Exception report template can be seen in appendix 5 of this Schedule.

## **17. ROLES AND RESPONSIBILITIES**

- 17.1. Management of this Contract will be led by the Council's Commissioner(s) responsible for the Care and Support in the Home Contract. Input and intelligence about the Contract and Provider performance will be collected from a range of stakeholders including:

- a) Council Commissioners
- b) Council Social Care Officers
- c) Council Purchasing teams
- d) Council Finance teams
- e) Partner organisation officers
- f) CQC representatives and reports
- g) Information, Intelligence and Issues Log
- h) People receiving the Service (through customer satisfaction surveys, complaints and complaints etc.).

- 17.2. Delivery of the Contract and submission of performance returns will be the responsibility of the Provider.

## **18. PERFORMANCE MONITORING REPORTING**

- 18.1. Provider Performance monitoring will be conducted via return of the following tool:
  - a) Provider self-assessment which includes KPI measurements.
- 18.2. Providers must input all Provider self-assessments via a web link which will be determined before commencement of the Care and Support in the Home Contract.
- 18.3. Returns should be made available to Commissioners by the 12<sup>th</sup> day of the subsequent month.
- 18.4. Contract Management discussions to monitor performance will be scheduled for the end of July, October, January and April (TBC).
- 18.5. These may be in person, or virtually depending on any associated risk.

## **19. GOVERNANCE AND MEETING STRUCTURE**

- 19.1. Meeting Structure.
- 19.2. Performance Management meetings may take place in person, or virtually depending on the risk associated with the Provider and/ or their Cluster determined via the Risk Matrix tool. Draft included as Appendix 4 of this Schedule.
- 19.3. The Risk Matrix tool assigns a risk level to a provider based on information received from self-assessments, KPI returns, CQC, Sanctions, Spend, Market Share and Intelligence gained.
- 19.4. Providers will be informed of their risk status prior to meetings being organised, with the type and duration of formal review being delivered proportionate to the risk.
- 19.5. Cluster Meetings.
- 19.6. Cluster meetings will take place on a monthly basis and will involve the following stakeholders, with the flexibility to include others as needed and according to the agenda and any issues raised:
  - a) Purchasing Team Representative
  - b) Commissioning Representative
  - c) Provider Representatives.
- 19.7. The purpose of the monthly Cluster meetings is to:
  - a) Review the previous month's operational performance, complaints and recommendations
  - b) Share best practice and lessons learnt
  - c) Review declines and the reasons why
  - d) Maintain an oversight of the packages being delivered and workforce capacity
  - e) Review the operability of the purchasing protocols and ensure they remain fit for purpose
  - f) Enable Contracted Providers per Cluster to meet locally on a regular basis.

- 19.8. Cluster meetings will be group meetings. However, individual meetings will be called as and when required either by the Council or by the Provider. These meetings will be led by the relevant Purchasing Manager and minutes will be taken by the nominated Provider in rotation and circulated five working days after the meeting.
- 19.9. The Council will review the frequency of these meetings once the Care and Support in the Home Contract has been effectively embedded.
- 19.10. Quarterly Contract Review Meetings.
- 19.11. Contracted Providers will have a proportionate quarterly review with the Council on an individual basis. This will be aligned to the Quality and Risk Matrices and will be managed in person or virtually, where appropriate.
- 19.12. The purpose of these meetings is to:
- a) Evaluate progress against the Provider Scorecard
  - b) Ensure Contracted Providers have the opportunity to engage with key Council stakeholders on a regular basis
  - c) Review performance of Contracted Providers including declines
  - d) Share relevant market and Council information
  - e) Ensure the Council keep Providers informed of progress in its Modernisation programme
  - f) Review and resolve workforce and capacity issues
  - g) Resolve and agree Contractual issues
  - h) Update on Serious Incidents
  - i) Provide an opportunity for Providers to escalate issues to Commissioners
  - j) Review and resolve Contractual or Pricing issues
- 19.13. The Council requires the Provider's Kent County Council Account manager or an equivalent representative is made available to attend these meetings. Representatives must be able to take key decisions within their organisation.
- 19.14. Provider Forums.
- 19.15. For the initial 3 months of the new contract the Council will lead these meetings monthly.
- 19.16. After the initial period Providers will be asked to lead these at least on a quarterly basis, and senior members of the Providers management team should attend.
- 19.17. Invites will be based on locality.
- 19.18. The purpose of these Forums is to:
- a) Allow Providers and the Council to work together to further develop the contract and additional elements.

- b) Involve Providers in the development of the Outcomes Based Care, providing opportunity to air any issues, concerns and risks
- c) Allow networking, sharing of information and collaboration
- d) Inform the Provider of changes in strategy
- e) Keep the market informed of plans and pilots so that the market has an opportunity to make changes and respond positively
- f) Allow the Council and Providers to share knowledge
- g) The council intends to lead on the initial 3 meetings, after this we would expect providers to take the initiative and lead, with commissioning attending and updating on progress as needed.

## **20. CARE QUALITY COMMISSION (CQC) THE REGULATOR**

- 20.1. The Council must be informed when Providers are due to be inspected.
- 20.2. The Provider must also inform the Commissioner/Contract Manager within 24 hours of having the inspection that the inspection has taken place and provide the Council with a copy of the written feedback given at the time of the inspection.
- 20.3. The Council must be informed of the outcome of the most recent inspection within 5 working days of the Provider receiving their inspection report and rating.
- 20.4. The provider must inform the council when the CQC draft report is received and what their ratings are in each of the five KLOE's – Safe, Caring, Responsive, Effective, and Well Led, and if they intend to challenge and if so why.
- 20.5. The Provider must inform the council when they receive their final report and state whether the ratings are different from the last inspection and draft report. Should any ratings be lower than previously then the provider must provide us with a copy of their Service Improvement Plan
- 20.6. The Provider should expect to discuss their latest CQC report at their next contract review meeting.
- 20.7. The provider must inform the council if they receive any breaches to the Regulation and their plans to address these and timelines.
- 20.8. The provider must inform the Council if they do not have a Registered Manager in place and state who is therefore over-seeing the service.
- 20.9. CQC are now taking a more rolling approach with a new system, currently being referred to as the "Provider Information Collection" (PIC). The PIC will no longer be an annual "snapshot" or pre-inspection questionnaire, but an on-going monitoring tool. Providers will have to complete the PIC in full once a year. However, they may be asked to update parts of it more frequently by the inspector. The Provider will be expected to submit a copy of this once a year and/or when updated, this will feed into our own contract monitoring.

## **21. TERMINATION DUE TO PROVIDER UNDERGOING INVESTIGATION**

- 21.1. The Council reserves the right to terminate the Contract with immediate effect at no cost to the Council should the Provider be investigated by organisations including, but not limited to, Kent County Council and the Care Quality Commission and where in the reasonable opinion of the Council such investigation puts the continuing operation of the Contract at risk.
- 21.2. The Provider will indemnify the Council against all costs due to a termination in these circumstances.

## **22. INFORMATION SECURITY**

- 22.1. The Council reserves to right to audit the Provider's Information Security Management System to ensure that it complies fully with ISO27001 to safeguard the confidentiality, integrity and availability of information.
- 22.2. The audit may be undertaken by the Council or by an independent third party appointed by the Council.
- 22.3. The provider will ensure that their organisation has taken appropriate steps to be compliant with GDPR regulations under the Data Protection Act 2018. The provider will demonstrate compliance through (GDPR tool).
- 22.4. Providers are encouraged to complete the NHS Data Security and Protection Toolkit and evidence of completion is required to attain a good or outstanding Scorecard rating.

## **23. BUSINESS CONTINUITY AND DISASTER RECOVERY**

- 23.1. The Provider and Contract Manager will agree a plan for business continuity and disaster recovery.
- 23.2. These plans will set out actions to be taken when situations occur which may affect the delivery of the service and the ability of the Provider to achieve KPIs. Situations can include bad weather conditions, power cuts, vehicle breakdown etc.
- 23.3. There must also be a process in place for implementing and communicating the plan when it is required.

