PETERBOROUGH CITY COUNCIL

PUBLIC HEALTH
SERVICE SPECIFICATION

Service	**Integrated Healthy Lifestyles Service**
Directorate	**Public Health**
Service Lead	
Public Health Lead	**Julian Base, Head of Health Strategy**
Period	**2017/18 – 2021/22**
Date of Review	

1. Population Needs

1.1 **National context and evidence base**

The White Paper Healthy Lives, Healthy People: Our strategy for public health in England stated that a radical shift in how public health challenges were tackled was needed. The paper highlighted the alarming rates of lifestyle-driven health problems, most notably smoking; obesity and physical inactivity.

Smoking kills half of all long-term users. It is the main cause of preventable illness and premature death in England, accounting for more preventable deaths than the following five preventable causes, combined. In England 16.9% of adults smoke, a rate that increases significantly among routine and manual workers, with over a quarter (26.5%) smoking. The percentage of women smoking during pregnancy is lower, at approximately 1 in ten (11.4%) but has remained relatively consistent over the last few years.

In England most people are overweight or obese. Two out of three adults are overweight or obese, as are one in three children aged 10-11 years old, with the White Paper noting that Britain is the most obese nation in Europe.

Being overweight or obese significantly increases the risk of developing diabetes, heart and liver disease and some cancers. It can make it harder for people to find and stay in work and can affect self-esteem and mental health. It is estimated that being overweight reduces life expectancy by about three years and being obese by 10 years or more.

The 2014 Public Health England evidence-based approach to physical activity 'Everybody

Active, Every Day' identified that around one in two women and a third of all men in England are damaging their health through a lack of physical activity. If this trend continues the burden on health and social care will destabilise public services, and take a real toll on quality of life for individuals and communities.

Lifestyle-driven health risk factors commonly co-occur and a significant proportion of the population will have three or more risk factors. The White Paper therefore advocates an approach, to tackle these lifestyle-driven health challenges, that empowers individuals to make healthy choices. It responds to Professor Sir Michael Marmot's Fair Society, Healthy Lives report. It adopts its life course framework for tackling determinants of health, highlighting the necessity to align and integrate approaches to tackle lifestyle behaviours to improve health outcomes and reduce health inequalities.

Addressing lifestyle behaviours and risks has been identified as particularly essential among the lowest socio-economic groups among whom such behaviours are more likely to occur. Disadvantage starts before birth and accumulates throughout life. People with higher socioeconomic positions in society have a greater array of life chances and better health. People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health.

A focus on sustained behaviour change has therefore been advocated, supported in some cases by assessing risk of vascular disease, through the national NHS Health Check programme.

The programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who have not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check. The purpose is to assess their risk, raise awareness of risk factors and discuss lifestyle changes and clinical approaches to manage health risks.

The National Institute for Health and Care Excellence (NICE) provide evidence of the significant positive impact making changes to behaviour can have on people's risk of illness. Their lifestyle risk factor guidance for smoking and tobacco; diet, nutrition and obesity; and physical activity all evidence promoting health and prevention, notably primary prevention - aimed at preventing disease or injury before it ever occurs.

1.2 Local context and evidence base

The health of people in Peterborough is generally worse than the England average. A review

of the overarching indicators within the Public Health Outcome Framework demonstrates a RAG rating of Red across four of the six life expectancy indicators. Furthermore, life expectancy is not uniform across the City with variations of up to nine years in life expectancy evident between wards that are geographically close.
Years of life spent in poor health are also significant within Peterborough. A woman in Peterborough can expect to live to over 82 but will spend around 22 years in declining health, while a man can expect to live to nearly 78 having spent 20 years in poor health. This results in reduced quality of life for individuals and their families and also places an unsustainable burden on health and social care services. By reducing lifestyle risk factors across our population the burden of ill health could be significantly reduced.

Smoking rates In Peterborough are slightly higher than the national and regional averages with 18.1% of the adult population smoking. This rate has declined in recent years, and at a faster rate than the national average, from 25.2% in 2010 to its current rate. However, the current levels are still significantly higher than the lowest rate in the region of 15.5%. The smoking rates among routine and manual workers, 25.6%, have also dropped in recent years and are slightly lower than the national and regional averages. The percentage of women smoking during pregnancy in Peterborough is however significantly higher than national and regional rates, estimated at approximately 16%.

Two out of three adults in Peterborough are overweight or obese which is slightly higher than the regional average. The number of children aged 10-11 years with excess weight in Peterborough is slightly lower than the national average at 32.2%, but this still equates to one in three children. The number of children in Peterborough with excess weight at age 4-5 years is 21.3%, which is slightly higher than the regional average for this age group.

Evidence shows that an active life is essential for physical and mental health and wellbeing. A number of diseases are currently on the increase and affecting people at an earlier age. They include cancer, diabetes and cardiovascular disease, a priority for Peterborough. Regular physical activity can guard against these, however, physical inactivity rates in Peterborough are worse than the national and regional averages.

The current five-year Health Check programme began in 2013 and will operate until 2018. Within Peterborough 78.1% of the eligible population has been offered a health check since 2013. However, only 34.7% of the eligible population have received a health check over this period. Based on current take up rates, 60% of the eligible population would have had a health check by 2018, against a national uptake target of 75%.

2. Key Service Outcomes

2.1 Outcomes

The Service is required to provide interventions which support individuals to modify their behaviour to reduce risk factors that contribute to early death and reduced quality of life namely: tobacco smoking, high blood pressure, obesity and physical inactivity. The Service will be expected to engage with a range of communities through work such as the Health Champions programme, to strengthen communities' abilities to address such risk factors. The provision of a high quality integrated service is expected to be delivered through the following settings:

Healthcare	Workplaces	Community	Schools

The Service is expected to demonstrate effectiveness by directly contributing to improvements in the following key Public Health Outcomes Framework indicators:

Domain: Wider Determinants of Health

- Sickness absence rates

Domain: Health Improvement

- Smoking status at time of delivery
- Smoking prevalence age 15 years – current smokers
- Smoking prevalence age 15 years – regular smokers
- Smoking prevalence age 15 years – occasional smokers
- Smoking prevalence in adults – current smokers
- Smoking prevalence in adult in routine and manual occupation – current smokers
- Excess weight in 4 – 5 year olds
- Excess weight in 10 – 11 year olds
- Excess weight in adults
- Percentage of physically active adults
- Percentage of physically inactive adults
- Cumulative percentage of the eligible population aged 40 – 74 years offered a health check
- Cumulative percentage of the eligible population aged 40 – 74 years offered a health check who received an health check
- Cumulative percentage of the eligible population aged 40 – 74 years who received an health check

Domain: Healthcare and Premature Mortality (Longer-term)

- Mortality rate from causes considered preventable
- Under 75 mortality rate from cardiovascular diseases considered preventable
- Under 75 mortality from mortality rate from all cancer considered preventable
- Under 75 mortality rate from all respiratory diseases considered preventable

2.2 Service outputs

THE INDICATORS AND OUTPUTS LISTED IN APPENDIX A ARE BASED ON EXISTING SERVICE DELIVERY AND OUTLINE MODELLING, WHERE POSSIBLE AND ARE SUBJECT TO CHANGE. THE FINAL INDICATORS AND OUTPUTS WILL BE DEVELOPED FURTHER WITH THE APPOINTED PROVIDER AFTER THE AWARD OF CONTRACT ONCE THE STAFFING STRUCTURE AND DELIVERY MODEL HAVE BEEN APPROVED.

A summary of key outputs expected is outlined below.

Programmes referenced below and throughout the specification have been identified as being required as part of an integrated healthy lifestyles service. Specific interventions are identified alongside the requirement to deliver robust campaigns aligned to the Public Health England national programme across a range of topics from smoking cessation and harm reduction to winter warmth. The delivery of activity through different settings to increase engagement, access and take-up of services by different communities and marginalised groups is also required. Effective monitoring and data recording, including the recording of ethnicity data, will be required to demonstrate access by particular communities and marginalised groups. This will include healthcare settings for the delivery of services and brief interventions. Therefore is will be necessary to establish clear partnership arrangements that will support the delivery of the service, including partnership arrangements with the local authorities Community Connector programme, and appropriate pathways to associated services.

Smoking Cessation

- Number of successful 4 week quitters (CO Validated)
- Number of successful 4 week quitters (CO Validated) – Routine and manual workers
- Number of successful 4 week quitters (CO Validated) – Pregnant women
- Number of successful 4 week quitters (CO Validated) – People with mental health problems
- Number of successful 4 week quitters (CO Validated) – more deprived areas

Outreach Health Check

- Number of eligible Peterborough residents offered a health check in the community or workplace with a focus on unregistered population to increase uptake rates
- Number of eligible Peterborough residents offered a health check who received a health check in the community or workplace with a focus on unregistered population to increase uptake rates
- Percentage of people that received an NHS Health Check of those offered in the community or workplace with a focus on unregistered population to increase uptake rates

Health Trainer Programme

- Percentage of Personal Health Plans completed among service users resident within the more deprived areas and/or within a community of interest

- Percentage of service users achieving their primary issue goal through their Personal Health Plan

Weight Management (Children)

- Number of referrals to Service
- Number of participants who complete the intervention. (Completion is measured as attendance by an engaged participant of at least 60% of the sessions of the intervention)
- Number of children completing the programme maintain or reduce their BMI z-score by 0.15, 0.24 and 0.26 at 14 weeks, 8 months and 12 months, respectively.
- Children who complete the programme have recorded improvements in diet and increased physical activity

Weight Management (Adults)

- Number of referrals to Tier 2 services
- Number of referrals from Tier 2 to Tier 3 services
- Number of Tier 2 service clients who complete the course - a minimum of 60% of the sessions -
- Number of clients who have attended at least 1 session of the intervention achieves a mean weight loss of at least 3% of their initial weight (engaged participants)

Physical Activity (Adults)

- Number of referrals to Physical Activity Programme
- Percentage of referrals registered on Physical Activity Programme
- Percentage of service users completing Physical Activity Programme

Healthy Schools

- Percentage of primary schools receiving healthy lifestyles service support as part of the local authorities Healthy School
- Percentage of secondary schools receiving healthy lifestyles service support as part of the local authorities Healthy School
- Percentage of special schools receiving healthy lifestyles service support as part of the local authorities Healthy School

Healthy Workplaces

- Number of workplaces employing 100 or more staff supported through healthy lifestyle interventions aligned with the separately commissioned Healthy Workplaces

Health Champions

- Number of volunteers trained as Health Champions
- Number of volunteers trained as Health Champions resident within the more deprived areas
- Number of volunteers trained as Health Champions from communities of interest

Communication, marketing and promotion

- Number of campaigns and promotions aligned to the Public Health England national programme and the Healthy Peterborough programme, including the annual Healthy Schools awards programme supported

Making Every Contact Count (MECC)

- Number of staff receiving MECC training within the local authority and associated behaviour change training incorporating motivational interviewing
- Number of staff receiving MECC training within identified workplaces and associated behaviour change training incorporating motivational interviewing

3. Scope

3.1 Aims of the Service

The Service will be required to provide a cost-effective, high quality integrated healthy lifestyles service.

The Service should provide universal access however the Service is expected to demonstrate targeted provision as directed under 3.4 to contribute to the aim of reducing health inequalities within Peterborough.

Core Activity	Settings
Smoking Cessation	**Contribute to Healthy Schools**
Outreach NHS Health Checks	
Health Trainer	**Contribute to Healthy Workplaces**
Weight Management and Physical activity **Children's and adults**	

Health Champions Targeting diverse communities and linking with Community Connectors Programme
Communication, marketing and promotion
Making Every Contact Count

Healthcare Setting	Workplaces Setting	Community Setting	Schools Setting

3.2 Objectives of the Service

- To provide a cost effective, evidence based Integrated Healthy Lifestyles Service.
- To provide universal access for individuals and families and targeted provision for priority groups to address existing health inequalities.
- To establish robust pathways based on appropriate guidance for each of the activity provided, including an effective triage/booking system.
- To provide activity within each of the identified settings listed within the draft specification to increase access to services, ensuring they are culturally appropriate.
- To provide both one to one and group services as required to increase the effectiveness and efficiency.
- To provide evidence based behaviour change interventions tailored to meet the specific needs of target groups or individuals with consideration given to their age, disability, mental health and cultural and ethnic background and make onward referrals to appropriate services.
- To promote healthy lifestyle messages to the local population aligned to Public Health England marketing and local Healthy Peterborough marketing. To use innovative and appropriate media and marketing techniques tailored to specific audiences especially in high need communities.
- To ensure continuous service improvement and user focused services through innovation and the involvement of service users, stakeholders and related services in service design, development and ongoing evaluation.

3.3 Service description

The Service is expected to be an aligned service offering accessible healthy lifestyles services that are universal, but also proportionate to the scale and level of disadvantage locally.

Core Activity

Smoking Cessation

Contract arrangements are in place to deliver cessation services through community pharmacy and through GP practices. The healthy lifestyle service is to complement this delivery by providing a direct Level 2 Stop Smoking, which involves multi-session interventions following the National Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme. The programme describes the components of a structured individual face-to-face smoking cessation intervention. This is expected to be delivered through one to one and peer group clinics across healthcare, community, and workplaces and in some cases school settings. This is expected to adhere to all associated quality measures, clinical governance and information governance requirements.

NHS Health Checks (Outreach)

In Peterborough this is delivered as part of local incentive service through GP practices. The management of this will be the responsibility of the Local Authority.

However the Healthy Lifestyle Service will be required to provide outreach NHS Health Checks within the community and within identified workplaces to increase access and take-up rates. Additional checks should be focused within areas with the highest rates of cardiovascular disease and target eligible groups, particular routine and manual workers, who do not access traditional health services.

Organisations such as Job Centre Plus, the voluntary sector, faith based groups and other appropriate organisations should be engaged to open access to people who traditionally may not attend their GP practice. The programme is expected to adhere to all associated quality measures, clinical governance and information governance requirements.

Health Trainer

The programme is to target those above the age of 16 years of age resident in the more deprived areas of Peterborough. The programme will support lifestyle changes through direct support and referral to associated services. The programme will enable individuals to make healthier choices, offering tailored advice, motivation and practical support to individuals who want help to adopt healthier lifestyles.

Weight Management (Children)

The national Obesity Unit framework agreement enables the effective training in the delivery of specific approaches to weight management in at risk, overweight and obese children and young people.

The Service is required to have an adequate number of staff trained to deliver such community-based weight management interventions for 4-17 year-olds above a healthy weight and their families that includes both ‘Family Clubs’ and ‘Holiday Clubs’.

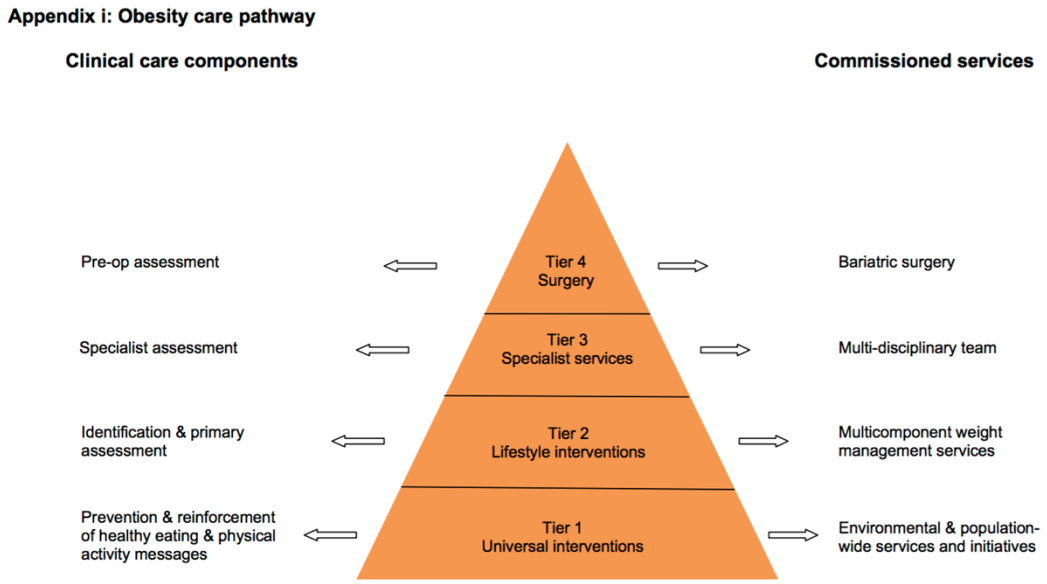
Adult Weight Management

Adult weight management services include 4 different tiers from prevention to surgery.

Tier 4 surgical interventions are available to all adults meeting the necessary eligibility criteria. This tier is excluded from this procurement. However the provider will be required to have good referral mechanisms to Tier 4 if, following completion of a treatment programme, individuals meet the requirement for surgical referral.

Figure 1 illustrates the weight management services and pathways

Figure 1: Obesity Care Pathway (Developing a specification for lifestyle weight management services, Department of Health, 2013)



Tier 1

The Tier 1 services are population wide interventions to promote healthy lifestyles. This will include the Health Trainer Service individual and group/community interventions and prevention services developed based and developed from NCMP intelligence.

Users of the weight management services will be referred to the wider population wide prevention services as part of the integrated approach. The Health Trainer Programme will provide ongoing support to individuals following completion of weight management programme to help sustain any weight loss.

Tier 2

The Tier 2 service will provide multi-component weight management services, which support overweight and obese adults to lose weight and learn how to maintain a healthier weight. It will be offered with a mixed mode of delivery options including 1:1, groups and online in line with NICE guidance and the local consultation. Participants will include support for behavioural change, nutritional advice and skills and physical activity.

Referral pathway

All adult patients should access the service through a referral from their GP, health professional or a Health Trainer. Although patients may self-refer they will be referred back to their GP to ensure that any relevant clinical history has been considered.

Criteria for accessing the services:

- Adults aged over 16 years of age
- BMI >25 to lose weight and learn how to maintain a healthier weight
- On completion may be referred to Tier 1 service or to Tier 3 service

Tier 3 Weight Management Adults

Tier 3 will provide a clinical intensive multi-disciplinary service for the morbidly obese and more complex cases. Specialist medical clinician, specialist nurse and/ specialist dietician, psychologist/psychiatrist and physiotherapist will provide care.

The Tier 3 service will refer to GP's for the provision of pharmaceutical treatment in line with NICE guidance for obesity and the summary product characteristics (SPC) of the medication where required.

The service will retain clinical & financial responsibility for providing liquid meal replacements for the duration of treatment including monitoring the patient and providing repeat supplies of treatment if it is considered to be an appropriate clinical intervention for an individual patient.

Referrals are from a GP, Tier 2 through a central triage.

Criteria for referral:

- An obese individual with complex needs who has not responded to previous tier interventions
- BMI of ≥ 35 kg/m2 and type 2 diabetes (may be reduced by 2.5 kg/m2 of BMI in Asians)

- BMI of 40+ obesity-related co-morbidity e.g. metabolic syndrome, hypertension, obstructive sleep apnoea (OSA), functional disability, infertility and depression if specialist advice is needed regarding overall patient management

Treatment Model

- Clinical assessment by lead clinician but maybe by another member of the Team when appropriate. This will include appropriate blood tests or other relevant tests, investigation for obesity related co-morbidities including screening for psychological issues
- Referral to IAPT for psychology/psychiatric support

- Access to physiotherapy via GP referral
- Specialist Dietician advice
- Bariatric assessment if required
- Six months and sometimes longer if necessary to achieve clinically meaningful benefits
- Evaluation and decisions made about referral back to Tier 2 or to surgery

Physical Activity (Adults)
NICE recommends behaviour change programmes that incorporate physical activity care pathways designed to assist adults to become more active for being clinically effective and cost-effective over time.

The Service is therefore required to deliver a physical activity programme. The programme is to be universally available to people between 16 and 74 years of age who have been classified as being less than physically active, but importantly not otherwise classified as healthy.

For the purpose of the physical activity intervention, being 'less than physically active' is defined as adults who are not meeting the Chief Medical Officer's (CMO's) recommendation for general health of at least 150 minutes of moderate intensity physical activity a week. The Service is however expected to focus on people who are inactive and not otherwise classified as healthy (achieving less than 30 minutes of moderate intensity activity a week) where significant health gains can be quickly accrued.

Health Champions
The Service is required to deliver an accredited programme providing training and support to people who wish to voluntarily support others in their community or workplace to improve their health and well-being.

Health Champions can raise awareness of health and healthy choices, share health messages, and empower and motivate people to get involved in healthy social activities.

The evidence base has demonstrated that this programme can be an effective way of reaching people, influencing and shaping local services, initiating community development opportunities and enabling people to gain skills to move into further training, volunteering

roles and employment.

Communication, marketing and promotion

The Service is required to support health promotion events, campaigns and messaging in partnership with other organisations to promote healthy lifestyle messages to a wider public audience. Specific Public Health England national campaigns will be selected for local focus while the Service would be expected to contribute to the development of key awards initiatives.

Healthy Schools

The national programme that operated until 2011 promoted the link between good health, behaviour and achievement through four key areas healthy eating, physical activity, personal, social and health education (PSHE), and emotional health and well-being.

The Service will be required to contribute to a local authority led local accredited Healthy Schools programme across primary, secondary and special schools through the provision of healthy lifestyles services delivered within school settings. Programmes within the service specification are expected to be delivered within schools as part of the settings approach required. Accreditation is expected to include other services delivered and commissioned by the local authority within a school setting.

Healthy Workplaces

Work is a key determinant of health. Local authorities can improve workplace health in two ways – in their own role as an employer, and also by encouraging and helping other employers to improve the health of their employees. The positive impact that employment can have on health and wellbeing is now well documented. There is also strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.

The Service is required to contribute to a separately commissioned Healthy Workplace programme through the delivery of healthy lifestyles services within identified workplaces. Workplaces that employ high numbers of routine and manual workers will be targeted with a focus on companies employing 100 or more routine and manual workers.

Making Every Contact Count (MECC)

The Service will be required to deliver the MECC programme. The evidence demonstrates that MECC is most effective when delivered by health professionals so they should be the focus of training. In addition appropriate staff within the local authority should be trained with training embedded within the local authorities induction programme for new staff and rolled out across relevant service areas.

3.4 Population covered

The service should be universally accessible by Peterborough residents subject to specific programme criteria such as age limitations, evident for example as part of the Health Check programme.

The following areas and groups should be given priority consideration:

- The more deprived areas within Peterborough
- Those most at risk of developing cardiovascular disease
- Pregnant women who smoke
- People with mental health problems
- Routine and Manual workers
- Established South Asian community
- Growing Eastern European Community

3.5 Any acceptance and exclusion criteria and thresholds

The Service shall be required to accept children and young people (age 2 years and above) and adults resident in Peterborough. The Service shall be required to accept self- referrals and referrals from other agencies. The Service shall exclude Service Users needing any service outside the scope of the Service specification and in these cases shall refer and signpost Service Users to other services as appropriate.
Service Users may be excluded for unreasonable and unacceptable behaviour or as the result of a Risk Assessment that concludes they pose a serious risk to staff, other Service Users and members of the public. The decision to exclude must be clearly recorded and communicated to the Service User together with the circumstances under which they would be allowed to re-engage with the Service. The Service should ensure all associated services are made aware of any potential risks.

3.6 Interdependencies with other services

The Service is required to contribute to improvements in the health and wellbeing of Peterborough residents and should actively engage with a range of services across the local authority and with external partners to ensure effective support for Service Users. The Service is expected to maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of service delivered and ensure effective pathways and referrals.

Specifically, partnerships will be expected to be maintained or developed with:

- Local authority delivered services, including Housing, Licensing, Children's Services and Adult Social Care
- Local authority commissioned services, including treatments services for drugs and alcohol

- Local IAPT (Improving Access to Psychological Therapies) services
- Clinical and local commissioning groups
- GPs and other primary care providers
- Community pharmacy
- Hospital
- Community and voluntary services
- School Nurse service
- Leisure services
- Mental health and wellbeing services
- Local employers and workplaces, especially those who employ large numbers of routine and manual workers
- Local primary, secondary and special schools and local colleges

The Service is expected to actively participate in local, regional and national networks, relevant training, research, audit and evaluation programmes where applicable.

4. Applicable Service Standards

4.1 Applicable national standards e.g. National Institute for Health and Care Excellence (NICE)

The Service is required to provide interventions that support both prescribed and non-prescribed public health functions. All services delivered by the Service should be undertaken in-line with associated NICE guidance and advice.

The key NICE guidance and advice that the Service is required to consider is:

Prescribed functions	NICE Guidance
NHS Health Checks	LGB15 (Advice) - Encouraging people to have NHS Health Checks and supporting them to reduce risk factors
Non-prescribed functions	**NICE Guidance**
Obesity - children	PH47 – Managing overweight and obesity in children and young people PH11 – Maternal and child nutrition
Physical activity – adults	PH54 – Exercise referral schemes to promote physical activity

	PH2 – Four commonly used methods to increase physical activity
Physical activity - children	PH17 – Promoting physical activity for children and young people
Stop smoking services and interventions	PH1 – Brief interventions and referral for smoking cessation PH10 – Smoking cessation services PH26 – Quitting smoking in pregnancy and following childbirth PH39 – Smokeless tobacco cessation PH45 – Tobacco Harm reduction PH48 – Smoking cessation in secondary care
Miscellaneous	**NICE Guidance**
Non-mandatory elements of the NHS Health Check programme	LGB15 (Advice) - Encouraging people to have NHS Health Checks and supporting them to reduce risk factors
Schools	PH12 – Social and emotional wellbeing in primary education PH20 – Social and emotional wellbeing in secondary education PH23 – School based interventions to prevent smoking
Health at work	PH5 – Workplace interventions to promote smoking cessation PH13 – Promoting physical activity in the workplace PH22 – Promoting mental wellbeing at work
General prevention activities	PH6 – Principles for effective interventions PH49 – Behaviour change: individual approaches

In addition the Service should consider among other documentation the following guidance:

- Local Stop Smoking Services: Service and Delivery Guidance, 2014
- NHS Health Check – Best Practice Guidance, 2015
- Improving Health: Changing Behaviour. NHS Health Trainer Handbook, 2010

4.2 Applicable local standards

The Service is required to comply with local as well as national safeguarding standards and procedures and local and national Information Governance and Clinical Governance requirements. The provider will need to demonstrate robust procedures in all cases.

The Service will also:

- Conduct audits as required as part of clinical governance; quality and performance monitoring. The lead for each programme area will ensure that this takes place and plan an audit programme for their programme. Successful review of a service must include evidence of regular audit at least every six months. This will be benchmarked where possible against national standards annually.
- Undertake ongoing evaluation of programmes to determine if objectives are being met and identify action to be taken if any concerns are raised.
- Evaluate the experience of Service Users/Carers 6-monthly in a continuing cycle of audit.
- Provide evidence of public awareness and involvement through the continuing audit cycle.

At the reasonable written request and by no later than 10 Business Days following receipt of such request, the Service must provide evidence that it is addressing any safeguarding concerns.

If requested, the Service shall participate in the development of any local multi-agency safeguarding quality indicators and/or plan.

5. Accessibility of the Service

The Service is to be delivered across the following settings to ensure appropriate access by residents of Peterborough.

Healthcare	Workplaces	Community	Schools

The Service should ensure that the location of specific programmes enables equitable access geographically and by priority groups. Based on evidenced need the Service will be required to be accessible 7 days a week through daytime and evening clinics and sessions.

This page is intentionally left blank