Healthy Young Minds Cheshire East

Performance Monitoring Framework
Lot 4: Infrastructure Development Lead

Service Aim

Deliver a collaborative and integrated service to address Children and Young People's emotional health and wellbeing, working in partnership with their families and professionals intervene early and prevent future demand on specialist / statutory services.

Vision

This Service will provide integrated support to promote and protect Children and Young People's emotional health and wellbeing. It will work in partnership with children and young people, their families and professionals by providing early advice and intervention to promote wellbeing and resilience, address any risk factors that could contribute to poor mental wellbeing and managing mental health problems at the earliest opportunity. This service aims to reduce future demand on a wide range of specialist / statutory services.

Contract Management and Quality Assurance Schedule

Performance and Quality Assurance Standards

The Provider will be monitored against a number of predetermined performance and quality standards which are highlighted in the Schedule.

The objectives of the Key Performance Indicators and Quality Assurance standards are to:

- ensure that the Services are of a consistently high quality and meet the requirements of the Council;
- provide a mechanism whereby the Council can attain meaningful recognition of inconvenience and/or loss resulting from the Provider's failure to deliver the level of service for which it has contracted to deliver; and
- Incentivise the Provider to comply with and to expeditiously remedy any failure to comply with the Key Performance Indicators.

The Provider shall, at all times, provide the services in such a manner that the Key Performance Indicators are achieved.

1.1 Quality Specific Standards

The Provider is expected to have in place robust governance framework and supporting processes, which ensure that it is compliant with appropriate legal requirements and standards. We would expect the governance framework to include but not be limited to the following:

- Communication between partners across the wider alliance, including managerial staff;
- Effective reporting and monitoring mechanisms for issues of concern
- Service IT / data recording and storage systems;
- Incident reporting and health and safety matters;
- Child Protection & Adult Protection – Safeguarding;
- Reporting and monitoring of incidents and accidents to staff, volunteers, partners, CYP and their families [including the management of violence and domestic violence];
- Health & Safety Inspection, and fire safety;
- Infection Control;
- Inspections by CQC, OFSTED, or LHW or Commissioners;
- Complaints and Compliments management for paid staff, volunteers, partners, CYP and their families;

- Engagement and co-production;
- Records Management;
- Equality of opportunity in service provision, recruitment and employment;
- Occupational health;
- Information sharing and Information Security;
- Policies relating to confidentiality of information;
- Codes of conduct for staff

All appropriate policies and protocols must be in place following contract award and prior to the service mobilisation phase being completed. The Commissioner would expect to receive information and assurance that these are current and in place. Clear and routine review arrangements to maintain effective governance would also be expected.

1.1.2 Quality Assurance

The Provider is required to complete quality assurance checks in relation to service delivery to ensure that outcomes are being met and that contract compliance is achieved.

a) The provider will have quality assurance processes which clearly includes the standards and indicators to be achieved and monitored on a continuous basis by the Provider to ensure that the Service is delivered in accordance with the best interests of CYP, their families and other services within the HYM alliance
b) The quality assurance processes will include the standards required, the method of attaining the standards and the audit procedure
c) The quality assurance processes will analyse feedback and measure the success of the service in meeting the requirements set out in the Service Specification and the Monitoring Schedule
d) A quality assurance report summary will be made available to CYP and their families, and the Council upon request
e) There must be various means for CYP, their families and organisations within the HYM alliance to supply feedback with regards to service delivery and outcomes being met. These methods need to take into account CYP/partners and their preferences as to the mechanism of feedback (questionnaire, interview, phone call, Service review etc.) and the most appropriate format (i.e. language, pictorial, font size)

f) When negative written feedback is received by the Provider, either formally or informally, a formal written response from the Provider will be supplied noting its receipt and the action that will follow. This feedback will be copied to the Council
g) The Provider will be committed to continuous service development

2.1 Performance Management

2.1.1 Performance Management Reporting

The Provider must ensure that a dedicated 'Performance Management Function' is established as part of the contract to provide system wide reporting where relevant and applicable. The Provider will ensure the effectiveness of such reporting, demonstrating assurance processes for systems and procedures to commissioners and other key stakeholders, and support the continued development of both output and outcome monitoring for the service.