## **24. SHARING OF INFORMATION**

- 24.1. At any time on reasonable request from the Council, the Provider will supply the Council with such information and reports as the Council reasonably requires from time to time in relation to this Service.
- 24.2. This includes but is not limited to all Assessments and Care Support Plans with all associated documents.

## **APPENDIX 1 – Sanctions**

For the purposes of this Annex A, Clause 41.5 of the Contract states:

'If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.'

### **Adult Protection**

#### **An Adult Protection Level 1 means:**

"Adult Protection concerns have been identified and are being investigated. There is a low risk of harm, abuse or neglect to Service Users."

#### **An Adult Protection Level 2 means:**

"An Adult Protection case is being assessed/ investigated and it is possible that other Service Users may be at risk of significant harm due to abuse or poor practice. Some or all Service Users are being assessed in relation to these concerns".

This sanction also constitutes an 'Improvement Notice' under Clause 41.5 of the Contract.

**An Adult Protection Level 3 suspension** prevents new placements being made until further notice and means that:

"An Adult Protection case is being assessed/investigated and there is evidence of significant risk to other Service Users due to abuse or poor practice."

This sanction also constitutes an 'Improvement Notice' under clause 41.5 of the Contract.

### **Poor Practice**

#### **A Poor Practice Level 1 Warning means:**

"Poor practice concerns have been identified and are being investigated. There is a low risk of harm, abuse or neglect to Service Users."

This sanction also constitutes an 'Improvement Notice' under clause 41.5 of the Contract.

#### **A Poor Practice Level 2 warning means:**

"Poor practice concerns have been identified and are being investigated. There is a moderate risk of harm, abuse or neglect to Service Users."

This sanction also constitutes an 'Improvement Notice' under clause 41.5 of the Contract.

#### **A Poor Practice Level 3 Suspension means:**

"Serious poor practice concerns have been raised and are being investigated. There is a significant risk of harm, abuse or neglect to Service Users."

This sanction also constitutes an 'Improvement Notice' under clause 41.5 of the Contract.

## **Contract Compliance**

### **A Contract Compliance Level 1 Warning means:**

“Contractual concerns have been identified and are being investigated. There is a low risk of harm, abuse or neglect to Service Users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.5 of the Contract.

### **A Contract Compliance Level 2 Warning means:**

“Contractual concerns have been identified and are being investigated. There is a moderate risk of harm, abuse or neglect to Services Users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.5 of the Contract.

### **A Contract Compliance Level 3 means:**

“Serious contractual concerns have been raised and are being investigated. There is a significant risk of harm, abuse or neglect to Service Users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.5 of the Contract.

## APPENDIX 2 SCORECARD GUIDANCE

### Section 1: "Quality & Contract Assurance Measures the KCC perception of and/ or evidenced quality of Provider and Service, in accordance with contract requirements.

	Ownership and accountability (Contract Compliance)	Quality management Issue (Poor Practice & Safeguarding)	Contract assurance / Outcome focused care and support	Quality of the service
Good (3)	Roles and responsibilities within the organisation are clear. Good triaging of referrals. Good demand management Consistent approach to accepting care packages across the board irrespective of factors including location and rurality.	Provider generally takes ownership of any quality issues, and communicates issues in a timely manner to the contract manager Keeps KCC informed of CQC associated activity	Effective assurance in relation to client's outcomes achieved as outlined in the specification and good prospects for improvement. Consistent use of flexing allocated hours	Quality of service is consistent and meets expectations, the organisation is evidencing and monitoring the delivery of services that are provided to people receiving support and their carers, show care and support meeting expectations
Requires Improvement (2)	Lack of defined roles and responsibilities. Inconsistent triaging of referrals. Inconsistent demand management, Inconsistent approach to accepting care packages. Some seasonal issues and some selectiveness is relation to accepting packages based on location and rurality.	Provider takes ownership of any quality issues, however there is not generally a timely response or communications with the contract manager Inconsistently keeps KCC informed of CQC associated activity	Evidence of working towards client outcomes are in place, as outlined in the specification, but often incomplete giving limited assurance and limited prospects for improvement Inconsistent use of flexing allocated hours	There are consistency issues with the quality of the service, provider proactively puts improvement plan in place. The organisation evidencing and monitoring of the delivery of services that are provided to people receiving support and their carers, show care and support below expectations
Inadequate (1)	People are not clear who's accountable for remedying situations with disputes commonplace. Lack of roles and responsibilities and inconsistent approach to issues. Poor triaging of referrals. Poor demand management, Inconsistent approach to accepting care packages, noticeable seasonal issues and obvious selectiveness is relation to accepting packages based on location and rurality.	Provider generally does not take ownership of any quality issues and communications and response times are poor. Rarely informs KCC of CQC associated activity	No clear evidence of working towards the outcomes of clients in place Often inappropriate use of flexing allocated hours	Quality of service is inconsistent, no proactivity in putting an improvement plan in place, the organisation evidencing and monitoring of the delivery of services that are provided to people receiving support and their carers, show care and support far below expectations

## Section 2: Cost and Innovation

	Is there value for money? Evidence of Return on Investment	Continuous Improvement recognition and planning	Cost and Finance process and procedure	Cost and Finance Tolerance management
Good (3)	Service can evidence value for money in most service elements; provider is developing tools to enable improved evidence of return on investment for commissioners Measurable KCC input and interventions needed	The provider identifies opportunities for innovation, cost reduction and service improvement. The provider shows lean thinking and the provider is starting to embed in business processes; provider is developing business case approach for commissioners. Use of IT solutions to deliver service delivery Ideas being put forward, Improvement shown across all measures	The provider has accurate and efficient financial/resource management and processes. The provider identifies some waste/duplication of processes and has identified support needed to progress	Provider informs commissioner of cost over runs or underspends. The provider has a good understanding of the company's viability thresholds Invoices are based on actuals.
Requires Improvement (2)	The provider's not able to evidence value for money in all service elements but is working towards delivering this assurance Regular KCC input and interventions needed	The provider sometimes identifies opportunities for innovation, cost reduction and/or service improvement, but lacks impetus to move ideas forward; Provider doesn't present ideas in a business case way - needs support to develop business case approach for commissioners. Use of IT solutions to deliver service delivery Inconsistent Improvement shown across all measures	The provider cannot evidence that it's financial/resource management processes enable identification of waste/duplication etc; will need support to develop this	The provider does not always inform commissioners of cost over runs or underspends. Little understanding of their viability threshold Does not invoice on Actuals but well within tolerance levels
Inadequate (1)	The provider is not able to evidence value for money in several service elements and is not working towards being able to deliver this assurance Consistent KCC input and interventions needed	The provider just delivers the basic contractual obligations and shows little sign of driving any innovation, identification of cost reductions and or service improvements to the benefit of the customer, commissioner or provider. No use of IT solutions to deliver service delivery. No improvement obvious	The provider cannot evidence efficient or effective financial/resource management processes to enable future identification of waste/duplication etc; will need support to understand and develop this.	The provider does not inform commissioners of cost over runs or underspends unless asked; No understanding of the organisations viability threshold. Invoices to invoice tolerance

### Section 3: Service Delivery

	Delivery within agreed specifications	Response to enquiries and feedback	Management of supply /demand acting on trend information	Evidenced activity in seeking customer feedback and feeding into future service development
Good (3)	The provider delivers the service in accordance with the specification and expected KPIs and can demonstrate stretch targets in more than 25% of the agreed measures.	The provider routinely responds to enquiries in a timely manner and is competent in seeking feedback	The provider is aware of demand and supply constraint and is reviewing trends and considering innovative ways of meeting demands differently	The provider can evidence customer feedback is regularly collected in an effective and efficient manner
Requires Improvement (2)	The provider is largely delivering the service in accordance with the specification and expected KPIs but there are some areas where improvement is required to hit the base targets	The provider does not respond to enquiries in a timely manner and is not seeking feedback from stakeholders in a regular, efficient and effective way	The provider is aware of demand and supply constraints and is starting to proactively review trends/consider how demands can be met differently	The provider has routine customer feedback activities however the information gained, and questions asked could be improved
Inadequate (1)	The provider is delivering some elements of the service in accordance with the specification and KPIs but there are significant areas where the specification and/or KPIs are not met	The provider does not respond to enquiries in a timely manner and feedback loops are sporadic and not systemised	The provider is aware of demand and supply constraints and the need to ensure equality in/parity in access to the service but is not actively seeking to address this	The provider is inconsistent in collecting customer feedback

#### Section 4: Relationship Management

	Contract management and joint working (with KCC)	Provider / KCC customer status (Adult to Adult) etc.	Provider and Client / Families relationships status.	Behaviours and collaboration with other sectors and other providers
Good (3)	The provider is proactive in attending Contract meetings The provider and KCC share information, considering collaborate on Pilots and projects, working towards joint Client feedback, Business continuity plans aligned	The provider views KCC and stakeholders as important customers and manages relationships well. The provider and KCC representatives have a good working relationship	The provider engages with clients and family members to ensure a holistic approach is delivered. Signposts to other organisations when a need is identified	The provider strives to meet business needs, exhibit collaborative behaviours and work to continuously improve Providers work alongside other agencies to deliver care packages, and in partnership with the other Provider(s) to ensure the services are provided in accordance with the person's care and support plan and to maximise gains
Requires Improvement (2)	There is engagement with the Contract meetings) but joint buy-in from senior stakeholders is not yet evident. The provider and KCC can share information but not always timely, collaborate on Pilots and projects is ad hoc, client feedback is gained from the provider, business continuity plans adequate	The provider views KCC and stakeholders as important customer some of the time; the provider, KCC representatives have a varying working relationship	Provider engages with clients and family members where needed. Signposts to other organisations on occasion	The provider exhibits inconsistent collaborative behaviours when providing the service and improvements are required to ensure business needs are met and continuous improvement is possible Providers can work alongside other agencies to deliver care packages, but the relationships with other providers in the clusters could be improved
Inadequate (1)	The provider attends some Contract meetings but is not active in developing relationships/engaging fully The provider can share information but not in a timely way, no collaboration on Pilots and projects, Client feedback not obtained, Business continuity plans fail	Although the provider views clients as important customers, they do not view KCC and stakeholders as important customers too; the providers relationship with KCC and stakeholders requires improvement	Provider has a bare minimum of engagement with clients and family members. No signposting to other organisations	The provider exhibits poor collaboration and relational behaviours when providing the service Providers rarely work alongside other agencies to deliver care packages, but the relationships with other providers in the clusters could be improved

**Section 5: Business Assurance and Responsible business Conduct**

	Contract/business assurance and legislation compliance. Business Continuity CQC registration and rating	GDPR & DSP compliance - Maturity	Workforce management	Ethical Safe and Environmentally sound working practices.
Good (3)	The provider has responded to a contract and business assurance review within the last 12 months and has indicated high levels of compliance, Provider has work force planning systems and processes to ensure that they can always deliver consistent care and particularly in the event of a planned or unplanned incident	The provider has robust policies and procedures in place compliant with GDPR – and has applied for standard recognition. GDPR Mapping and checklists complete NHS DSP Toolkit in process	Few Vacancies Good staff retention and promotion within the existing workforce. All Staff trained (or in training) to achieve a min of a L2 qualification. Opportunity for career progression evident. Esther trained staff as indicated in the specification. Staff supervision record good and low % of Staff on Zero Hours contracts	Evidence of Social Value and Ethical working All Local Employment Mostly 'Buy Kent First' Good Community development Good and Fair employer - Staff wage and Ts and Cs Mostly green and sustainable communities' practice
Requires Improvement (2)	The provider has responded to a contract and business assurance review within 12 months and, whilst they have indicated some levels of compliance, there are also areas of noncompliance; there is an action plan in place to address areas requiring improvement Provider has work force planning systems and processes but these have not proven to enable them to deliver consistent care at all times or particularly in the event of a planned or unplanned incident	The provider has an implementation plan in regards achieving GDPR compliance and is seen to be working towards completion. GDPR Maps and checklists in place No NHS DSP Toolkit to date	consistent vacancies Average staff retention some promotions within existing workforce. Most staff trained to the level identified by the specification. Some ESTHER trained staff. Little opportunity for career progression Staff supervision records inconsistent higher % of Staff on Zero Hours contracts	Inconsistent Social Value and Ethical working practices. High Local Employment Some 'Buy Kent First' Some Community development work evident. Indifferent employer - Staff wage and Ts and Cs could be improved. Inconsistent green and sustainable communities' practice
Inadequate (1)	The provider has not responded to a contract and business assurance review within the last 12 months. Inadequate work force planning systems and processes which have proven to be insufficient to deliver consistent care	The provider has not planned a response to GDPR legislation, Maps and Checklists not underway. No engagement with the NHS DSP Toolkit	Lots of Vacancies Poor staff retention – High qty of leavers and few promotions. Staff not trained to levels defined in the specification. Little opportunity for career progression Staff supervision poor not evidenced Majority of Staff on Zero Hours contracts	Very little Social Value and Ethical working practice Little 'Buy Kent First' No Community development evidenced. Poor employer Staff wage and Ts and Cs Poor green and sustainable communities' practice

## 64. APPENDIX 3 PROVIDER SELF-ASSESSMENT

Cluster Overview	Clients	Hours	Visits
Provider Viability Level			

Client Overview	Clients	Hours	Visits
KCC funded Clients - Single Handed (1 to 1)			
KCC funded Clients - Double Handed (2 to 1)			
Non KCC Funded Clients - Single Handed (1 to 1)			
Non KCC Funded Clients- Double Handed (2 to 1)			

1) Clients receiving care from a 'trusted team,'	Stretch Target	Good	Requires Improvement	Inadequate
Single handed Calls, Percentage of clients with 4 care workers or less	over 90%	70-90%	50-70%	less than 50%
Double handed calls, Percentage of clients with 8 care workers or less	over 90%	70-90%	50-70%	less than 50%
<b>2) Percentage of visits which were missed or cancelled by the provider</b>				
Stretch Target	Good	Requires Improvement	Inadequate	
Total visits missed	Less than 2%	3-5%	5-8%	more than 8%
Total visits cancelled	Less than 2%	3-5%	5-8%	more than 8%
<b>3) Percentage of Visits that were Greater or Less than 45 mins Before or After Identified Time</b>				
Stretch Target	Good	Requires Improvement	Inadequate	
No of 'early' visits - % of Early visits	Less than 2%	3-5%	5-8%	more than 8%
No of 'Late' visits - % of Late Visits	Less than 2%	3-5%	5-8%	more than 8%
<b>4) Packages of Care response to purchasing</b>				
Stretch Target	Good	Requires Improvement	Inadequate	
Number of packages offered				
Number of packages responded to within 2 hours	over 90%	70-90%	50-70%	less than 50%
Number of packages refused	Less than 2%	3-5%	5-8%	more than 8%
Number of packages - no response	Less than 2%	3-5%	5-8%	more than 8%
Number of packages accepted (placed and not placed)	over 90%	70-90%	50-70%	less than 50%
<b>5) New Clients responded to within 24 hours</b>				
Stretch Target	Good	Requires Improvement	Inadequate	
No of new clients this month				
No of new clients assessed within 24 hours of package accepted.	over 90%	70-90%	50-70%	less than 50%

<b>6) Compliments and Complaints</b>	<b>Stretch Target</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
Number of compliments received				
Number of complaints received				
Number of complaints / no of clients %	Less than 2%	3-5%	5-8%	more than 8%
Number of complaints or issues responded to within 24 hrs	over 90%	70-90%	50-70%	less than 50%
Number of complaints or issues resolved within 1 week	over 90%	70-90%	50-70%	less than 50%
<b>7) Staff Management Information</b>				
<b>7) Staff Management Information</b>	<b>Stretch Target</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
No' of Staff in this branch				
No of staff vacancies	Less than 2%	3-5%	5-8%	more than 8%
No of staff appointed to vacancies	over 90%	70-90%	50-70%	less than 50%
No of promotions within staff				
No of staff on zero hours contracts				
No of staff with ESTHER training (According to specification – broken down by year)				
No of staff NVQ 4 or equivalent				
No of staff NVQ 2 or higher	over 90%	70-90%	50-70%	less than 50%
No of staff working towards NVQ 2 (balanced against though attained higher)	Balance	90% of balance	70-89% of balance	less than 70% of balance
No of staff receiving supervision meetings this month	over 90%	70-90%	50-70%	less than 50%
No of staff undergoing any disciplinary processes	Less than 2%	3-5%	5-8%	more than 8%
No of Apprentices				

### Information Requested from Client surveys

(The council does not consider this element to be a substantial change to Scope or Services and as such the Information requested from the provider in relation to Client Surveys will be added to this specification by Fri 28<sup>th</sup> September 2018)

### Regulation and Issue Information.

Have there been any CQC notifications or requests this month?	
Annual CQC PIC update submission	
Any CQC breaches?	
Any Data protection breaches	
Business continuity plans Has this had to be actioned and was it appropriate	
Number of incidents and or accidents which required the Duty of Candour to be implemented	
Number of reported 'issues' clients and staff	
Number of Safeguarding 'issues' raised.	

**The Annual Assurance Review will contain:**

- A renewal of the questions contained within the tender PQQ/ITT
- Submission of evidence re Accounts / Business health
- Submission of e evidence re Legislative compliance – GDPR etc
- Evidence of ISO compliance, Investors in people etc.

The Final Annual Assurance Review form will be designed and shared with providers during the first 3 months of the contract period. Providers will be asked to input into this process.

This will be kept under review and adapted as needed in response to legislative or contract changes.

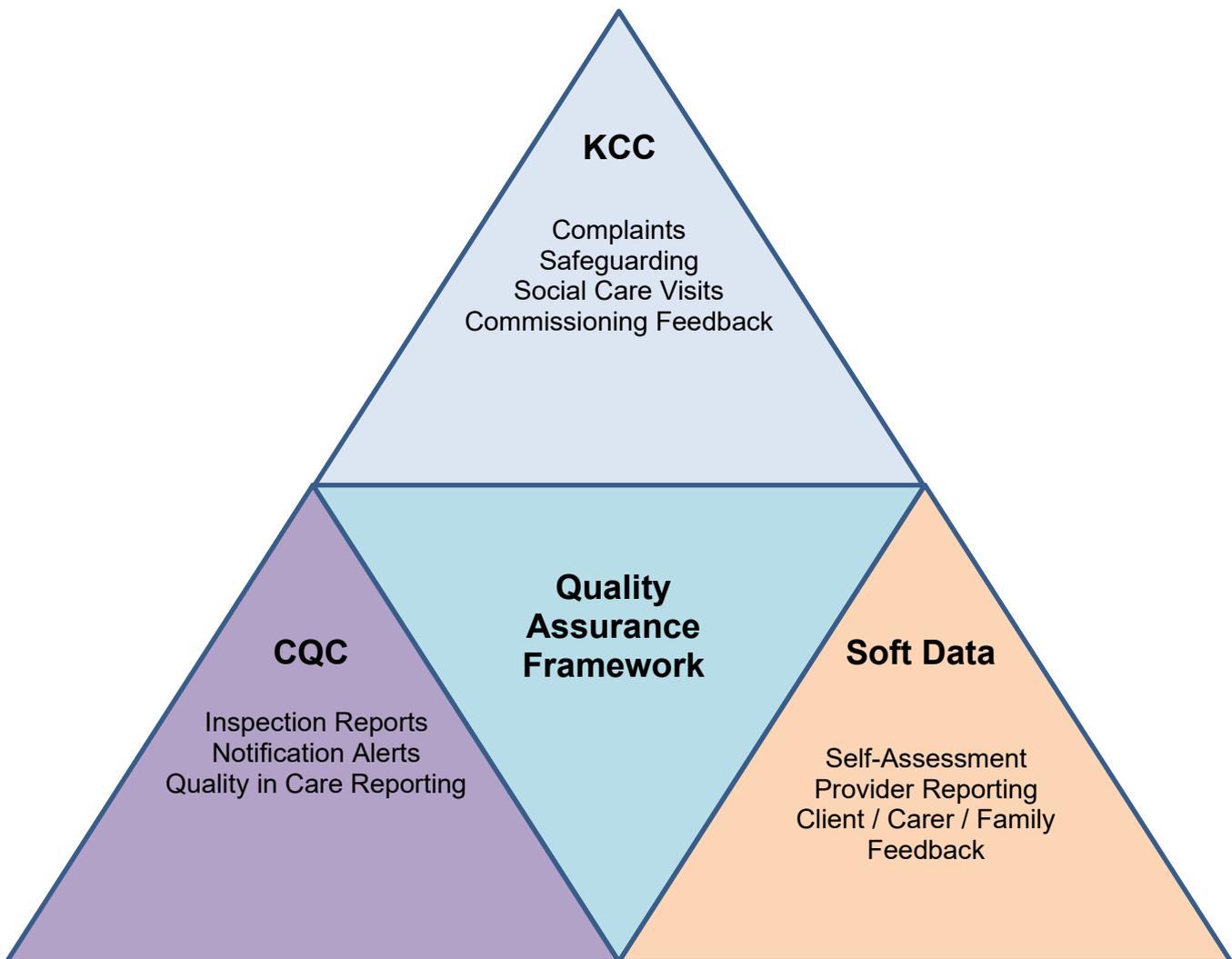
## APPENDIX 4 QUALITY & RISK MATRIX / FRAMEWORK

With supporting methodology and linking to a Scorecard & Key Performance Indicators enabling triangulation of data sources, including:

