**Appendix 1 –Supplementary Information for Consultation**

**Introduction**

The information within this document consists of abstracts from the proposed Standard Terms Public Health Contract and the Invitation to Tender (ITT) document, and therefore the format is not intended for any other purpose but to consult on the clarity of the wording of each separate heading/area.

The Standard Terms Public Health Contract and ITT document shall be disclosed in full when the tender is published, however for the purpose of this exercise, please comment on whether these key areas require further clarity/explanation.

**Digital** - By recording all activity at child record level as outlined in the Children's Health Digital Strategy update report and as approved by the NHS Digital's (previously the HSCIC) [Children and Young People's Health Services (CYPHS) Data Set](http://digital.nhs.uk/isce/publication/scci1069), and providing the commissioner with anonymised datasets for public health monitoring and planning, as recommended in the Children's Health Digital Strategy report, with appropriate geographic coding for us to map the data, we will be able to match outcomes to activity as an evidence based approach to health improvement.

The provider will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and to safeguard personal data at all times. In line with the above and following good practice guidance, the successful provider will have agreed data sharing protocols with: delivery services within LCC, including WPEH services; other partner agencies, including midwifery, social care, education services, schools and the police. This will enable effective holistic services to be provided to children and their families. The successful provider will work proactively with schools to address ongoing issues regarding consent to share information and information sharing agreements.

The successful provider will provide assurance on request, of their systems, procedures and policies around Information Governance, for example, through compliance with the NHS Information Governance Toolkit or equivalent, and in line with Lancashire County Council's expectations. The Data Protection Act 1998 requires every data controller who is processing personal information to [register with the ICO](https://ico.org.uk/for-organisations/register/), unless they are exempt, (follow link for self-assessment around the need to register).

Where personal and/or sensitive information is being shared systematically between organisations working together in a partnership arrangement, the involved services will ensure that information sharing protocols or third party data processing contractual agreements are in place.

Appropriate electronic records will be kept in the Child Health Information Systems (CHIS) to enable data collection to support delivery, review and performance management of services. This is a key interdependency between local authorities, Public Health England and NHS Guidance.

**Quality Monitoring**

The successful provider will ensure that the service delivery will adhere to ongoing national, regional and local monitoring and reporting mechanisms including monthly submissions to the NHS Digital CYP data set and will provide details of any requested audits. This will build upon what is already established and will be maintained to an expected standard.

Contract review meetings will be established with commissioners on a quarterly basis and the provider will be expected to submit quarterly reporting against key performance indicators two weeks prior to the meetings. Contract meetings will be held at County Hall Preston unless otherwise indicated.

The successful provider will be expected to work with the commissioners to ensure continuous quality by considering recommendations for example from CQC, Ofsted, PHE and NICE. All detailed and specific requirements will be outlined within the terms and conditions.

The successful provider should highlight where there is an absence of local services for onward referral to more specialist support so that future commissioning plans can include mitigation for/provision of these. This is particularly urgent where need is identified, but NICE guidance pathways are truncated at the onwards referral stage because local services do not currently exist.

**Materials, Tools, Equipment and other Technical Requirements**

The successful provider will be required to source, provide, utilise and maintain appropriate validated materials, tools, equipment and other technical requirements. This includes, but is not limited to:

* Facilities for collecting, storing and reporting information
* Physical equipment for delivering clinical services and assessments
* Validated tools for assessing development and identifying health needs.
* Personal child health records (often referred to as ‘the red book’) - paper or electronic according to local provision.
* Validated tools for assessing individual health outcomes, for example, [outcomes star](http://www.outcomesstar.org.uk/well-being-star/).
* IT systems and mobile technology for recording interventions and outcomes in the CHIS; thus capturing real time data and reducing duplication.
* Access to equipment to support agile working, for example, mobile phones and tablets.
* Equipment for measuring children’s height and weight - particularly for the NCMP programme.
* Use of social networking and other web-based tools to enable workforce training, professional networking and information and support for children, young people and families.
* National and local campaign materials, for example, Start4Life and Change4Life.
* Health promotion materials.
* Digital equipment.