City of BRADFORD METROPOLITAN DISTRICT COUNCIL

INVITATION TO TENDER (ITQ)

Specific Service Requirements for Warm Homes Healthy People (WHHP) Programme

Schedule 1

Appendices

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Definitions

Within this document and all related documents the following definitions shall apply:

Bradford Metropolitan District	Bradford City, Bradford Districts and Airedale, Wharfedale & Craven CCG areas (with the exclusion of the Craven community partnership population) (as referenced in Map at **Appendix E**).
Bradford Council Plan 2016-2020	Sets out how the Council will work with others to contribute to priorities set out in the Bradford District Plan 2016-2020.
Connecting people and place for better health and wellbeing: A Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-2023	The principle strategy for health and wellbeing in Bradford District which sets the direction, principles and priority outcomes for partnership work to improve health and wellbeing 2018-2023.
Making Every Contact Count	Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
Service	The Warm Homes Healthy People (WHHP) Programme as described within this specification.
Service User	Any person who is accessing the interventions outlined within this specification.

1 Purpose

1.1 Aim of the Service

1.1.1 The aim of the Warm Homes Healthy People (WHHP) Programme (the Service) is:

1.1.1.1 to reduce 'excess winter deaths'; and

1.1.1.2 to reduce the likelihood of cold related illness for vulnerable individuals and people living in vulnerable households who are experiencing fuel and/or food poverty.

1.1.2 This will be achieved through the use of early intervention and prevention interventions (such as the provision of practical support, health promotion activities and fuel debt advice) targeted at households experiencing food, clothing, bedding and/or fuel poverty, supporting them to maintain their homes and health.

1.2 Principles of the Service

1.2.1 The Service will adopt five key elements as principles. These are reflective of the Council and CCGs priorities, the shared Home First vision. They are integral to successful delivery of the programme, and shall be evident throughout the delivery model, these are:

1.2.1.1 **Prevention** – a commitment to putting people in charge of their own lives, providing the information, skills and resources to take responsibility for their own physical and emotional wellbeing; making healthier life choices and developing better skills and decision making;

1.2.1.2 **Demand management** – reducing the demand for urgent and unplanned care, in order to minimise avoidable hospital visits and health and care admissions by ensuring that people get the right support, at the right time, in the right place;

1.2.1.3 **Promoting Independence** – supporting people to remain independent for longer, maximising income and reducing fuel debt, enabling people to stay safe, warm and well in their own homes, facilitating knowledge and use of community resources, including during bad weather;

1.2.1.4 **Evidence-based** – informed by the Bradford District Joint Strategic Needs Assessment and current evidence of effective practice and interventions - particularly NICE Guidance (NG6) 'Excess winter deaths and illness and the health risks associated with cold homes' and PHE Guidance 'Health risks of cold homes – data sources for local services tackling health risks of cold homes' (2019); and

1.2.1.5 **Increasing Effectiveness** – removing barriers to effectiveness and ensuring partnership working adds value and conveys benefits to service recipients. Ensuring people, scheme partners and referring agencies are aware and able to make use of year-round sources of support.

1.3 Objectives of the Service

The Provider shall:

1.3 1 Deliver a Service focused on prevention and early intervention (from October to March) to address the impacts of fuel and food poverty on groups who are more vulnerable to health problems associated with cold homes and/or who may have less contact with health services. These are defined by Public Health England as :

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease (COPD) and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- young children (under 5)
- pregnant women
- people on a low income
- people who have attended hospital due to a fall
- people who move in and out of homelessness
- people with addictions
- recent immigrants and asylum seekers;

(Public Health England, 2019)

1.3.2 Deliver a responsive service across the District addressing the requirements of *eligible* Service Users;(See section 2.6); and

1.3.3 Work effectively with a range of services including social care services, primary, secondary and community healthcare services, Revenues, Benefits and Payroll Service, social prescribing services, the community and voluntary sector, and faith communities to increase referrals and to ensure equitable and inclusive use of the service from a wide range of communities.

1.4 Outcomes of the Service

1.4.1 The Service will support and contribute towards delivery of the Public Health Outcomes Framework (PHOF), the Adult Social Care Outcomes Framework (ASCOF), and National Health Service Outcomes Framework (NHSOF) indicators, recognising these as critical to the health and care system and the vision to improve and protect health and wellbeing and improve the health of people on low income fastest, leading to long, healthy lives.

1.4.2 The Service shall deliver, support and contribute towards the following PHOF indicators:

- Fuel Poverty (1.17)
- Healthy diet (2.11)
- Social Isolation (1.18)

Excess winter deaths index

- Single year, all ages – Persons (4.15i)
- Single year, all ages – Male (4.15i)
- Single year, all ages – Female (4.15i)

1.4.3 The Service shall support and contribute towards the following Adult Social Care Outcomes Framework (ASCOF) Indicators:

- Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (1L)

1.4.4 The Service shall support and contribute towards the following National Health Service Outcomes Framework (NHSOF) Indicators:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions

1.4.5 The Service shall support and contribute to the local CCG outcomes:

- Reducing attendances at A&E
- Reducing emergency admissions to hospital
- Reducing emergency readmissions to hospital

2. DESCRIPTION OF THE SERVICE

The Service shall:

2.1 Service Model

2.1.1 Deliver a combination of prevention, support, advice, information and signposting focused on promoting the health and wellbeing of Service Users.

2.1.2 Be delivered in a variety of ways including through one to one and/or group interventions, operational partners, via outreach within the community, and through social media.

2.1.3 Be delivered by experienced, appropriately trained staff and volunteers, by both the provider and operational partners, with effective skills and knowledge in alleviating the impact of fuel and/ or food poverty.

2.1.4 Include an information hub for the WHHP Programme across the Bradford Metropolitan District, promoting the support opportunities available and providing a streamlined referral and access system.

2.1.5 Deliver interventions that cater for the diverse communities and demographic of the Bradford District.

2.1.6 Be widely promoted, easily accessible and free to all Service Users.

2.1.7 Be delivered with regard to the Social Value Act 2012, ensuring service delivery contributes to the wider social, economic and environmental benefits of the Bradford District

2.2 Service Delivery: Essential Requirements

The Provider shall:

2.2.1 Develop and manage a selection and referral criteria process for the programme to meet the service principles and objectives;

2.2.2 Provide a single point of access for receipt of all referrals to be assessed and signposted. This may include referrals via telephone, email, face to face or via referral form;

2.2.3 Deliver a range of interventions to support those in fuel or food poverty through short term interventions and referral to long term and capital interventions (such as boiler installation/replacement, Disabled Facilities Grant, when required;

2.2.4 Provide support and advice to individuals in fuel debt and signpost to relevant welfare advice services and the team dealing with Local Welfare Assistance who can assist with fuel payments for emergency situations and people in crisis;

2.2.5 Utilise the Making Every Contact Count (MECC) Toolkit for Health and Wellbeing conversations, by assessing the heating needs of people and improving diet to make referrals into the system. http://www.makingeverycontactcount.co.uk/;

2.2.6 Provide short term energy efficiency measures (draught excluders, electric heaters, and warm packs) to alleviate impacts of living in fuel poor households and reduce energy bills, which will be loaned and or given to the Service User;

2.2.7 Research, inform and refer Service Users to any initiatives that are available from energy companies to alleviate fuel poverty;

2.2.8 Provide relevant information and advice promoting home energy efficiency and make relevant referrals to preventative services such as children's services, adult social care access team, Living Well service, Community Connectors;

2.2.9 Increase the general public's awareness of grants and loans available to increase the fuel efficiency of homes, make service users aware and enable them to access such schemes where they are eligible;

2.2.10 Support income maximisation and fuel/food debt management for people at risk of experiencing fuel and food poverty;

2.2.11 Work in partnership with and through a wide range of organisations and services to understand and benefit from their relationships with community organisations in order to develop innovative community based solutions that will help to increase access to the Service;

2.2.12 Promote the Service and the interventions available to supporting agencies and residents of the Bradford District. Please refer to **Appendix C**;

2.2.13 Deliver promotional events and activities in order to reach as many potential Service Users as possible and increase referrals to the Service;

2.2.14 Ensure Service Users are aware of other specialist services available to support them, advocating on their behalf and supporting them to access these where necessary; and

2.2.15 Ensure that the Service proactively engages with Service Users to develop a thorough and up-to-date understanding of the issues and barriers that Service Users may experience in accessing mainstream services. Record and share this learning in order to improve understanding of barriers to use of mainstream services and to further develop the Service.