The Provider is required to complete performance checks in relation to Service delivery to ensure that outcomes and contract compliance are being met.

a) The Provider is responsible for having performance and quality assurance processes that are capable of providing evidence of achieving outcomes, quality of Service and Key Performance Indicators
b) It is the Providers' responsibility to submit performance and quality information as per the schedule and failure to complete and return the required information will be dealt with under Service failure and contractual action
c) The Council may choose to further verify submitted claims through feedback from CYP, families, Council Staff, Provider staff interviews and/or feedback as required
d) The Provider must have robust business continuity and contingency plans in place with regards to all levels of Service interruption or disruption. If Service interruption or disruption occurs, the Provider must notify the Council immediately and ensure that alternative provision is sought
e) The Provider will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to the CYP, families, the HYM alliance or the Council is highlighted well in advance to the Council of any potential or actual incident
f) The Provider will allow inspection (insofar as it is relevant to the provision of care and the financial stability of the Provider) of financial records upon being given reasonable notice in writing. This shall include details of rates of pay for staff to ensure legal compliance and any other information deemed necessary by the Council to ascertain the stability of The Provider workforce or business

g) The Provider must ensure that their nominated managers attend reviews, multi-disciplinary meetings and submit monitoring information to The Council
h) The Council reserves the right to review or amend the contract management and quality assurance process during the contract term with one months' notice

Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements. The Commissioners will hold quarterly contract monitoring meetings with annual performance reviews. The Provider will also be required to attend partnership meetings, provider forums and CYP participation forums. Performance reporting requirements include:

2.2 Performance Indicators

2.2.1 Key performance Indicators (KPI's)

The Council has set the following Key Performance Indicators (KPI's) and targets which will be used as part of the Service evaluation. The Provider must submit their KPIs in their Quarterly Monitoring Returns and the Council will conduct various validation spot checks to determine the accuracy of the data submitted and the quality of the service delivered.

Providers of the Healthy Young Minds Service will be required to supply quantitative and qualitative data, evidencing service outputs, outcomes and impact on CYP, their families and the wider system.

The following table outlines the Commissioners minimum annual expectations. Further benchmarking will be undertaken during the first year of the service to identify gaps and develop targets (if required) for years 2-5 inclusive.

Measure	Description	Target
Number of CYP provided with a bespoke package of support by the HYM service	Provider will work in partnership with Providers for Lots 1-3 to develop a service which benefits a minimum of 638 CYP per annum	638
Comprehensive stakeholder mapping exercise undertaken	Provider will map all commissioned / non-commissioned / statutory / specialist services that will form part of the HYM alliance	Presentation to commissioners at

		the end of Q1 of delivery Refreshed annually
Chair and coordinate HYM Alliance partnership meetings	Bring together commissioned / non-commissioned / statutory / specialist services in a purpose-driven meeting to collaborative address strategic priorities	Quarterly
Develop recognisable branding and communications plan	Work with wider alliance to coproduce branding for Healthy Young Minds service, accompanied with a communications plan	Quarterly
Number of new organisations/services signed up to join HYM Alliance	Provider will use local knowledge and stakeholder mapping to reach out to partner organisations and encourage membership	Count
Develop clear terms of reference, information sharing agreement and governance structure for HYM Alliance	Work in partnership with commissioners and other providers within the service to ensure the HYM Alliance has a solid strategic footing	Presentation to commissioners at the end of Q2 of delivery Review annually
Develop and coordinate a coproduced 5-year HYM strategy and action plan	Provider will work within the alliance partnership to develop and coordinate a strategy and action plan aimed at creating sustainable system change	Review quarterly Annual report

Percentage of CYP receiving a bespoke package of support who align to 'getting advice' and 'getting help' quadrants of the iTHRIVE framework (See page 7 of specification for more details)	Work collaboratively with HYM service Providers to ensure all CYP receiving support align to 'getting advice' and 'getting help' quadrants of the framework, requiring single-agency support to address their emotional health and wellbeing	100%
Additional funding attracted and invested into HYM Alliance	Work collaboratively with HYM service partners, wider alliance and Local Authority / NHS colleagues to identify and apply for additional funding, ensuring the resource is directed to where its is needed	£amount
CYP living in rural areas have equal access to low level emotional health and wellbeing support	Work collaboratively with Providers for the HYM service to create equality in access for CYP in rural areas	100% Analysis of coverage across the borough – breakdown of locations Count
Design, develop and coordinate online repository for evidence-based school resources	Create a digital space where all schools can easily access tried and tested resources which will enable them to support CYP emotional wellbeing in their setting	Feedback from schools regarding quality of resources
Schools experience equality in access to support for embedding evidence-based tools and resources for address CYP emotional health and wellbeing	Use a range of data sources to analyse need in schools and identify those requiring additional support to embed evidence-based resources	Feedback from schools regarding quality of support

Quarterly monitoring report from HYM service providers are provided on time and consistent in their format	Provider will support service partners to deliver consistent and timely quarterly monitoring reports to Cheshire East commissioners	100%
MHSDS data returns provided to NHS England	Provide high quality, data regarding HYM service performance to NHS England	Monthly
CYP who return to HYM service within 12 months of successful completion of their package of therapeutic support	Provide detailed analysis of those CYP who return to the service and reasons behind this	Number – count Reason for return
CYP who are referred to specialist/statutory organisations within 12 months of successful completion of their package of therapeutic support	Provide detailed analysis of those CYP who are escalated to specialist/statutory support and reasons behind this	Number – count Reason for escalation

Providers which fail to reach the relevant KPI targets, or do not adhere to specified timescales for submitting KPI information, will be subject to performance improvement measures.

2.2.2 Critical Performance Indicators

A Critical Performance Failure shall include:

a) any failure to attain Key Performance Indicators as detailed in this schedule and in accordance with the service specification

b) Effective partnership working service requirements, outcomes and KPIs

c) Safeguarding – performance issues or incidents relating to breaches in service delivery, which may also include safeguarding incidents

d) a refusal or non-delivery of the Services by the Provider in accordance with the service specification and service level agreement

e) in the opinion of the Authority the provider is persistently inputting the incorrect data/submitting inaccurate data as evidenced

f) any other delay on the part of the Provider without good cause in delivering the Services that could reasonably be considered by the Council as being inconsistent with the Provider performing its obligations under the contract agreement and in accordance with the service specification

2.3 Outcomes

The Provider must deliver a Service to create and maintain a sustainable collaborative alliance and the service must be delivered in line with the ethos and standards as detailed in the Service Specification.

2.3.1 High Level Strategic Outcomes for wider Healthy Young Minds Service

2.3.2 Service Outcomes for Infrastructure Development Lead

Collaboration, integration and equality	Providers across the HYM alliance work collaboratively toward a shared vision to achieve HYM service overall outcomes (see p14 of specification)

	CYP of all ages and all geographical areas across Cheshire East borough are eligible for low level emotional health and wellbeing support from the HYM service
Trusted & recognisable branding	HYM Alliance is a brand encompassing a variety of providers (including commissioned, grant funded, voluntary sector, specialist/statutory services) which is clearly recognisable as a place where CYP emotional wellbeing problems can be addressed early Voice of CYP and their families is clearly evidenced in the design and develop of HYM service and wider alliance priorities
Coproduced strategy to create system change	5-year Healthy Young Minds strategy created with/by partners, CYP and their families to identify how the alliance will develop and how impact will be measured Demonstrates the value of Early Help emotional health and wellbeing services for CYP by evidencing reduced demand on specialist / statutory services
Increased investment in Early Help services	Additional funding invested into Early Help emotional health and wellbeing services for CYP to enhance existing delivery and react to gaps in service as they emerge
Consistent approach to service delivery and monitoring	Providers across the HYM Service have a consistent approach to eligibility criteria, triage/assessment and support planning processes Providers across the HYM service have a shared approach to reporting and communicating performance locally and nationally

	Providers have a shared vision of what success looks like
Sustainable alliance model	HYM Alliance operates independently and drives change by creating sustainable relationships between organisations/services who's ethos is rooted in providing CYP with Early Help emotional health and wellbeing support HYM Alliance has effective governance, terms of reference and is a key strategic function to deliver the 5-year strategy and influence commissioning intentions

2.3.1 Partner Satisfaction Surveys

This is one way of the Provider determining and evidencing that outcomes have been supported and achieved.

The Provider will collate all feedback from HYM Alliance partners detailing information on Service improvements, the quality of provision and whether outcomes are being achieved and report this available to the Council on an annual basis.

In order for the Council to ensure that the Provider is actively seeking feedback from partners, and to identify areas of good practice, the Provider will conduct a satisfaction survey each calendar year. The methodology behind the annual survey will be at the discretion of the Provider. The Council reserves the right to request the Provider to alter the format, method or content of the satisfaction survey in order to ensure that the relevant information is obtained.

The Provider shall permit the Council to use the information which is generated by the satisfaction surveys to assist it in future commissioning and procurement activities.

The Council may at its discretion gather partner insight information. The Council may ask the Provider to address any issues which are highlighted through this insight information. The Provider will take steps to address the issues raised by the Council within the timescales set out.

The results must be available to the Council by 30th April every year. Failure to comply will result in Service failure and will be dealt with via contractual action.

2.4 Monitoring Returns

The Provider is required to collate and return monitoring information to the Council using the templates provided by the Council. The Council retains the right to amend or update the templates if required, and Providers will be notified if any changes are made.

The Provider will strictly adhere to the timescales set out in this Schedule for returning monitoring information and failure to do so will result in service failure and/or contractual action being taken.

The Provider will comply with contract monitoring arrangements including sample checks of monitoring record (electronic or otherwise) and monitoring return validation. The Provider will be informed and consulted on changes to contract management arrangements as and when they occur.

2.4.1 Quarterly Monitoring Return

The Provider will provide a quarterly monitoring return to the Council containing the information detailed in this document in relation to the reporting period. The Council will set clear dates for submission during the mobilisation period.

2.4.2 Annual Monitoring Return

The Provider will make an annual return to the Council which will provide evidence of each of the areas identified in the table below. This information is to be submitted annually by no later than 30 April**.**

Area	**Information Required**
Financial, Insurance and Governance	• Evidence of insurance certificate • Evidence of partnership Information Sharing Agreement • Evidence of partnership Terms of Reference (including governance structure)
Wider HYM Service Delivery	• Results of satisfaction surveys • Key findings of inspection reports • Details of safeguarding enquiries • Numbers of safeguarding referrals (with data available for individual safeguarding cases upon request by the Council) • Numbers of complaints/comments (with data available for individual complaints upon request by the Council) • Geographical breakdown of HYM service users home addresses (to assess equality of service access) • Breakdown of HYM service users age (to assess equality of service access) • Number of escalations to Statutory/Specialist services (Early Help, CAMHS) • Number of CYP accessing the HYM service

	• Number of CYP prevented from accessing specialist social care and/or mental health support
Partnership Working	• Progress made in developing the Healthy Young Minds alliance and details of progress against the strategy and action plan • Number of partnership meetings coordinated and number of services engaged within the Alliance (outside of the HYM contracted organisations) • Details of additional funding acquired and impact of this investment
Health and Safety	• Health and Safety incidents • Any changes to health and Safety policies or procedures
Policies and Procedures	• All new or updated policies and procedures to be submitted, as detailed in Section 7.7 of the Specification

2.4.3 Submission of Returns

The Council is committed to simplifying the collection and analysis of monitoring information and will implement a process which will require submission of information electronically either by email or a secure portal. The Provider is required to have the facility to undertake this. In the event that the Provider fails to submit accurate monitoring information in accordance with this schedule, this shall constitute a Service Failure.

2.4.4 Low Level Incident/Concern Forms

Any comment or concern made by a CYP, their family or a partner organisation to the Council on the quality and delivery of the service will be recorded as a ''low level incident / concern''. These are defined as issues or concerns, which do not meet the threshold for safeguarding and are not being treated as a formal complaint.

The Provider will respond to and resolve any incidents to the satisfaction of the complainant and the Council within the timescale stipulated by the Council. Any concerns or comments being made in relation to the quality of the service can result in increased monitoring of the Provider, to evaluate themes and trends which have developed.

2.5 Data Submission KPI's

The below KPI's are relevant to any information or data which the Provider is contractually obliged to submit to the Council, including finance data, monitoring returns and any other information as detailed within the Monitoring Schedule or Service Specification.

a) Timeliness of data and information submissions
The Provider is to submit the required data and information to the Council as per the stated timescales e.g. weekly, monthly, quarterly
Target: 95%

b) Accuracy of data and information submissions
The provider is to submit accurate data and information to the Council (and are to ensure that any checking processes put in place by the Council is adhered to prior to submitting the data or information)
Target: 95%

If data or information is not submitted to the Council as per the required timescales for three consecutive periods, then this will result in service failure and contractual or improvement action being taken.

The three periods are proportionate to the set timescales in place within this agreement, e.g. if a data submission is required on a weekly basis and the data has not been submitted for three weeks this will result in service failure.

The accuracy of data will be spot checked and verified by the Council using various methods including checks of documentation.

2.6 Inspection Reports

The Provider will provide the Council with copies of any inspection reports affecting the Service on request within 2 working days.

2.7 Underperformance by Provider

Should the Council identify that a Provider is underperforming against the terms of the Agreement:

a) the Council may without prejudice to its other rights and remedies including initiate one or more of the following: a Quality Assurance Form, Quality Assurance Visit or Contract Review Meeting
b) The Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance
c) