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**Cheshire East Recovery Oriented,**

**Substance Misuse Service**

**Performance Management Framework**

**Substance Misuse Performance Management Framework**

1. **Introduction**
	1. This document details the Performance Management Framework for the Substance Misuse Service. The Provider[s] is expected to maintain the Service to the highest standards; achieving continuous improvement, best value and a high level of service user satisfaction.
	2. Commissioners have produced a suite of performance indicators based on nationally set indicators and local priorities. It is envisaged that the Provider[s] will work with Commissioners and Contract Managers to co-produce further indicators. Performance measures will be subject to annual review.
	3. Contractual performance will be managed through quarterly meetings. The Provider[s] will be expected to submit completed Performance Management Framework and Quality Monitoring Reports.
2. **Reporting Requirements**
	1. Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements e.g. the Health and Wellbeing Board, as well as meeting national reporting requirements via NDTMS. The Commissioner will hold quarterly contract monitoring meetings with annual performance reviews. The Provider[s] will also be required to attend provider forums and work in partnership with service user forums. The Commissioner and Contract Manager will co-produce contract metrics with the Provider[s].
	2. Performance reporting requirements include:
* A quarterly performance report (activity, qualitative and quantitative);
* Quality & Performance Monitoring Framework (QPMF)
* NDTMS exceptions report;
* Budget review;
* Quality including compliments and complaints;
* Service User engagement and coproduction;
* Workforce development;
* Safeguarding;
* Serious untoward incident (SUI) reporting;
* Referral pathways;
* Collaborative working;
* Workforce;
* Review of operational policies and procedures.
* Continuous quality improvement.

2.2 The Provider will notify Cheshire East Council of the Shared Care GPs, Pharmacies and Pharmacists accredited to provide supervised self-administration on a quarterly basis.

2.3 The Provider will ensure that appropriate arrangements for pharmacy and shared care payments, prescribing and dispensing activity monitoring are in place and that all such monitoring would form part of the suite of information for contract & performance monitoring meetings.

2.4 A Contract Monitoring Schedule will be set by the commissioner and quarterly reporting will be aligned to the NTDMS reporting timetable

**3.0 Data and Performance Reporting**

3.1 The Provider[s] will be required to co-design a detailed performance framework with commissioners for this contract, Public Health England and the NDTMS team. An outline framework for performance is attached at appendix 3 and 4.

3.2 Outcomes and outputs must be available by intervention type, and service type to assist in the assessment of value for money and benefit to the individual their family parents, partner, carers and the community of this commission.

3.3 In addition to local reporting requirements the Provider[s] will ensure that they are fully compliant with the requirements of the National Drug Treatment Monitoring System (NDTMS) for Drugs and Alcohol. Outcomes monitoring must be based on:

* NTDMS Young People Outcome Record (YPOR);
* NTDMS Treatment Outcomes Profile (TOPS);
* New Economics Foundation (NEF) 5 Ways to Wellbeing[[1]](#footnote-1) and;
* Cheshire East Children’s Plan Priority Outcomes.

Other examples of outcomes monitoring tools that could be used include:

* Drugs and Alcohol Outcomes Star[[2]](#footnote-2);
* Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)[[3]](#footnote-3);
* Youth Outcomes Star[[4]](#footnote-4)

3.4 Incentive and social value indicators are included in this framework

**Appendix 1 - Social Value Outcomes**

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| --- | --- |
| **Objective** | **Outcomes** |
| 1. Promote Employment & Economic Sustainability
 | Outcome 1: More local people in work |
| Outcome 2: Thriving local businesses |
| Outcome 3: Responsible businesses that do their bit for the local community |
| 1. Raise the living standard of local residents
 | Outcome 4: A Local workforce which is fairly paid and positively supported by employers |
| 1. Promote Participation and Citizen Engagement
 | Outcome 5: Individuals and communities enabled and supported to help themselves |
| 1. Build capacity and sustainability of the Voluntary and Community Sector
 | Outcome 6: An effective and resilient third sector |
| 1. Promote Equity and Fairness
 | Outcome 7: A reduction in poverty, health and education inequalities.  |
| Outcome 8: Acute problems are avoided and costs are reduced by investing in prevention. |
| 1. Promote Environmental Sustainability
 | Outcome 8: We are protecting our physical environment and contributing to climate change reduction. |