2.3 Service Delivery: Key Service Areas

The Provider shall deliver the two key elements of the Warm Homes Healthy People Programme:

- Fuel poverty interventions
- Food; clothing and or bedding poverty interventions

In delivering the key elements the Provider shall:

2.3.1 Fuel Poverty

2.3.1.1 Conduct an inspection of the home including the loft (where possible and safe to do so by staff with appropriate knowledge and training), walls and individual rooms;

2.3.1.2 Demonstrate the use of heating controls, smart meters and enable Service Users to understand, manage and read the devices;

2.3.1.3 Assist and enable Service Users in searching the energy market for cheap and appropriate solutions to address fuel poverty;

2.3.1.3 Provide advice on heating, lighting, insulation, combating draughts and condensation, winter fuel payment, changing fuel supplier, tariff and payment options, understanding their utility bills and fuel debt advice as appropriate;

2.3.1.4 Provide warm packs as appropriate, which shall include but not be limited to items such as: hats, gloves, duvet, bedding, coats. These are to be free of cost to the Service User however items within a starter pack may need to be fundraised or acquired through donations, with co-ordination between any operational partners within the service;

2.3.1.5 Link service users to the council team providing Local Welfare Assistance where immediate access to fuel payment is needed.

2.3.1.6 Link Service Users to minor repairs and small measures schemes and to Housing Options Service where assessment is needed of eligibility for more suitable accommodation.

2.3.2 Food Poverty

2.3.2.1 Provide food parcels to Service Users where it has been assessed that an intervention is required. Food parcels shall consist of suitable and culturally appropriate ingredients to enable Service Users to prepare healthy, nutritious meals with the equipment and facilities available to them, including but not limited to: cereal, soup, pasta, rice, pasta sauce, beans, tinned meat and vegetables, tea/coffee, milk, tinned fruit and biscuits. Food parcels will be provided at no cost to Service Users however items within food parcels may need to fundraised or accumulated through donations;

2.3.2.2 Signpost Service Users to food co-ops/ Pay As You Feel markets and free meal provisions across the Bradford district;

2.3.2.3 Provide starter packs for those moving into permanent accommodation which shall include (as appropriate): crockery, cutlery, new kettle, new duvet and bedding, pans, frying pan, cleaning sprays and hygiene kits. These will be provided at no cost to the Service User however items within a starter pack may need to be fundraised or acquired through donations, with co-ordination between operational partners within the service;

2.3.2.4 Signpost customers to the council team dealing with Local Welfare Assistance who may be able to assist those moving into permanent accommodation with essential white goods or items of furniture such as beds, fridges, cookers through the Assisted Purchase Scheme.

2.3.3 Provide appropriate information, signposting and advice to Service Users to enable them understand the benefits of engaging with the Service, and to make informed health and lifestyle choices which are sustainable.

2.3.4 Ensure Service Users are able to access support using a range of communication channels tailored to the Service User.

2.3.5 Investigate new potential funding streams or fundraise monies to enhance and support the Service.

2.4 Marketing and Communication

The Provider shall:

2.4.1 Use the WHHP logo for all correspondence, publicity, and marketing and develop a strong brand identity;

2.4.2 Encourage collaborative work under the WHHP umbrella in order to create a consistent quality standard and brand;

2.4.3 Be responsible for marketing the Service across the Bradford district including, but not restricted to: social media, local radio, local paper, text messages, email, leaflets, and poster;

2.4.4 Communicate with the Council, health services and other stakeholders to ensure there are clearly defined pathways for referral to the Programme;

2.4.5 Ensure strong links are formed with appropriate services and partners through regular communication;

2.4.6 Be responsible for marketing and communicating the Service to partners, key stakeholders and the intended target audience;

2.4.7 Ensure information is available in formats that are understood by the diverse population within the Bradford District and that it takes into account those Service Users with sensory disabilities;

2.4.8 Notify the Council's Public Health Team of any planned promotion of the Programme and work with the Council to prepare and agree any media statements prior to their release; and

2.4.9 Work with the Council to review, update, utilise and promote the WHHP e-learning package and other existing promotional material to partners.

2.5 Service User Feedback

The Provider shall:

2.5.1 Ensure that feedback from Service Users is used to develop and improve the Service;

2.5.2 Ensure that Service User feedback canvases opinion/view and supports further understanding of Service User preferences and needs;

2.5.3 Use Service User feedback to demonstrate satisfaction and achievement of related key performance measures;

2.5.4 Develop an effective system to gain and monitor Service User feedback;

2.5.5 Encourage all Service Users to provide feedback on leaving an intervention; and

2.5.6 Collate all Service User feedback and report progress to the Council.

2.6 Inclusion

2.6.1 The Service shall work with people who live within the boundaries of the Bradford District (See **Appendix E)** and who meet at least one of the following eligibility criteria:

Aged over 75
Aged over 65 and living alone
Aged over 65 and Long Term Condition
Household income below £16,105 based on 2019-20 threshold for maximum Child Tax Credit, to update for 2020-21.
Long Term Condition
Accommodation in disrepair / not adequately heated
Resident has mental health condition
Resident has dementia
Resident has learning disability
Pregnant or children under 5 in household
Asylum seeker or a recent refugee
In receipt of benefits (means/disability tested)

2.6.2 The Provider shall conduct a brief initial screening and assessment to determine the most appropriate intervention for Service Users.

2.6.3 The Provider shall discuss with the Service User their needs and the options available to them, to help them choose their best option(s).

2.6.4 Once an intervention is concluded, referral to other appropriate interventions shall be considered and discussed with the Service User.

3 SERVICE ACCESS AND DELIVERY ENVIRONMENT

3.1 Service Delivery Location(s)

3.1.1 The Service shall be delivered within the Bradford Metropolitan District boundaries.

3.1.2 The Service shall be accessible and equitable for the population throughout the three CCG groups' boundaries with the exclusion of the Craven area of Airedale, Wharfedale and Craven CCG (which has access to a service commissioned through North Yorkshire County Council). This population mirrors the boundary of the Council area.

3.1.2 The Provider shall ensure ease of access and maximising opportunities for Individuals to access the Service including through communication and co-ordination with North Yorkshire County Council

3.1.3 The Service shall be delivered in a variety of ways to meet the access requirements of Service Users. This will include, but not be limited to, delivery within Service User's homes, on an outreach basis within the community or where appropriate, through social media operating within Council and CCGs' policy and guidelines.

3.2 Days/Hours of Operation and timescales/timetable for delivery

3.2.1 The Service shall be delivered at times which meet the needs of Service Users and communities/groups, including evenings, weekends, and during school holidays ensuring maximum possible coverage and utilising available resources.