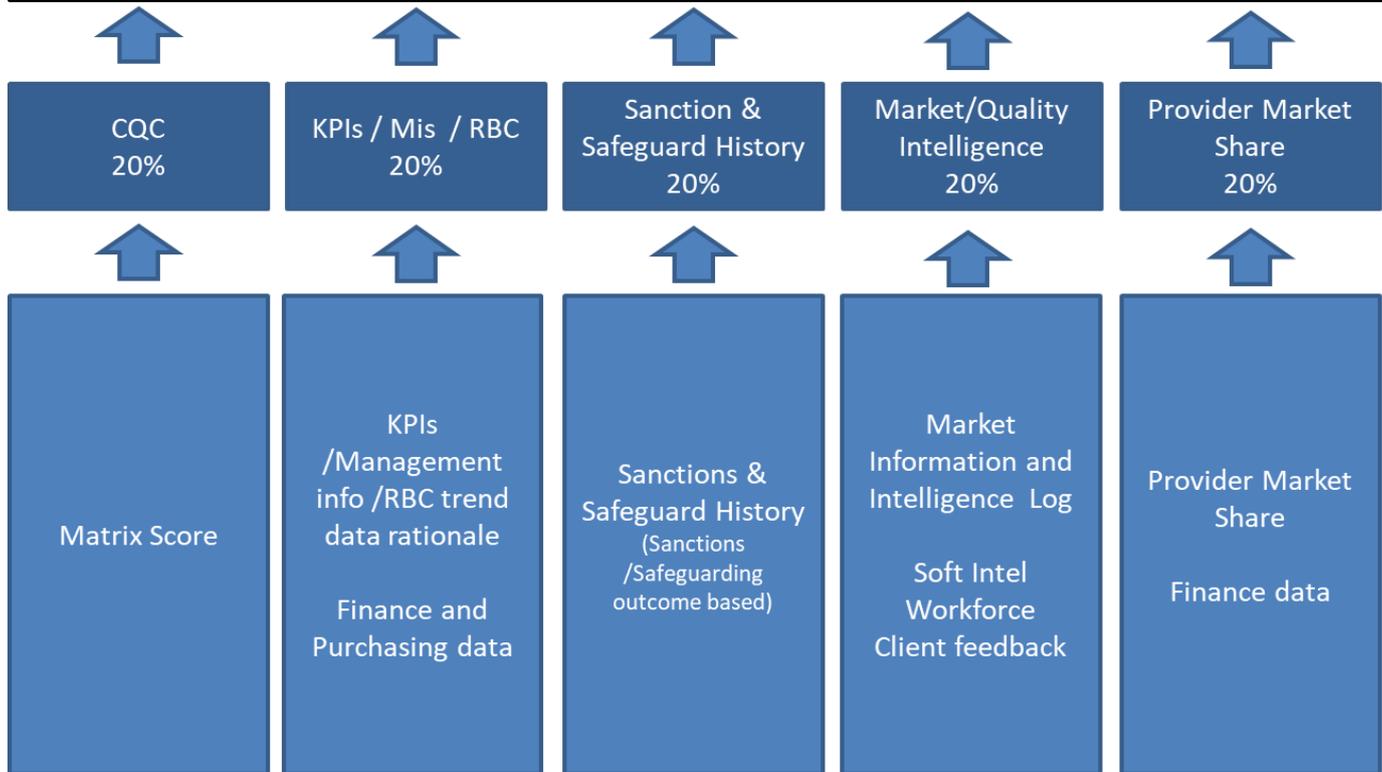
- Soft data / intelligence received from feedback from experts and professionals
- Provider Self-assessment and reporting
- Balanced Scorecard / KPI input
- CQC inspection results
- Contract Sanctions & Safeguarding
- Market Share

Will facilitate:

- Identification of themes and trends,
- Identification of system-wide and local risks,
- High-level Dashboards to show compliance levels and imprSanction the Provider in accordance ovements over time, allowing for deep dive reports.



**Quality Risk Matrix / Contract Management**  
 Worked on common denominator of individual scores and weighted accordingly  
 Top 20% Red, Next 30% Amber, Balance 50% Green



**Plain Text Version of this Diagram:**

(Alternative Format for Digital Accessibility)

- **Quality Risk Matrix / Contract Management** – worked on common denominator of individual scores and weighted accordingly
- Top 20% Red, Next 30% Amber, Balance 50% Green
  - **CQC** – 20%
    - Matrix Score
  - **KPIs / Mis / RBC** – 20%
    - KPIs / Management Info / RBC Trend Data Rationale
    - Finance and Purchasing Data
  - **Sanction & Safeguard History** – 20%
    - Sanctions & Safeguard History
      - (Sanctions/Safeguarding outcome based)
  - **Market / Quality Intelligence** – 20%
    - Market Information and Intelligence Log
    - Soft Intel Workforce Client feedback
  - **Provider Market Share** – 20%
    - Provider Market Share
    - Finance Data

## APPENDIX 5 – EXCEPTION REPORT

<b>Provider name</b>	
<b>Person completing report</b>	
<b>Role of person completing</b>	
<b>Relevant Clusters</b>	
<b>Date of Report</b>	
<b>Reasons for the Exception</b> (detailing the issue and identified reasons)	
<b>Key persons from all organisations involved</b>	
<b>Remedial Action Plan</b> (detailing how this issue will be resolved going forward)	
<b>Anticipated time frame</b> (Key dates and Completion date)	

ADDENDUM – CHILDREN’S SERVICES

**Care and Support in the Home Services**

**Disabled Children and Young people**

**0 - 18 Years**

**Addendum to Schedule 14 Care and Support in the Home Services Contract Management**

**- Contract Number: SC19012**

**NB: This document MUST be read in conjunction with the above Schedule 14 .**

<p><b>Addendum:</b> Service Specification Document</p>	<p><b>This document identifies the following:</b></p> <p>1. Additions and clarifications to the contract management arrangements relating to children and young people aged 0 to 18 (and their families).</p>
<p>Strategic Commissioning Lead</p>	<p>Emma Hanson</p>

<b>Table of Contents – Amendments &amp; Additions</b>	
<b>1:</b>	<b>Introduction &amp; Overview of Requirement for Children</b>
<b>Appendix 1</b>	<b>Sanctions</b>
<b>Appendix 3</b>	<b>Key Performance Indicators</b>

<b>Section 1</b>	<b>Introduction</b>
<b>1:</b>	<p>The performance methodology utilised within the Adults Care and Support in the Home arrangements will not need to be fully applied within Children’s provision.</p> <p>Although scorecards provide a range of very useful management information, given the relative scale and spend for Children’s activity, performance will be assessed via return of KPI information only.</p> <p>References within this Schedule to the Scorecard methodology can therefore be ignored when considering Care and Support in the Home – Children’s.</p>
<b>Appendix 1</b>	<b>Sanctions</b>

<b>1:</b> <b>Addition to Paragraph</b>	Where 'Adults' are referred to within this section please read as 'Adults, Children and Young People'.
<b>Appendix 3</b>	<b>Key Performance Indicators</b>
<b>1: Clarification</b>	Appendix 3 outlines the key areas of performance that will be monitored for Children's related activity and the associated thresholds for scoring. These must be returned monthly.

**SCHEDULE 15**  
**MOBILISATION AND TRANSITION**

Not Used

## SCHEDULE 16

### INTERFACE AGREEMENT

Care and Support in the Home Contracted Providers will be expected to work in partnership with the Council, other Contracted Providers within their Cluster Group(s) and other agencies involved in the delivery of a person's care and support such as voluntary organisations and Health partners. This principle of partnership working is integral to achieving the long-term aspirations for the Care and Support in the Home Service as outlined in Section 4 of the Service Specification.

It is expected that Contracted Providers will demonstrate a commitment to:

1. Share values and ethos in delivering high quality, person-centred care, and support Services
2. Collaborate where possible for mutual benefit
3. Communicate with each other clearly and regularly
4. Value all partners' contributions
5. Support the sharing of relevant information, expertise and knowledge
6. Self-monitor and quality audit the performance of the service
7. Be willing to develop and innovate in line with new initiatives and technology
8. Be flexible enough to reflect changing needs, priorities and lessons learned
9. Promote and actively encourage participation of people who use or have used care and support Services.

The Council anticipate that a sustainable relationship is fostered throughout the Contract period, which meets the expectations of the Contracted stakeholder partners and Commissioners, according to the Contracted position established at the inception of the Contract within the Cluster Group.

Contracted Providers will be expected to build and utilise effective partnerships to support:

- Effective management of referral pathways, ensuring Contracted Provider capacity and capability within the Cluster Group.
- Manage demand, prioritise activity and resource mapping.
- Robust data collection, consistent reporting and performance management approach that demonstrates delivery of commissioned care and support.
- Effective mobilisation of the contract in line with the specification.
- Plans are in place for business continuity, resilience and disaster recovery.
- Quality assurance processes in place to manage risks effectively and proactively.
- Work with the Commissioners to effectively assess the impact and outcomes delivered through the service.
- Share best practice, learning and changes in policy/legislation.

It is expected that the Contracted Providers within a Cluster Group will sign formal agreements, for example a Partnership Agreement, committing to work together in relation to the principles and practice expectations as set out above.

## SCHEDULE 17

### CALDICOTT PRINCIPLES

#### **Part A Summary of the 6 Caldicott General Principles**

##### **Principle 1: Justify the purpose(s)**

Every proposed use or transfer of personally-identifiable information within or from an organisation should be clearly defined and scrutinised with continuing uses regularly reviewed by an appropriate guardian.

##### **Principle 2: Don't use personally identifiable information unless it is absolutely necessary**

Personally identifiable information items should not be used unless there is no alternative.

##### **Principle 3: Use the minimum necessary personally identifiable information**

Where use of personally identifiable information is considered to be essential each individual item of information should be justified with the aim of reducing identifiability.

##### **Principle 4: Access to personally-identifiable information should be on a strict need to know basis**

Only those individuals who need access to personally identifiable information should have access to it and they should only have access to the information items that they need to see.

##### **Principle 5: Everyone should be aware of their responsibilities**

Action should be taken to ensure that those handling personally identifiable information – both practitioner and non-practitioner staff – are aware of their responsibilities and obligations to respect an individual's confidentiality.

##### **Principle 6: Understand and comply with the law**

Every use of personally-identifiable information must be lawful. Someone in each organisation should be responsible for ensuring that the organisation complies with legal requirements.

#### **Part B Information Governance**

##### **Information Security Requirements**

The Provider shall apply appropriate technical and organisational measures to adequately secure the Council's personal data during processing, storage and transfer. These measures must fulfil the Council's legal obligation to comply with data protection principle 7 (Information Security) of the Data Protection Act 1998. In furtherance of this the Provider shall indemnify the Council for loss or damages caused by any action, authorised or unauthorised, taken by himself, his employees, servants, agents or Sub-Contractors.

1. Information security policy shall be in place, approved by management, communicated to employees and Sub-Contractors and available for inspection.

2. Information security responsibilities shall be assigned to one or more competent individuals.
3. The Provider shall notify the Council's Information Security Officer of any incidents of breach or loss of the Council's data as soon as reasonably practical and in any case no later than 72 hours after becoming aware of an incident.
4. Background checks are undertaken and employment contracts and sub-contracts include appropriate terms, conditions and disciplinary sanctions to minimise risks to the confidentiality and integrity of Council data.
5. Business continuity / Business Continuity Plan(s) shall be in place (or will be at Service commencement) to address unavailability event(s) or incident(s).
6. The Provider shall comply with any reasonable request for change to its Service that is required to ensure the council's continued compliance with the Public Service Network (PSN) Code of Connection (CoCo). This applies a baseline security standard to which all PSN connected parties are required to adhere.
7. Appropriate controls shall be in place to protect Council data from malicious code or cyber-attacks.
8. Assets storing or processing Council data shall be appropriately protected against physical tampering, loss, damage or seizure.
9. Audit logs shall record relevant user activity, exceptions and information security events such that incidents or suspicious activity can be adequately investigated and attributed.
10. Measures shall be in place to identify and treat technical vulnerabilities (e.g. patching and updates) in a timely and appropriate manner.
11. Controls shall be in place to ensure other customers of the Provider's Service are unable to access the Council's data or threaten its Service (either maliciously or as a result of their own Service being compromised).
12. Controls shall be in place to minimise the risk of portable or online storage devices and/or services being used by the Provider's employees or Sub-Contractor for the unauthorised copying or removal of Council data.
13. Provider employee and Sub-Contractor accounts shall be revoked in a timely manner in the event of termination of employment or change of role.
14. System Administrator accounts shall not be shared and shall only be allocated to named individuals who are accountable for their actions.
15. User accounts shall be created or revoked in a timely manner in response to requests from the Council or on the Provider's termination of employee agent or Sub-Contractor.
16. Secure Remote Access shall be available as an option.

17. The Provider shall agree to supply to the Council personal information relating to employees, agents and sub-Providers with access to Council information for the purpose of completing background checks in accordance with our obligations under PSN CoCo.
18. The Provider's employees, agents and sub-Providers shall complete specialist data protection training designed for those who handle data at this classification within the first six months of Service commencement.
19. Networks shall be managed and controlled in a way that is appropriate to this classification of data.
20. Measures shall be in place to enable the detection and attribution of misuse or unauthorised activity.

## Cloud Security Requirements

The Provider shall comply with ALL of the following requirements for any part of their Service that uses web hosting, web applications or cloud services:

### Requirements for OFFICIAL or Personal Data

1. User access via browsers shall be configured to use HTTPS security and using Transport Layer Security version 1.2 as a minimum (TLS1.2).
2. Cryptography certificates shall be issued by a current member of the Certificate Authority Security Council (CASC).
3. A Penetration Test of web facing services shall be performed by a CREST registered tester and high risk issues remediated before Service commencement.
4. Appropriate controls shall be in place to protect Council data from malicious code or cyber-attacks.
5. Appropriate technical controls shall be in place to protect Council data in the event of the theft, loss or transfer of ownership of a privately owned device previously used to access the Service.
6. Two-factor authentication (2FA) shall available as an option.

### Requirements for OFFICIAL-SENSITIVE or Sensitive Personal Data<sup>1</sup> or CONFIDENTIAL INFORMATION<sup>2</sup>

1. Extended Validation (EV or Green Bar) cryptography certificates shall be provided (or will be at Service commencement) by a current member of the Certificate Authority Security Council (CASC).
2. The Provider shall supply to the Council such personal information relating to employees with access to Council data in this classification as is necessary for background checks to be initiated as required for the council to comply with its PSN Code of Connection.
3. The Provider's employees will complete specialist data protection training designed for those who handle data at this classification within the first six months of Service commencement.
4. Networks shall (or will at Service commencement) be managed and controlled in a way that is appropriate to this classification of data.
5. Web applications and/or Cloud services shall (or will be prior to Service commencement) be penetration tested by a CREST approved Provider at annual intervals. Test results shall be made available to the contracting Council on request.
6. Two-factor authentication (2FA) shall be provided.

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<sup>1</sup> 'Sensitive Personal Data' means Data Protection Act definition relating to an individual's health, race, ethnicity, political or religious beliefs.

<sup>2</sup> 'Confidential Information' relates to an individual's health or ADULT social care (Health and Social Care Act 2012).

## **SCHEDULE 18**

### **WHISTLEBLOWING POLICY**

The Provider shall have, and keep operational, a suitable and effective Public Interest Disclosure Act 1998 (Whistleblowing) Policy which will include procedures under which Staff can raise, in confidence, any serious concerns that they may have and do not feel that they can raise in any other way. These will include but will not be limited to situations listed below when Staff believe that:

- a criminal offence has been committed, and/or
- someone has failed to comply with a legal obligation, and/or
- a miscarriage of justice has occurred, and/or
- the health and safety of an individual is being endangered, and/or
- there are or may be financial irregularities, and/or
- there may be a Safeguarding concern.

The Provider will make its Whistleblowing Policy available to the Council for inspection upon request.

## **SCHEDULE 19**

### **INFORMATION GOVERNANCE**

The Health and Social Care Information Centre requires that all Health and Social Care service providers, commissioners and suppliers must have regard to the Information Governance Toolkit Standard approved by the Standardisation Committee for Care Information (SCCI), which replaces the Information Standards Board (ISB) for Health and Social Care (ISB) and is a sub-group of the National Information Board (NIB).

The Provider shall have regard to and meet all relevant requirements under the NHS Information Governance Toolkit.

The Provider shall complete an annual IG Assurance Questionnaire to evidence compliance.

The Provider shall additionally ensure that all data of any type meets the requirements of the Code of Practice on Confidential Information, as required under the Health and Social Care Act 2012.

**SCHEDULE 20**  
**GENERAL DATA PROTECTION**  
**REGULATION (GDPR)**

1. New data protection legislation came into force during 2018, which aims to protect the privacy of all EU citizens and prevent data breaches. It will apply to any public or private organisation processing personal data. Established key principles of data privacy remain relevant in the new Data Protection Legislation but there are also a number of changes that will affect commercial arrangements, both new and existing, with suppliers.
2. The Data Protection Legislation comprises: i) the General Data Protection Regulation (GDPR) which comes into force on 25 May 2018; and ii) the Data Protection Act (DPA) 2018 which is anticipated to come into force (subject to Parliamentary approval) on 6 May 2018 for law enforcement processing, and 25 May for GDPR.