Provider[s] will undertake Cost Benefit Analysis (CBA) for their identified social value targets, which will be monitored through the contract monitoring process by the end of the first quarter following contract award. Benchmarking for CBA will be undertaken by the Provider[s] once the contract has been awarded.

**Appendix 2 - Incentivised Key Performance Indicators Programme**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **No.** | **Indicator**  | **Source** | **Baseline** | **Target** | **User to provide quarterly performance**  | **Comments** |
| **Reduction in Long Term Cohort** | 1 | Reduction in the adult long-term drug (and alcohol)-treatment cohort (over 4 years at the **beginning** of contract)  | NDTMS | TBA | Each individual who has been in the service (long term cohort) will have a reduction/improvement plan that will evidence their journey |  |  |
| 2 | Reduction in the adult long-term drug (and alcohol)-treatment cohort (over 4 years **Current position**) (Incentive indicator) | NDTMS | TBA | Each individual who has been in the service (long term cohort) will have a reduction/improvement plan that will evidence their journey |  |  |
| **Successful Completions**  | 3 |  % of treatment naive clients with planned exit within the year of referral | NDTMS | TBA |  |  |  |
| **Children and Young Person Offer** | 4 | Increase the number of children and young people identified and supported where family/guardian is currently receiving treatment the service  | Case management System | TBA |  |  |  |
| 5 | Increase the number of individual young people receiving specialist substance misuse support |  | TBA |  |  |  |
| **Service User Communication and Engagement**  | 6 | Develop and deliver a service user engagement plan.  | Narrative Report | TBA | Range of consistent mechanisms in place |  | To include young persons blog, a young persons charter, and a service user forum for the North and South of the Borough |
| **Focus on socio-economic wellbeing** | 7 | No of clients accessing service from 20% most deprived wards in the borough | Case Management System | TBA |  |  |  |
| **Impact on wider health and care system** | 8 | Reduction in SMS clients presenting to A&E (High impact users) and reduction in in-patient acute admissions by clients due to alcohol specific condition | Case management System | TBA |  |  |  |
| **Recovery** | 9 | Increase % of all in treatment who report they are in employment | NDTMS | TBA |  |  |  |
| **Recovery** | 10 | Increase % of clients actively engaged with mutual aid | NDTMS | TBA |  |  |  |

**Appendix 3 – Quarterly Performance Monitoring Framework**

| **Outcome** | **PI/KPI No.** | **Performance Indicator** | **Technical Guidance Reference** | **Indicator construction** | **Comments** | **2018/19 Target** | **Reporting frequency** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Increased number of people reporting improved mental health and wellbeing on TOPS. | KPI 2 | Average psychological score increase at planned exit | Adult Planned Exit Outcomes Report | Numerator: Sum of all psychological scores at TOP exit reviewDenominator: Total number of TOP exit reviews |  | Increase average score by 5 | Quarterly |
| More people achieving a normative quality of life score in two TOP reviews in a 12 month period | 2a | Average quality of life score increase at planned exit | NDTMS Adult Planned Exit Outcomes Report Released quarterly Measured quarterly | Numerator: Sum of all quality of life scores from TOP reviews in 12 month periodDenominator: Total number of TOP reviews in 12 month period |  | TBC | Quarterly |
| Compliance with the national 3 week waiting times target | 3a | Proportion of first alcohol treatments occurring within 3 weeks | NDTMS Adult Partnership Activity Report Released quarterly Measured quarterly | Numerator: Number of first alcohol treatments occurring within 3 weeksDenominator: Number of first alcohol treatments | Technical Definition % of first treatments occurring within 3 weeks (Assessment to Modality) Methodology is matched to PHE which triggers once a modality start date is present and counts days between referral to modality and first offered appointment dates. | 100% | Quarterly |
| 3b | Proportion of first drug treatments occurring within 3 weeks | NDTMS Adult Partnership Activity Report Released quarterly Measured quarterly | Numerator: Number of first drug treatments occurring within 3 weeksDenominator: Number of first drug treatments | TBC | Quarterly |
| Increase the number of people entering employment, education or training | 4a | Proportion of service users in work at treatment exit | NDTMS Adult Planned Exit outcomes report - exits released quarterly measured quarterly | Numerator: Number of service users who were not in work at start of treatment who have been in paid work for more than ten days at treatment exitDenominator: Number of service users |  | TBC | Quarterly |
| 4b | Proportion of service users in education or training at treatment exit | NDTMS Adult Planned Exit outcomes report - exits released quarterly measured quarterly | Numerator: Number of service users who were not engaged with education at treatment start, stated engaged with education on treatment exitDenominator: Number of service users |  | TBC | Quarterly |
| Increase in proportion of people abstinent from all presenting substances on TOP exit | 5a – 5f | Proportion achieving abstinence at treatment exit, broken down by Opiate, Crack, Cocaine, Amphetamines, Cannabis and Alcohol | NDTMS Adult Exit Outcomes report Released quarterly Measured quarterly | Numerator: Number of (e.g. opiate) using service users abstinent at treatment exitDenominator: Number of (e.g. opiate) service users at treatment exit | Opiate target 100%Activity 100%Crack: target 100%Activity 100% | TBC | Quarterly |
| Increase proportion of people exiting the treatment system free from dependence on drugs / alcohol | 6a | Proportion of opiate service users exiting the treatment system not dependent on drugs | NDTMS Monthly partnership successful completions and re-presentations report (Successful completions) Released monthly Treatment exit trend data Measured year to date | Numerator: Number of opiate service users exiting the service not dependent on drugsDenominator: Number of opiate service users exiting the service |  | TBC | Quarterly |
| 6b | Proportion of non-opiate service users exiting the treatment system not dependent on drugs | Numerator: Number of non-opiate service users exiting the service not dependent on drugsDenominator: Number of non-opiate service users exiting the service |  | TBC | Quarterly |
| 6c | Proportion of alcohol clients exiting the treatment system not dependent on alcohol | Numerator: Number of alcohol service users exiting the service not dependent on alcoholDenominator: Number of alcohol service users exiting the service |  | TBC | Quarterly |
| Increase proportion of successful completions | KPI 7a | Proportion of successful completions for opiate service users | NDTMSMonthly partnership successful completions reportReleased monthlyMeasured over rolling 12 month period | Numerator: Number of successful completions for opiate service usersDenominator: Number of opiate service users in treatment |  | TBC | Quarterly |
| KPI 7b | Proportion of successful completions for non-opiate service users | Numerator: Number of successful completions for non-opiate service usersDenominator: Number of non-opiate service users in treatment |  | TBC | Quarterly |
| KPI 8c | Proportion of successful completions for alcohol service users | Numerator: Number of successful completions for alcohol service usersDenominator: Number of alcohol service users in treatment |  | TBC | Quarterly |
| KPI 8d | Proportion of successful completions for non-opiate and alcohol using clients | Numerator: Number of successful completions for non-opiate and alcohol service usersDenominator: Number of non-opiate and alcohol service users in treatment |  | TBC | Quarterly |
| **Increase number accessing Recovery support interventions** | 9 | Number of service users accessing Recovery Support Interventions | NDTMS Adult partnership activity report Released quarterly Measured year to date | Same as indicator wording | Monthly | TBC | Quarterly |
| Increase in the proportion of young people successfully discharged from treatment, who do not re-present in either the treatment system or in the criminal justice system in the following 6 or 12 months | 10 | Proportion of young people successfully discharged, who do not re-present in either the treatment system or in the criminal justice system in the following 6 or 12 months | NDTMS YP specialist substance misuse Interventions Executive Summary Released quarterly Measured year to date | Numerator: Number of young people successfully discharged who did not re-present in the treatment system or the criminal justice system in the following 6 or 12 monthsDenominator: Number of young people successfully discharged |  | TBC | Quarterly |
| Increase in the proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months. | KPI 11a | Proportion of opiate service users who successfully completed treatment and did not re-present within 6 months | NDTMS Adult partnership activity report Released quarterly Measured year to date | Numerator: Number of opiate service users who completed and did not re-present within 6 monthsDenominator: Number of opiate service users who completed |  | TBC | Quarterly |
| KPI 11b | Proportion of non-opiate service users who successfully completed treatment and did not re-present within 6 months | Numerator: Number of non-opiate service users who completed and did not re-present within 6 monthsDenominator: Number of non-opiate service users who completed |  | TBC | Quarterly |
| KPI 11c | Proportion of alcohol service users who successfully completed treatment and did not re-present within 6 months | Numerator: Number of alcohol service users who completed and did not re-present within 6 monthsDenominator: Number of alcohol service users who completed |  | TBC | Quarterly |
|  | KPI 11d | Proportion of non-opiate and alcohol service users who successfully completed treatment and did not re-present within 6 months | Numerator: Number of non-opiate and alcohol service users who completed and did not re-present within 6 monthsDenominator: Number of non-opiate and alcohol service users who completed |  | TBC | Quarterly |

**Appendix 4 – Quarterly Performance Monitoring Framework (Children and Young People Specific)**

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| **Outcome** | **KPI No.** | **Performance Indicator** | **Baseline** | **Indicator Construction/Technical guidance** | **Comment** | **Target** |
| Targeted and effective services - more people receive a better outcome from services | 1 | Number of Specialist assessments completed within court timescales |  |  |  |   |
| 2 | Proportion of Yong Peoples Outcome Record (YPOR) starts carried out at start of engagement |  |  |  |  |
| 3 | Proportion of YPOR reviews carried out at 12 weeks |  |  |  |  |
| 4 | Proportion of YPOR exits carried out |  |  |  |  |
| 5 | Number of CAF assessments undertaken |  |  |  |   |
| 6 | Number of CAF plans contributed to |  |  |  |   |
| 7 | Number of parent/carer assessments completed |  |  |  |   |
| 8 | % of young people leaving the service who are in education, training or employment at 6 months post discharge |  |  |  |   |
| 9 | Number of safeguarding referrals made |  |  |  |   |
| 10 | Number of young people supported who have a CAF in place |  |  |  |   |
| 11 | Number of young people supported who have a Child in Need plan in place |  |  |  |   |
| 12 | Number of young people supported who have a Child Protection plan in place (not including child exploitation plan) |  |  |  |   |
| 13  | Number of young people supported who have a child exploitation plan in place |  |  |  |   |
| 14 | Number of young people supported who are Looked After |  |  |  |   |
| 15 | Preventative Activity: Number of preventative groups delivered |  |  |  |   |
| 16 | Preventative Activity: Number of young people participating in preventative group activity |  |  |  |   |
| 17 | Mental wellbeing: 70% of young people will report an improvement in their emotional wellbeing (using Outcomes Star) |  |  | 70% |   |
| 18 | Physical wellbeing 70% of young people will report an improvement in their physical wellbeing (using Outcomes Star) | Baseline to be set |  | 70% |   |

1. New Economics Foundation (2008) 5 Ways to wellbeing <http://neweconomics.org/2008/10/five-ways-to-wellbeing-the-evidence/> [↑](#footnote-ref-1)
2. Outcomes Star – Drugs and Alcohol <https://www.staronline.org.uk/star_mock_homepage.asp?section=721> [↑](#footnote-ref-2)
3. Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) <https://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/> [↑](#footnote-ref-3)
4. Youth Outcomes Star <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/youth-star/> [↑](#footnote-ref-4)