3.2.3 Days and hours of operation and service take up will be closely monitored, reviewed and reported on a quarterly basis, to a format to be agreed with the Council and CCGs in order to ensure appropriate access/coverage, taking into account Service User needs and feedback about ease of access to and operation of the service.

3.3 Service Environment

3.3.1 The intervention shall be provided from an environment in which services are well maintained, easily accessible, with good public transport links.

3.3.2 The Provider shall ensure that consideration is given to the external environment of all delivery sites including the potential impact and effects on the local community and those using the Service.

3.3.4 The Provider shall make any reasonable adjustments to ensure that the Service is accessible to all eligible Service Users including people whose characteristics are included within the scope of the Equality Act 2010.

4. ACCESS AND REFERRALS

4.1.1 Referrals shall be accepted in writing, verbally and through secure electronic systems and can be made in person by the Individual or, by any professional or through other agreed pathways, with the consent of the Individual being referred in line with GDPR policy and guidelines of the Council and CCGs.

4.1.2 Referrals shall be accepted from a range of sources, including but not limited to health and social care, social prescribing services, GPs, Health Visiting service, Midwifery service, community nursing and other health teams and establishments, voluntary and community based organisations; Children's Centres, the Children and Families Early Help gateway, Living Well service, and self-referrals from Service Users and their families.

4.1.3 The Provider shall contact the Service User within three (3) working days of a referral to arrange a brief assessment in order to identify an appropriate intervention.

4.1.4 The Provider shall work in partnership with key stakeholders to establish clear referral pathways with well-defined eligibility and exclusion criteria. These include, but are not limited to, primary, secondary and community health care, social care, voluntary and community based services and Service Users and their families.

4.1.5 The Service shall have referral pathways and processes in place with other appropriate services to ensure Service Users can access advice, support and interventions that fall outside the scope of this Specification.

4.1.6 Ensure interventions are delivered at times and in locations that are accessible and meet the access needs of Service Users. Interventions will be planned and delivered to ensure there is coverage for evenings, weekends and school holidays.

4.2 Interdependencies with Other Services

4.2.1 The Service shall work with services across the Bradford district ensuring good partnership working to offer the best support for Service Users. Those partners shall include, but are not limited to:

- Bradford Metropolitan District Council services-specifically the support for fuel debt and other needs available through the Revenues and Benefits department
- NHS services – CCGs and provider organisations
- Other health services
- Voluntary and Community Sector organisations and services
- Energy providers and services
- Welfare advice and advocacy services

4.2.2 The Provider shall:

4.2.2.1 Ensure the Service is linked in with other initiatives such as People CAN, the WHHP partnership, Living Well, Big Lunches, Big Conversation, toolbanks, healthy eating roadshows and Bradford District Community Fund, Community Connectors, food banks and other locally based initiatives;

4.2.2.2 Work alongside other local providers to enhance and complement existing services;

4.2.2.3 Develop and maintain effective partnerships and be responsible for encouraging a multi-agency approach;

4.2.2.4 Recognise the importance of listening and learning from those already engaged with eligible Service Users, utilising their experience and knowledge to support effective engagement and support;

4.2.2.5 Maintain links with local community organisations by providing energy efficiency presentations and workshops, attending events, and/or providing promotional materials at community venues; and

4.2.2.6 Work closely with the Council to ensure the Service responds to the changing priorities and emerging needs in communities/groups. The Service will participate, as required, in local multi-agency strategy and planning groups.

4.2.3 The Provider shall actively participate in local, regional and national networks and training as appropriate.

4.3 Making Every Contact Count (MECC)

4.3.1 Where appropriate, the Service will adhere to the principles of Making Every Contact Count (MECC) and will support wider Public Health and CCG initiatives/priorities. http://www.makingeverycontactcount.co.uk

5 COMPLIANCE AND GOVERNANCE

5.1 Data Requirements

5.1.1 The Provider will need to record Service User information onto an appropriate electronic record. The Provider shall ensure compliance with the Data Protection legislation and the Common Law duty of Confidentiality.

5.1.2 Anonymised data extracts may be requested by the lead commissioner and if so shall be provided in a timely manner and so as to be compliant with point 5.1.1 and with the requirements of GDPR. The provider will be the Data Controller for the overall contract, with commissioners acting as Data Controller for individual data in respect of any referrals they may make to the service.

5.2 Data Compliance

5.2.1 The Provider shall have in place a consent model that complies with Data Protection legislation and GDPR in relation to obtaining and recording Service User consent to record information and, where appropriate, share that information, for example in order to make a referral to another service. Information will be provided to Service Users on how their data will be used.

5.2.2 Any requirement to share information outside of this model must be agreed in advance with the Service User and consent recorded.

5.2.3 The Provider (where appropriate) shall be registered with the Information Commissioner's Office (ICO) and comply with the standards set by the ICO.

5.3 Data Transfer

5.3.1 When the Contract is terminated, the Provider will support the closure of the Contract and the secure transfer of Service Users and with their consent, their information, to the new Provider. This will include:

5.3.1.1 Informing Service Users with active cases of the transfer of the Service and obtaining consent, or dissent from them, to the transfer of their data to the new Provider.

5.3.1.2 Assisting the transfer of active consenting Service User's data to the new Provider in line with relevant regulations and current guidance.

5.4 Information Technology (IT) System

5.4.1 The Provider shall ensure that the information system supports effective data collection and analysis.

5.4.2 The Provider shall ensure that employees are trained to use the IT system effectively.

5.4.3 The Provider will be responsible for the provision of and on-going support, upgrades, maintenance and replacement of any IT system hardware, software and associated licenses.

5.5 Confidentiality and Data Protection

5.5.1 The Provider must demonstrate that secure and confidentiality processes are in place and are adhered to.

5.5.2 The Provider shall ensure that data is not revealed or passed on to any third party who is not authorised to receive such data.

5.5.3 The Provider shall ensure that appropriate information sharing agreements are in place prior to the release of any data.

5.5.4 The Provider shall ensure that all employees are aware of and comply with national legislation and local policy in respect of confidentiality and data protection.

5.5.5 The Provider shall take immediate action for any breach of confidentiality and will report any such breach to the Council as soon as is reasonably possible.

5.5.6 Where there is any doubt as to whether or not someone has legitimate access to information, checks should be made before any information is disclosed, in cases where the right to confidentiality is overruled by issues of safeguarding, the Individual concerned should be informed wherever possible if other agencies are to be involved.

5.6 Safeguarding

5.6.1 The Service shall have in place robust processes to safeguard children and adults and shall develop close working relationships with the CBMDC Children's Services and Health and Wellbeing (Adults Social Care) departments.

5.6.2 The Provider shall where concerns exist in relation to abuse, follow the Bradford Safeguarding Adults Board (BSAB) or the Bradford Safeguarding Children's Board (BSCB) policies and procedures.

5.6.3 The Service shall have an identified safeguarding lead and will ensure that all employees comply with safeguarding policies and procedures and have completed the required safeguarding training (to a minimum of Level 1).

5.6.4 The Service shall operate to the Bradford Safeguarding Children Board (BSCB) and the Bradford Safeguarding Adults Board (BSAB) policies and procedures for obtaining consent and shall comply with the requirements of any relevant national/local guidelines.

5.6.5 The Provider shall, upon request, provide information to evidence that safeguarding requirements and responsibilities have been met.

5.7 Lone Working

5.7.1 The Service shall take steps to avoid the need for lone working wherever possible and where lone working cannot be avoided shall follow Bradford Council's lone working guidance.