3. **STANDARD DEFINITIONS**

**Party:** a Party to this Contract;

**Law:** means any law, subordinate legislation within the meaning of Section 21(1) of the Interpretation Act 1978, bye-law, enforceable right within the meaning of Section 2 of the European Communities Act 1972, regulation, order, regulatory policy, mandatory guidance or code of practice, judgment of a relevant court of law, or directives or requirements with which the Provider is bound to comply;

**Provider Personnel:** means all directors, officers, employees, agents, consultants and contractors of the Provider and/or of any Sub-Contractor engaged in the performance of its obligations under this Contract.

4. **GDPR CLAUSE DEFINITIONS**

**Data Protection Legislation:** (i) the GDPR, the LED and any applicable national implementing Laws as amended from time to time (ii) the DPA 2018 to the extent that it relates to processing of personal data and privacy; (iii) all applicable Law about the processing of personal data and privacy;

**Data Protection Impact Assessment:** an assessment by the Controller of the impact of the envisaged processing on the protection of Personal Data;

**Controller, Processor, Data Subject, Personal Data, Personal Data Breach, Data Protection Officer:** take the meaning given in the GDPR;

**Data Loss Event:** any event that results, or may result, in unauthorised access to Personal Data held by the Provider under this Contract, and/or actual or potential loss

and/or destruction of Personal Data in breach of this Contract, including any Personal Data Breach;

**Data Subject Access Request:** a request made by, or on behalf of, a Data Subject in accordance with rights granted pursuant to the Data Protection Legislation to access their Personal Data;

**DPA 2018:** Data Protection Act 2018;

**GDPR:** the General Data Protection Regulation (Regulation (EU) 2016/679);

**LED:** Law Enforcement Directive (Directive (EU) 2016/680);

**Protective Measures:** appropriate technical and organisational measures which may include: pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of the such measures adopted by it;

**Sub-processor:** any third Party appointed to process Personal Data on behalf of the Provider related to this Contract.

## 5. DATA PROTECTION

5.1. The Parties acknowledge that for the purposes of the Data Protection Legislation, the Council is the Controller and the Provider is the Processor. The only processing that the Provider is authorised to do is listed in Schedule 20 Annex 1 by the Council and may not be determined by the Provider.

5.2. The Provider shall notify the Council immediately if it considers that any of the Council's instructions infringe the Data Protection Legislation.

5.3. The Provider shall provide all reasonable assistance to the Council in the preparation of any Data Protection Impact Assessment prior to commencing any processing. Such assistance may, at the discretion of the Council, include:

5.3.1. a systematic description of the envisaged processing operations and the purpose of the processing;

5.3.2. an assessment of the necessity and proportionality of the processing operations in relation to the Services;

5.3.3. an assessment of the risks to the rights and freedoms of Data Subjects;  
and

- 5.3.4. the measures envisaged to address the risks, including safeguards, security measures and mechanisms to ensure the protection of Personal Data.
- 5.4. The Provider shall, in relation to any Personal Data processed in connection with its obligations under this Contract:
  - 5.4.1. process that Personal Data only in accordance with Schedule 20 Annex 1 unless the Provider is required to do otherwise by Law. If it is so required the Provider shall promptly notify the Council before processing the Personal Data unless prohibited by Law;
  - 5.4.2. ensure that it has in place Protective Measures, which have been reviewed and approved by the Council as appropriate to protect against a Data Loss Event having taken account of the:
    - (a) nature of the data to be protected;
    - (b) harm that might result from a Data Loss Event;
    - (c) state of technological development; and
    - (d) cost of implementing any measures;
  - 5.4.3. ensure that:
    - (a) the Provider Personnel do not process Personal Data except in accordance with this Contract (and in particular Schedule 20 Annex 1);
    - (b) it takes all reasonable steps to ensure the reliability and integrity of any Provider Personnel who have access to the Personal Data and ensure that they:
      - (i) are aware of and comply with the Providers duties under this Clause;
      - (ii) are subject to appropriate confidentiality undertakings with the Provider or any Sub-processor;
      - (iii) are informed of the confidential nature of the Personal Data and do not publish, disclose, or divulge any of the Personal Data to any third Party unless directed in writing to do so by the Council or as otherwise permitted by this Contract; and
      - (iv) have undergone adequate training use, care, protection, and handling of Personal Data; and

- 5.4.4. not transfer Personal Data outside of the EU unless the prior written consent of the Council has been obtained and the following conditions are fulfilled:
- (a) the Council or the Provider has provided appropriate safeguards in relation to the transfer (whether in accordance with GDPR Article 46 or LED Article 37) as determined by the Council;
  - (b) the Data Subject has enforceable rights and effective legal remedies;
  - (c) the Provider complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred (or, if it is not so bound, uses its best endeavours to assist the Council in meeting its obligations);
  - (d) the Provider complies with any reasonable instructions notified to it in advance by the Council with respect to the processing of the Personal Data;
- 5.4.5. at the written direction of the Council, delete or return Personal Data (and any copies of it) to the Council on termination of the Contract unless the Provider is required by Law to retain the Personal Data.
- 5.5. Subject to Clause 5.6, the Provider shall notify the Council immediately if it:
- 5.5.1. receives a Data Subject Access Request (or purported Data Subject Access Request);
  - 5.5.2. receives a request to rectify, block or erase any Personal Data;
  - 5.5.3. receives any other request, complaint or communication relating to either Party's obligations under the Data Protection Legislation;
  - 5.5.4. receives any communication from the Information Commissioner or any other regulatory authority in connection with Personal Data processed under this Contract;
  - 5.5.5. receives a request from any third Party for disclosure of Personal Data where compliance with such request is required or purported to be required by Law; or
  - 5.5.6. becomes aware of a Data Loss Event.
- 5.6. The Providers obligation to notify under Clause 5.5 shall include the provision of further information to the Council in phases, as details become available.

- 5.7. Taking into account the nature of the processing, the Provider shall provide the Council with full assistance in relation to either Party's obligations under Data Protection Legislation and any complaint, communication or request made under Clause 1.5 (and insofar as possible within the timescales reasonably required by the Council) including by promptly providing:
  - 5.7.1. the Council with full details and copies of the complaint, communication or request;
  - 5.7.2. such assistance as is reasonably requested by the Council to enable the Council to comply with a Data Subject Access Request within the relevant timescales set out in the Data Protection Legislation;
  - 5.7.3. the Council, at its request, with any Personal Data it holds in relation to a Data Subject;
  - 5.7.4. assistance as requested by the Council following any Data Loss Event;
  - 5.7.5. assistance as requested by the Council with respect to any request from the Information Commissioners Office or any consultation by the Council with the Information Commissioner's Office.
- 5.8. The Provider shall maintain complete and accurate records and information to demonstrate its compliance with this Clause. This requirement does not apply where the Provider employs fewer than 250 staff, unless:
  - 5.8.1. the Council determines that the processing is not occasional;
  - 5.8.2. the Council determines the processing includes special categories of data as referred to in Article 9(1) of the GDPR or Personal Data relating to criminal convictions and offences referred to in Article 10 of the GDPR; and
  - 5.8.3. the Council determines that the processing is likely to result in a risk to the rights and freedoms of Data Subjects.
- 5.9. The Provider shall allow for audits of its Data Processing activity by the Council or the Councils designated auditor.
- 5.10. The Provider shall designate a data protection officer if required by the Data Protection Legislation.
- 5.11. Before allowing any Sub-processor to process any Personal Data related to this Contract, the Provider must:
  - 5.11.1. notify the Council in writing of the intended Sub-processor and processing;
  - 5.11.2. obtain the written consent of the Council;

- 5.11.3. enter into a written agreement with the Sub-processor which give effect to the terms set out in this Schedule 20 such that they apply to the Sub-processor; and
- 5.11.4. provide the Council with such information regarding the Sub-processor as the Council may reasonably require.
- 5.12. The Provider shall remain fully liable for all acts or omissions of any Sub-processor.
- 5.13. The Provider may, at any time on not less than 30 Working Days' notice, revise this Clause by replacing it with any applicable controller to processor standard Clauses or similar terms forming part of an applicable certification scheme (which shall apply when incorporated by attachment to this Contract).
- 5.14. The Parties agree to take account of any guidance issued by the Information Commissioner's Office. The Council may on not less than 30 Working Days' Notice to the Provider amend this agreement to ensure that it complies with any Guidance issued by the Information Commissioner's Office.

## SCHEDULE 20 - ANNEX 1

### Schedule of Processing, Personal Data and Data

1. The Processor shall comply with any further written instructions with respect to processing by the Controller.
2. Any such further instructions shall be incorporated into this Schedule.
3. Part A and/or Part B, as appropriate, describe the Data relationship(s) between the Parties. Only completed Part(s) apply and an uncompleted Part indicates that the Data relationship pertaining to that Part does not exist within the Contract. At least one Part must be completed and both Parts may be completed but the latter **must** apply to **different** Data within the Contract.

#### PART A

<b>The Kent County Council</b>	Data Controller
The Provider	Data Processor

Description	Details
Subject matter of the Processing	<p>Processing of personal or sensitive data in relation to the provision of Adult Social Care service provision</p> <p>All Providers delivering a service on behalf of Kent County Council are contractually obliged to manage personal or sensitive data to enable the delivery of the service commissioned. This may be through a framework contract, individual or spot contract or other arrangement whereby payment is made.</p> <p>Personal or sensitive data includes that of the person receiving the service, as commissioned or purchased on behalf of Kent County Council.</p>
Duration of the Processing	<p>The Terms and Conditions of the Contract state the duration of Processing throughout the duration of the contract and held for the agreed period of time after contract expires.</p> <p>The information is required to be held in accordance with the subject matters use, in line with the organisations' record retention policy or governing body / legislation whichever is the greatest.</p> <p>On early termination of contract, refer to the Contract particulars as detailed in the Terms and Conditions of the Contract.</p>
Nature and purposes of the Processing	<p>In the delivery of this Contract Kent County Council are the Data Controllers for information provided on service users referred to the service. The Provider is the Data Processor for the personal and sensitive information relating to this contract. .</p> <p>Where the Provider collects data in excess of the requirements of this Contract, the Provider will be the Data Controller of that data and this is covered within Part B of this Annex. The Provider is the Data Controller of its employee information; where reviewed through Contract Monitoring, the Council will be the Processor of</p>

that data.

Due to the nature of the service provided, the high-risk area of information will be that which is collected manually. The information will either be transferred to a computerised system with paper records filed in locked cabinets. This could be for client records, staff files or other requirements. The expectation is that where records are filed in locked cabinets, the keys are kept in a locked storage box in a locked office and the office is locked each time it is not in use. Access to the data will only be given to Council staff requiring it for Contract management and associated purposes.

Computerised records would need to be backed up with up to date security software. Email accounts are specific to the service and are not utilising Gmail, Yahoo or other generic or personal accounts and need to be enabled to use secure email to and from KCC and other necessary organisations.

Information that is portable and used in the community, for instance service delivery that requires a visit to hospital, GP or for an outing must be kept to a minimum with key relevant information being transported. This information has to be kept secure in a folder in a closed bag, preferably with a lock. If information is left unattended in a car for a short period, this must be locked in the boot out of sight.

Fire grab packs containing personal or sensitive information held within services must be secured in a break-glass (or similar) unit with key access for regular reviewing and updating. It must be accessible in the case of emergency.

Further information and advice around the suitability of storage, transfer and handling of information can be found at <https://ICO.org.uk>

The nature of the Processing under this Contract will cover the following: receiving, collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc.

Information must be Processed and reported according to:

Data Protection Act Information Governance – general responsibilities section of this Contract (Contract Terms and Conditions) and the GDPR Schedule.

The purpose of the Processing are as follows:

- To measure and/or accept suitability of care packages,
- To liaise with Kent County Council Case/Care Managers

	<ul style="list-style-type: none"> <li>• To inform staff of service to be delivered and escalation routes.</li> <li>• To deliver services to Specification according to need.</li> <li>• To manage unforeseen situations, and emergencies</li> <li>• To invoice KCC according to the individual's details.</li> <li>• To analyse current and future service provision via KPI data</li> <li>• To ensure safe working practice via monitoring of training, DBS collection, registration and insurances.</li> </ul> <p>Information will be shared with the Commissioner of the Service, the Regulator, the NHS/CCG and Ambulance Trust where and when necessary in a timely and legitimate manner, obtaining consent where required.</p> <p>Due to the nature of the data collected, GDPR compliance will also be appended to any contract management schedules.</p>
Type of Personal Data	<p>Personal and sensitive data required includes:</p> <p>Information on Service recipients: name, address, date of birth, NHS details, social care identification number, NI number, telephone number, medical conditions and assistance needs, key safe information as needed, next of kin information, risk assessment information.</p>
Categories of Data Subject	<p>Service users/Individuals/Residents/Clients – the person using the service</p> <p>Next of Kin or Carer to the person using the service.</p> <p>Contact details of Accommodation manager or Key worker (where client is in a residential or nursing accommodation setting)</p> <p>Witness and Investigation information in relation to complaint, safeguarding and criminal investigations (may include photographic evidence)</p>
Plan for return and destruction of the Data once the Processing is complete UNLESS requirement under union or member state law to preserve that type of Data	<p>Retention of data as per 'Contract particulars' in the Terms and Conditions</p> <p>Or Retention as required by legislation or regulatory bodies, whichever period is the greatest.</p> <p>Storage, Transfer and Destruction of data as per Data Protection Act Information Governance – general responsibilities section of the Contract Terms and Conditions</p> <p>On early termination of contract all data to be returned to Kent County Council as per section 'recovery upon termination' within the Contract Terms and Conditions.</p>

**PART B**  
**The Kent County Council**  
**The Provider**

Data Processor  
Data Controller

Description	Details
Subject matter of the Processing	<p>Additional information received relating to the individual using the service and shared with the Council</p> <p>Employee information collated by the Provider to deliver the Service and shared with the Council through Contract Monitoring, Safeguarding or other legitimate requirement</p>
Duration of the Processing	<p>For the duration of the Service and Contract – refer to the Terms and Conditions of the Contract or Safeguarding and other Legislation</p>
Nature and purposes of the Processing	<p>The nature of the Processing means any operation such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc.</p> <p>The purpose to include employment processing, statutory obligation, recruitment assessment etc.</p>
Type of Personal Data	<p>Staff/Volunteers. professional registrations, insurances, proof of ID, NI details, Bank details, training details, DBS information</p> <p>Additional Personal or Sensitive information collated in relation to a Service recipient in order to deliver the Service</p>
Categories of Data Subject	<p>Service users/Individuals/Residents/Clients – the person using the service</p> <p>Next of Kin or Carer to the person using the service.</p> <p>Staff (including volunteers, agents, and temporary workers)</p> <p>Suppliers/third parties in the delivery of the service, including trainers</p> <p>Witness and Investigation information in relation to complaint, safeguarding and criminal investigations (may include photographic evidence)</p>

<p>Plan for return and destruction of the Data once the Processing is complete UNLESS requirement under union or member state law to preserve that type of Data</p>	<p>Retention of data as per 'Contract particulars' in the Terms and Conditions</p> <p>Or Retention as required by legislation or regulatory bodies, whichever period is the greatest.</p> <p>Storage, Transfer and Destruction of data as per Data Protection Act information governance – general responsibilities section of the Contract Terms and Conditions</p> <p>On early termination of the Contract all data to be returned to Kent County Council as per section 'Recovery Upon Termination' within the Contract Terms and Conditions.</p>
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