6 CONTINUAL SERVICE IMPROVEMENT/INNOVATION

6.1 The Service shall be reviewed by the Council's Public Health team and updated where there is any new or emerging evidence to ensure the Programme remains safe and effective.

6.2 The Provider must be committed to continual service improvement and innovation. This will be undertaken in partnership with the Council's Public Health Team and will involve relevant stakeholders.

6.3 The Provider shall, upon request, provide a monthly extract from the Provider's IT system detailing the demographics of Service Users and the activity undertaken by the Service

6.4 Information will be required on a quarterly basis for monitoring purposes by the Council's Public Health Team.

7 PLANNING

7.1 Emergency Planning – Business Continuity and Disaster Recovery

7.1.1 The Provider shall have in place mechanisms for identifying and managing key risks and a proposal of how such risks are to be mitigated and managed.

7.1.2 The Provider shall have detailed plans which demonstrate the Provider's capability to continue to provide the Service in the event of an emergency and provide a contingency plan.

7.2 Exit Plan

7.2.1 The Provider shall, within three months of the Contract Award Date, provide an Exit Plan which shall set out in detail how each aspect of the Programme will be managed in both expiry and early termination situations to ensure a smooth, effective and efficient transition to the Council or another provider.

7.2.2. The Provider will be required to review and report on any proposed amendments to this plan on a quarterly basis, with any such amendment being subject to approval from the Council's Public Health Team.

7.2.3. The Provider shall, in addition to exit arrangements arising from the early conclusion or expiry of the Contract, be expected after the expiry of the Contract, to continue to be available to provide support to the Council and/or subsequent Provider in relation to live matters raised by the Council for as long as is required to effect a smooth transition.

7.2.4. The Provider shall meet with Public Health three (3) months prior to the Expiry Date to commence the implementation and delivery of the Exit Plan.

8 CONTRACT MANAGEMENT

8.1 Authorisation

8.1.1 The Provider shall have in place a designated Provider Representative to oversee the delivery of the Contract, who is authorised to act on behalf of the Provider in all matters relating to the Contract.

8.1.2 The Provider shall have in place a deputy to act on behalf of the Provider Representative as required.

8.2 Contract Management Meetings

8.2.1 The Provider Representative shall attend meetings as required by the Council for the purposes of ensuring the effective delivery of the Service. These shall be face to face meetings held within the Bradford District.

8.2.2 The Contract Management Meetings will review and discuss the Quarterly KPI Report, any service quality and performance issues and the results of the on-going analysis of the needs of the population of the Bradford District. They will set out and agree (where applicable) the steps the Provider will take in Good Faith to secure identified improvements to the Services.

8.3 Future Proofing

8.3.1 The Provider shall keep abreast of technical developments as they become available and shall ensure that provision is made to build innovative solutions into their service model, without compromising on compliance. This should be achieved so that the delivery of a high quality and responsive service is maintained.

9 HUMAN RESOURCES

9.1 Workforce/Staffing

9.1.1 The Provider shall ensure that, wherever possible, its workforce is based on substantive posts and not on agency/locum staffing.

9.1.2 The Provider shall ensure appointed Staff have the required knowledge, skills and experience to deliver the service.

9.1.3 Staff conducting home energy checks must be qualified to National Energy Advice Level 3 (as a minimum).

9.1.4 The Provider must ensure that they are compliant with all applicable law in relation to staffing.

9.1.5 All relevant Staff and volunteers must have been checked by the Disclosure and Barring Service (DBS). The Provider is required to provide what arrangements it has in place for DBS checking for Staff and how often these are reviewed.

9.1.6 All Staff and volunteers have undergone mandatory training to maintain Service User safety and demonstrate understanding of all relevant policies and can demonstrate competency. Supervision will also be provided.

9.1.7 The Provider shall have in place individual training and development plans for all Staff, as well as annual appraisal, with peer review where appropriate, to ensure their continuous professional development.

9.1.8 Procedures are in place to notify the Council of any changes in Staff that may affect the Provider's ability to deliver the Services being commissioned.

9.1.9 HR policies and procedures that comply with all relevant employment Law applicable in the UK are in place.

9.1.10 It has in place suitable and enforceable disciplinary procedures for resolving any identified misconduct by Staff and ensure that any issues in relation to personal performance are addressed.

9.1.11 The Council is kept informed on a regular basis with regard to any investigation or disciplinary matter, up to and including referral, to the relevant authority.

9.1.12 It shares on-going investigations or concerns with other organisations that also employ the Staff involved as appropriate.

9.1.13 Its own Equality and Diversity Policy is adhered to by all Staff across the organisation at all times.

9.1.14 Recruit, support and supervise those with energy audit expertise to conduct home energy checks

10 SOCIAL VALUE

10.1 The Provider shall ensure that the Services provided through this Contract offer added economic and social value for those working and living in the Bradford District.

10.2 The Provider is required to understand and tailor the Service to take account of the unique and distinct culture of the Bradford district

11 EQUALITY AND DIVERSITY

Equality considerations form part of the core requirements of the Service and the Provider will ensure that the diverse needs of the local population and workforce are met, so that none are placed at a disadvantage over others in accordance with the provisions of the Equality Act 2010.

The Provider shall ensure:

11.1 That those with sensory impairments, learning and physical disabilities and those whose knowledge and understanding of winter months impacts is limited are not disadvantaged;

11.2 Vulnerable community groups not specifically covered by legislation, such as socio-economic deprivation, asylum seekers, and refugees are not disadvantaged;

11.3 In carrying out its functions, the Provider must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which the Provider is responsible, including policy development, review and implementation; and

11.4 The Council values the diversity and human rights of the local population and has a commitment to promote equality, value diversity and human rights in all its activities.

12 GLOSSARY

ASCOF	Adult Social Care Outcomes Framework
BSAB	Bradford Safeguarding Adults Board
BSCB	Bradford Safeguarding Children Board
CBMDC	City of Bradford Metropolitan District Council
CCG	Clinical Commissioning Group
DBS	Disclosure and Barring Service
GDPR	General Data Protection Regulation
ICO	Information Commissioners Office
KPI	Key Performance Indicator
MECC	Making Every Contact Count
NHS	National Health Service
NHSOF	National Health Service Outcomes Framework
NICE	National Institute for Clinical Excellence
OMS	Operational Management System
PHE	Public Health England
PHOF	Public Health Outcomes Framework
TUPE	The Transfer of Undertakings (Protection of Employment)
WHHP	Warm Homes Healthy People
NEA	National Energy Advice
PAYF	Pay As You Feel
MECC	Making Every Contact Count

Appendix A: Local and demographic information

1. Background

Bradford District is the sixth largest metropolitan district in England in terms of population. The latest 2018 resident population figures show that an estimated 537,173 people live in Bradford District, an increase of 2,373 (0.4%) since 2017 which is similar to last year. Bradford's population isn't growing as fast as other major cities with Manchester's population recorded as larger than Bradford District for the first time in 2016 (1).

The population consists of 264,740 men (49.3%) and 272,433 women (50.7%). The District covers a mixture of urban and rural communities including the discrete towns of: Bingley, Ilkley, Keighley and Shipley as well as many villages with their own character. These are in addition to the large city centre which has high levels of poverty, deprivation and health and social needs. Bradford District has many positive attributes but also many areas of severe disadvantage and associated health inequalities.

Over the last decade (2009 to 2018) the district's population growth has been below the national average - 4.6% compared to 6.6% nationally (1). Current forecasts predict that by 2024 the district's population growth will be below the national average - approximately 4.5% to 555,100 compared to the national average of 7.3% (2).

In terms of the under 16 population, Bradford is the third youngest English city outside London, with almost a quarter of the population aged under 16 (23.8%). This is above the average for England where 19.2% of the population are aged under 16. The working age (16 – 64) population makes up 61.5% of the districts population (1).

Ethnicity and Diversity

Bradford District has a diverse population. The majority of the ethnic minority population in the district reside in the inner city areas of Bradford and Keighley, where there is a significantly lower white population and a higher Asian/Asian British population.

Minority ethnic communities currently make up approximately 33% of the total current population, while the White British population remains the largest group at 64%. Over 80% of the districts population were born in the UK. The high birth rate compared to death rate has been driving population growth. Bradford District has the largest population of Pakistani origin in England (20%). Over 60% of people with a Pakistani origin were born in the UK. Over the last decade there has been a 6% increase in the population of Pakistani origin and a similar increase for a number of other smaller ethnic groups. 83% of Bradford District households class English as their main language which is lower than the regional average of 93%. Around 95% of the population either: have English as their main language or speak English well or very well. 0.9% of the population of Bradford District do not speak English at all. (3).

Migration

Between 2017 and 2018 net international migration contributed an extra 1,886 people to the district. This has increased by 36.3% since 2010- 11 which is lower than the average for the England which has increased by 39.1% (1).

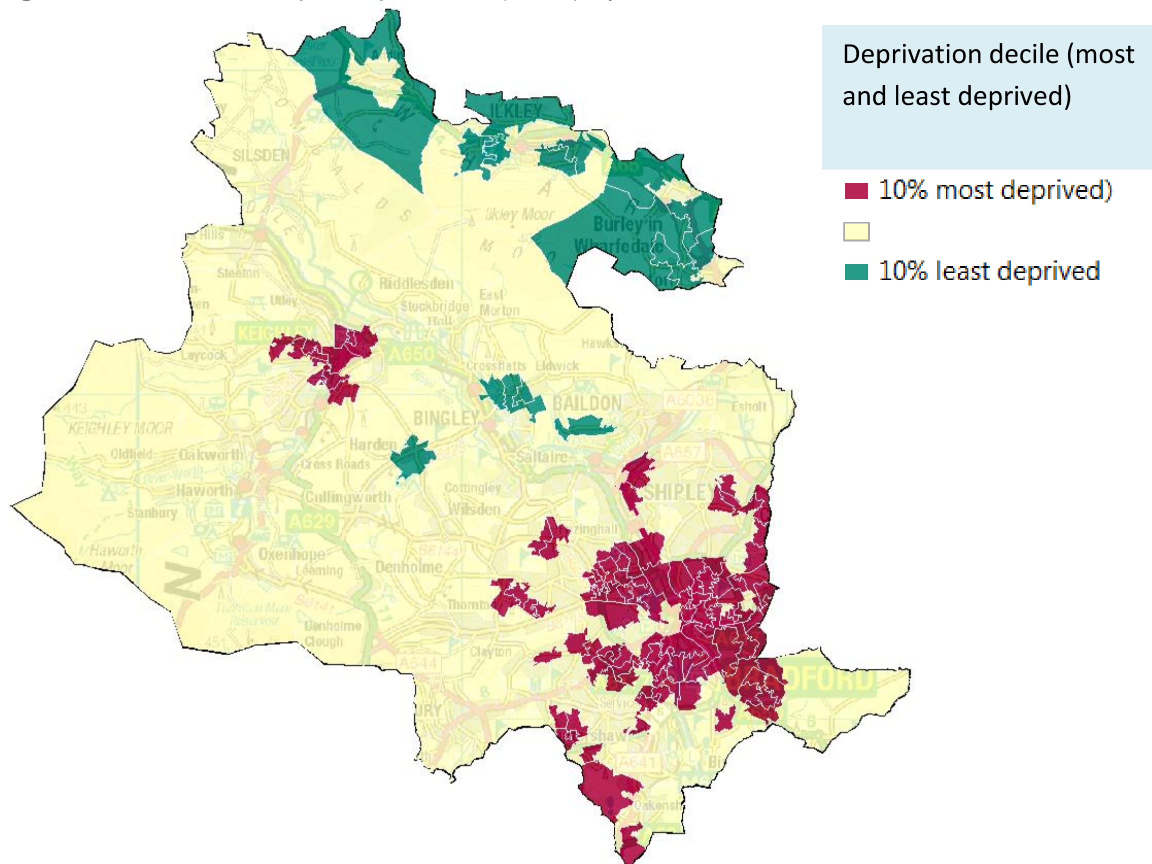
Current and historic trends in migration and population growth serve to link the district internationally, by country of origin, language and faith, making Bradford an international district. While this can create challenges in terms of service delivery and community relations, it is also a great asset for the district in terms of trading links and cultural richness.

Deprivation

Deprivation is often given as a proxy overarching indicator of need and is closely correlated with many issues, including health. The following details some key facts regarding deprivation within Bradford District:

- Bradford District is within the most deprived 15% of local authorities nationally and is the most deprived authority in West Yorkshire
- 34% of the Bradford District population live in the most deprived 10% of areas in England
- The gap between the most deprived and least deprived areas of the district is one of the largest in the country - inequalities exist within the district as well as compared with the country as a whole (4).

Figure 1: Index of multiple deprivation (2015) by LSOA in Bradford District



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2. Local Context

The overarching aim of the service is to reduce excess winter deaths (EWD). The EWD index for Bradford District for 2016-17 was 14.7% which is lower than both the regional average (24.9%) and the national average (21.6%). The EWD index for Bradford District has fluctuated over time but has decreased overall in the past decade (5).

Highest rates of EWD in the years 2011-14 were seen in the wards of Clayton and Fairweather Green, Keighley Central and Wyke. Lowest rates were seen in Craven and Worth Valley.

Fuel poverty

Fuel poverty is measured using the Low income High costs indicator, which is published in the Public Health Outcomes framework (PHOF). There are 3 elements that are looked at when deciding whether a household is in fuel poor these are; household income, household energy requirements and fuel prices. In 2017, 13.5% of Bradford's households experienced fuel poverty, this rate has remained similar over the last 4 years. Bradford District remains to have a higher proportion of fuel poor homes than the regional average (10.6%) and the national average (10.9%).Furthermore, Bradford District has the highest percentage of fuel poverty compared with other local authorities in Yorkshire and Humber (6).

Adult social care

In 2017/18, 47.4% of adult social care users in Bradford District had as much social contact as they would want, which is higher than the national average (46.0%) and similar to the regional average (46.5%) (7). In comparison to adult social care users a lower proportion of adult carers (41.6%) report that they have as much social contact as they would like. However, this is higher than both the national average (35.5%) and regional average (38.7%) (8).

Demographics

During the period 01/12/2018 to 28/02/2019 there were 225 referrals made to WHHP in Bradford District. Demographic and socio-economic data was collected on referrals (**Table 1)**. One third of all referrals were from households with children under 5 years of age. Furthermore, a high proportion of individuals referred had a long term health issue (33.8%).

Table 1: Demographic and socioeconomic details of WHHP referrals for the period 01/12/2018 to 28/02/2019

Demographics	n(%)
Respondents aged over 75	14(6.2%)
Respondents aged over 65	67(29.8%)
Households with children under 5	75(33.3%)
Low income (less than £16,190)	98(43.6%)
Respondents with mental health issues	42(18.7%)
Respondents with long-term health issues	76(33.8%)
Homes not adequately heated	23(10.2%)
Experiencing domestic violence	9(4%)

Just over half of all referrals were for individuals of White British ethnicity, followed by those of a Pakistani ethnicity accounting for 15% **(Table 2)** (9).

Table 2: Ethnicity details of WHHP referrals for the period 01/12/2018 to 28/02/2019

Ethnicity	%
White British	54%
Pakistani	15%
Indian	5%
Black African	1%
Black Caribbean	1%
Mixed White and Black Caribbean	1%
Other White	2%

Service users are not evenly geographically distributed across the district **(Figure 2)**. Areas in and around the Bradford City and Keighley Central have the highest number of service users. Areas which are more rural and less deprived have lower numbers of service users.

Figure 2: Geographical distribution of service users by postcode district in Bradford District01/12/2018 to 28/02/2019

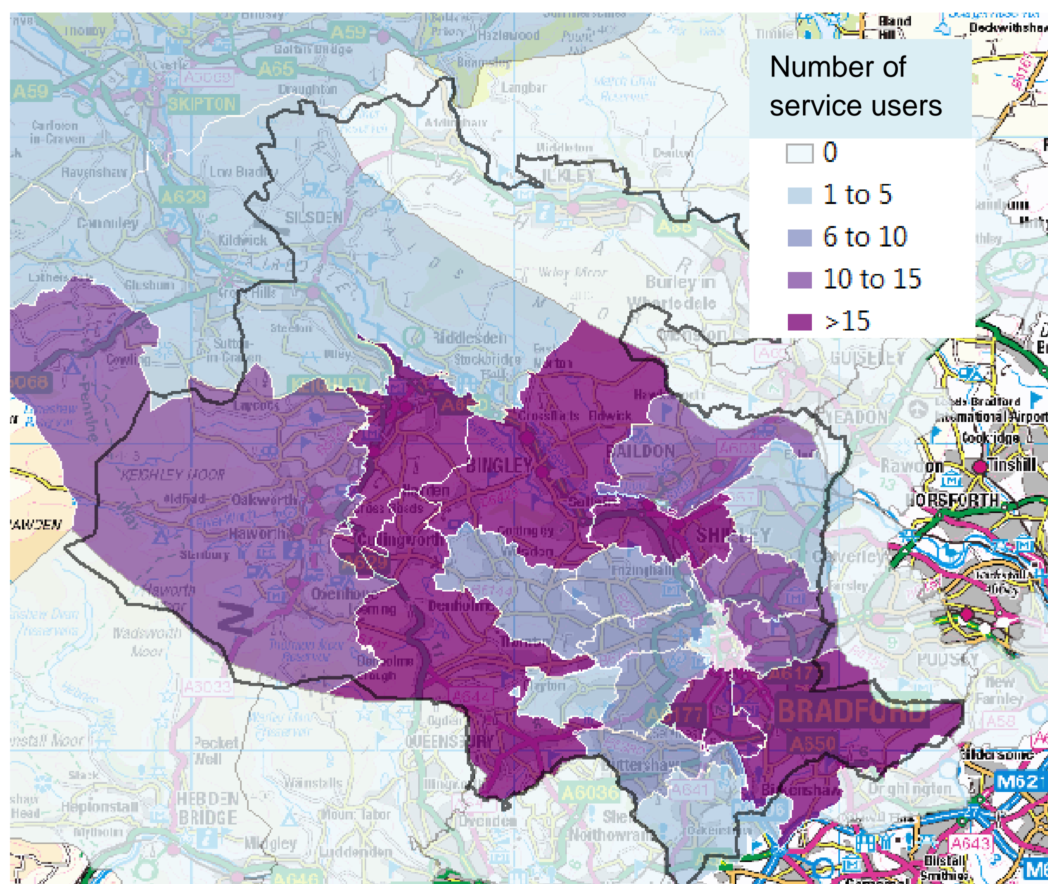

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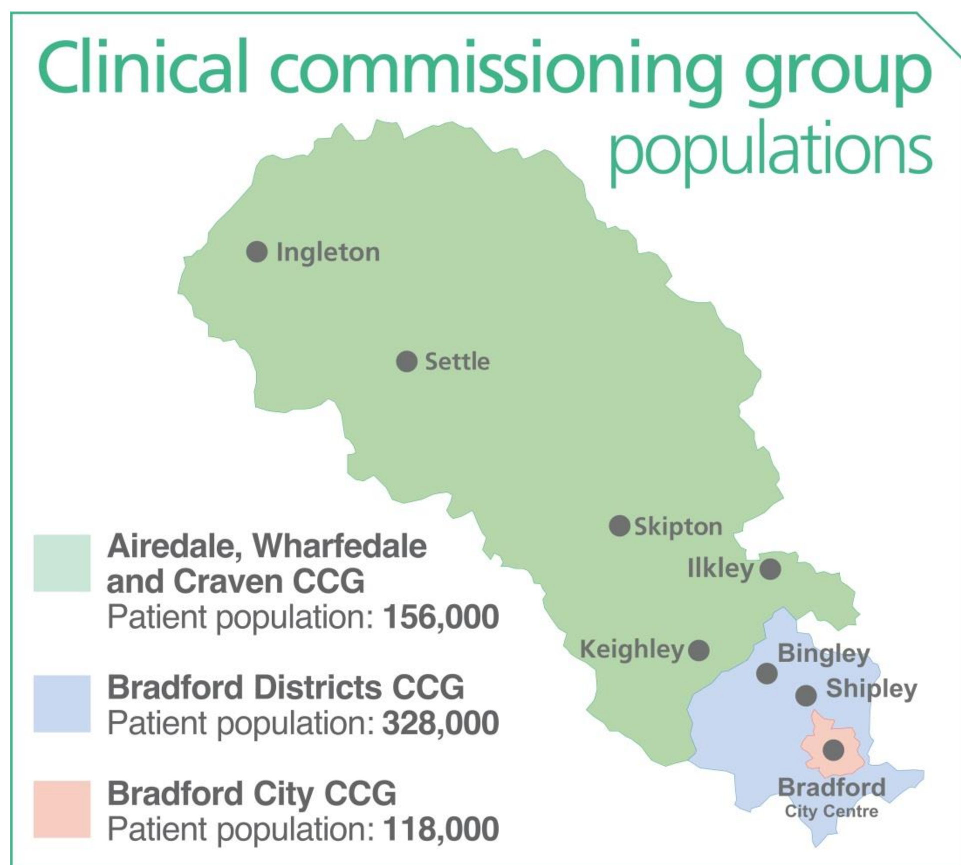
Figure 3: Clinical Commissioning Group populations



References

1. ONS. Analysis of Population Estimate Tool [Internet]. 2018. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/analysisofpopulationestimatestool

2. ONS. Principle Projection - England Summary [Internet]. 2017. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablea14principalprojectionenglandsummary

3. ONS. Census 2011 [Internet]. 2011. Available from: https://www.nomisweb.co.uk/sources/census_2011_lc

4. Ministry of housing communties and local government. English indices of deprivation 2015 [Internet]. 2015 [cited 2019 Aug 20]. Available from: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

5. PHE Fingertips. Excess Winter Deaths Index [Internet]. 2017. Available from: https://fingertips.phe.org.uk/search/excess winter deaths#page/4/gid/1/pat/6/par/E12000003/ati/102/are/E08000032/iid/90360/age/1/sex/4

6. Department for Business Energy and Industrial Strategy. Fuel Poverty Sub Regional Statistics [Internet]. 2019. Available from:

https://www.gov.uk/government/collections/fuel-poverty-sub-regional-statistics

7. NHS Digital. Personal Social Services Adult Social Care Survey [Internet]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey

8. NHS Digital. Personal Social Services Survey of Adult Carers [Internet]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers

9. Bradford District Warm Homes Healthy People Programme. WHHP Data. 2019.

Appendix B – Key Performance Indicators

1.1 The KPIs below will be subject to regular review.

1.2 Where KPI's are referenced as being measured against a Local Quality Standard. The data collected will then be used to measure whether the KPI target is being met. The agreed method of data collection and validation will be shared with the Council prior to Service Commencement.

1.3 The Provider must report against the Key Performance Indicators (KPIs) below within 10 working days of quarter end.

	Key Performance Indicators	Target	Technical Guidance Reference	Numerator/Denominator	Frequency
1	**Number of referrals into the service leading to an intervention**	120 per Q3 150 per Q4	Local Quality Standard		Quarterly
2	**Percentage of households referred that receive one or more fuel poverty interventions**	80% (120 per quarter)	Quality Standard	**Numerator:** Number of households assessed as requiring fuel poverty interventions who receive the intervention **Denominator** Number of households who require an intervention	Quarterly
3	**3.1) Percentage of referrals contacted within the 3 day timeframe and where 3.2) an assessment 3.3) an intervention is carried out.**	3.1, 3.2 100% 3.3 95%	Local Quality Standard	**Numerator:** Numbers of referrals contacted within stated timeframe **Denominator:** Number of all Peer Support Groups held within the quarter	Quarterly

2 Remedial Action Where A KPI Is Not Met

2.1 The Council and the Provider will communicate, and this communication may be via a formal meeting, to discuss concerns and seek assurances, and arrangements to monitor progress will be recorded, if any of the KPIs fail to meet their target. All commissioning organisations will be informed of performance concerns by the lead commissioner (Bradford Council) and will be consulted on any remedial action necessary.

3 Initial Service Report

3.1 The Provider must submit an Initial Report which details the initial activity of the Service and aims and objectives to be achieved, describing some of the activity taking place to start providing a Service.

4 Mid-Term Service Report

The Provider must submit a 2019-20 Mid-Term Service Report 3 months after the start of the contract which details a review and progress update of the initial report.

5 End of Year Report

The Provider must submit an End of Year Report in both 2020 and 2021 which must include the following:

Evidence of engagement with Individuals using the Service.

Evidence that the Service has undertaken regular audit of qualifications and training of all Staff to ensure they are competent to provide the level of support they are undertaking and updating qualifications where necessary.
The final end of year report in 2021 must also provide an overview of the above across both periods of service delivery.

Appendix C – Performance Indicators

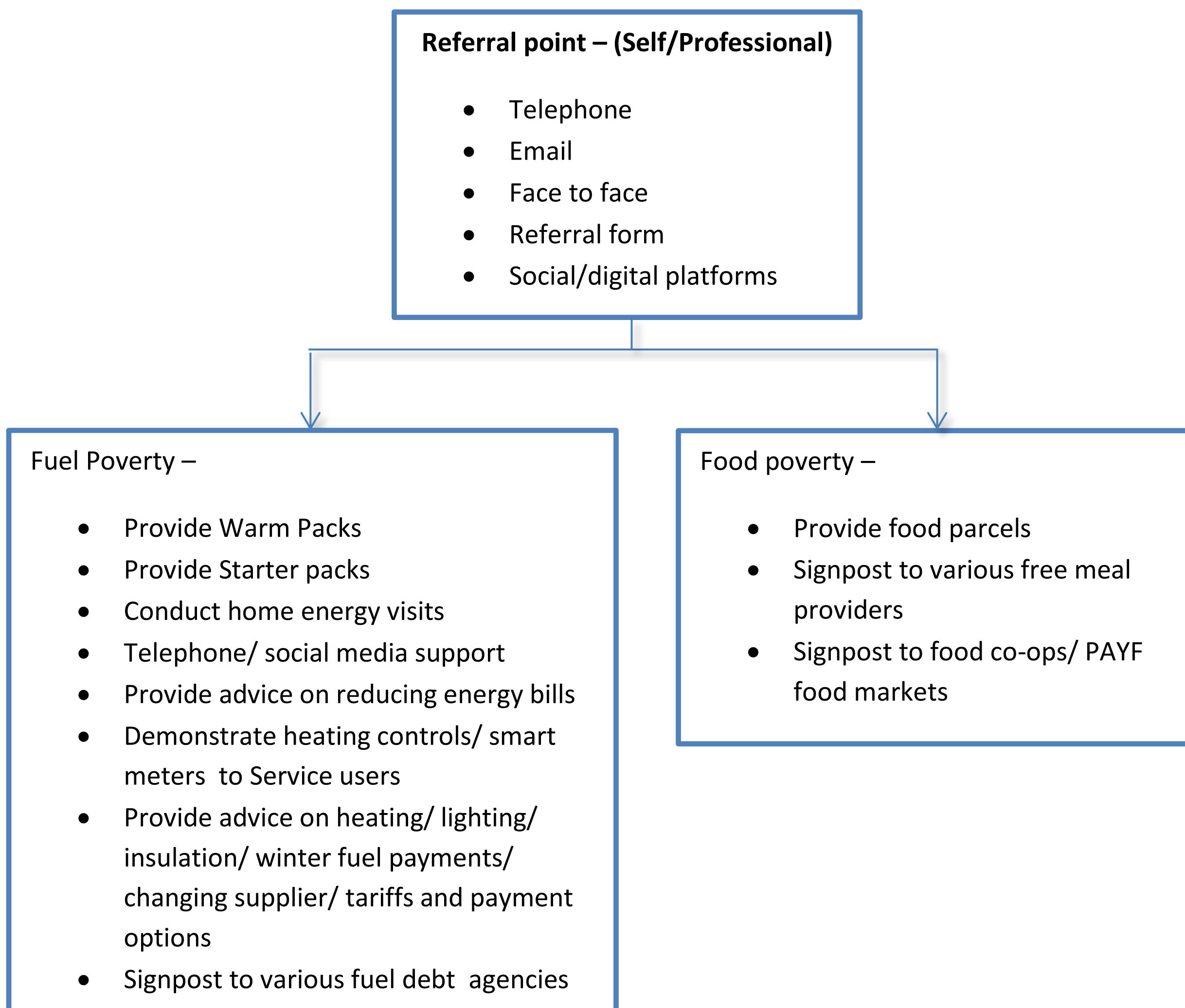
	Service Activity	Metrics/method of calculation	Monitoring frequency
1	Number of home energy efficiency measures/ interventions provided		Monthly
2	Number of food parcels given		Monthly
3	Number of Starter packs distributed		Monthly
4	Number and dates of promotional events/ engagements provided/attended by type of venue and location		Quarterly
5	Number of interventions in BME communities provided		Quarterly
6	Number of referrals from:		Monthly
	a) Self-referral		
	b) GPs		
	c) Health Visitors		
	d) Midwives		
	e) Health Professional (other)		
	f) Children's Centre		
	g) Social Prescribing service		
	h) VCS		
	i) Other		
	Total:		
7	Number of warm packs distributed		Monthly
8	Percentage of Service Users who have rated the service good or above	**Numerator:** Number of service users providing service user feedback who rate the service good or above	Monthly
		Denominator: Number of service users providing service user feedback	
9	Number of service users signposted to other services		Quarterly

Appendix D - WHHP Service

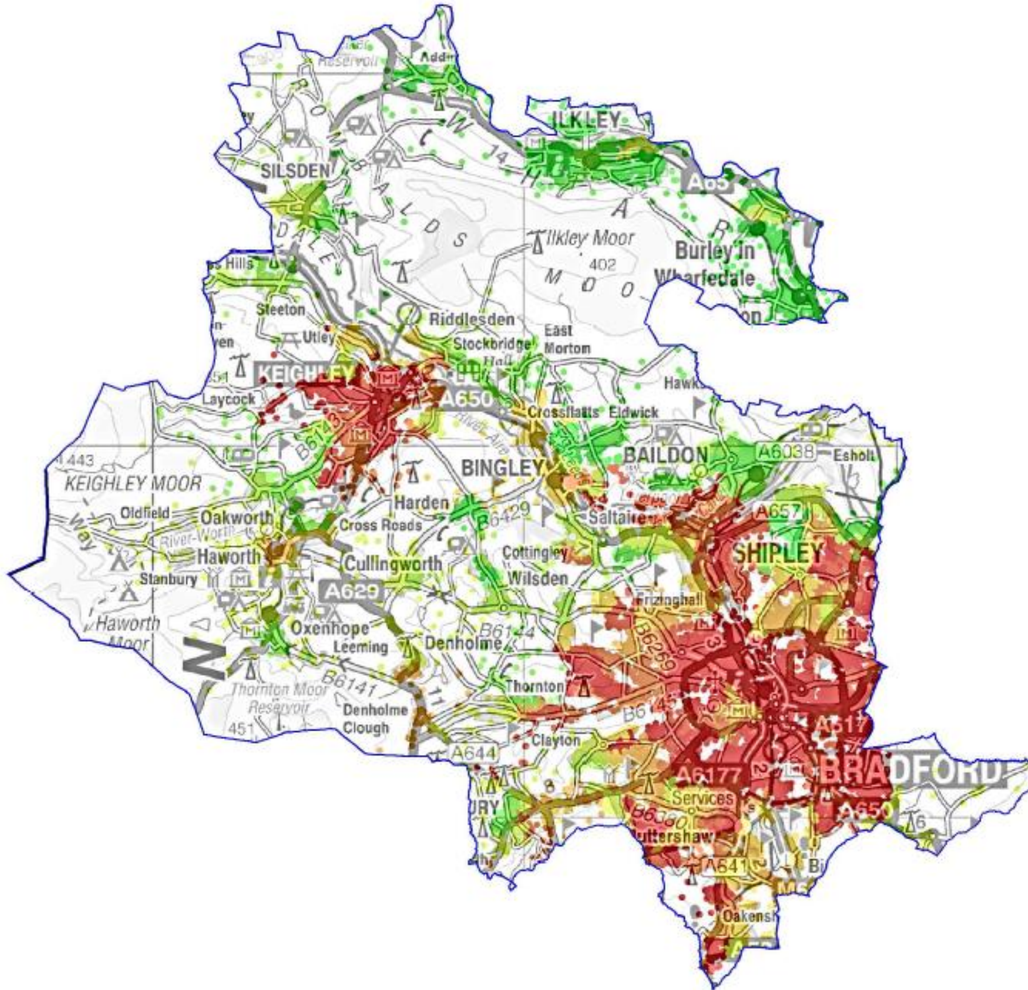
The Provider shall:

- Manage a referral service
- Deliver a district wide service, and co-ordinate with equivalent scheme/ provider in Craven
- Work with and maintain links with various partners and sectors
- Be the information hub for the WHHP Programme
- Provide a service which is flexible and responsive to Service Users needs
- Raise awareness and promote the Service and the available interventions to the public, partner organisations and professionals
- Provide a range of short term interventions
- Signpost Service Users to various supporting agencies
- Utilise the MECC toolkit to generate referrals
- Ensure staff/ volunteers are sufficiently trained

Service Interventions



Appendix E
Bradford Metropolitan District Map



Appendix F
Associated Documents

APPLICABLE LEGLISLATION, SERVICE STANDARDS, GUIDANCE, POLICIES AND DOCUMENTATION

This appendix is to provide bidders with information as guidance only. It is the responsibility of bidders to ensure that they refer to correct up-to-date documents when preparing their tender submission and during the Contract Term.
Bidders should refer to websites for standards.

1. Applicable Legislation

1.1 Upon award of Contract, as a minimum, Provision shall be provided in accordance with the following current statutory and regulatory framework (this is not an exhaustive list), and shall throughout the term of the Contract be required to continually deliver the scope of Provision in accordance with the same or as the same is updated:

- Children's Act 2004
- Data Protection Act 2018 and GDPR
- Equality Act 2010
- Social Value Act 2012
- Health and Social Care Act 2012

2. Documents Supporting the Service Specification

- Bradford District Plan 2016-2020
- Closing the gap: Priorities for essential change in mental health V2 – Department of health 2014
- NHS Outcome Framework
- Public Health, National Health Service and Adult Social Care Outcome Frameworks for England
- Cold Weather Plan for England

3. Links supporting the Service Specification

Evidence based guidance

NICE Guideline NG6 Excess winter deaths and illness and the health risks associated with cold homes (2015, reviewed 2019) https://www.nice.org.uk/guidance/ng6

Recommendations:

- Recommendation 1 Develop a strategy
- Recommendation 2 Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes
- Recommendation 3 Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes
- Recommendation 4 Identify people at risk of ill health from living in a cold home

- Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services
- Recommendation 6 Non-health and social care workers who visit people at home should assess their heating needs
- Recommendation 7 Discharge vulnerable people from health or social care settings to a warm home
- Recommendation 8 Train health and social care practitioners to help people whose homes may be too cold
- Recommendation 9 Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing
- Recommendation 10 Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home
- Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home
- Recommendation 12 Ensure buildings meet ventilation and other building and trading standards

Public Health England (2019) Health risks of cold homes
https://www.gov.uk/government/publications/health-risks-of-cold-homes-data-sources

Legislation

Equality Act 2010
https://www.legislation.gov.uk/ukpga/2010/15/contents

Public Services (Social Value) Act 2012
http://www.legislation.gov.uk/ukpga/2012/3/enacted

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

National Strategies and Plans

Healthy Lives, Healthy People: Our strategy for public health in England 2010
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf

The NHS Long Term Plan 2019
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

The Cold Weather Plan for England (2018)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/748492/the_cold_weather_plan_for_england_2018.pdf

Local Strategies and Plans

Bradford District Plan 2016-2020
https://www.bradford.gov.uk/media/2312/bradford-district-plan-final.pdf

Bradford Council Plan 2016-2020
https://www.bradford.gov.uk/media/3273/bradford-council-plan-2016-2020.pdf

Joint Health and Wellbeing Strategy - Bradford and Airedale 2018-2023
https://bdp.bradford.gov.uk/media/1331/connecting-people-and-place-for-better-health-and-wellbeing-a-joint-health-and-wellbeing-strategy-for-bradford-and-airedale-2018-23.pdf

Home First Vision
https://www.bradford.gov.uk/adult-social-care/policies-and-reports/home-first-vision/

Urgent and Emergency Care Strategy
Urgent and Emergency Care Strategy 2014-19: For Airedale, Wharfedale & Craven and Bradford
https://www.bradforddistrictsccg.nhs.uk/seecmsfile/?id=98

WY&H Health and Care Partnership Next Steps
West Yorkshire and Harrogate Health and Care Partnership; Our next steps to better health and care for everyone 2018
https://www.wyhpartnership.co.uk/application/files/1015/1964/7540/Revised_WYSTP1152_-_Next_Steps_Document_WEB.pdf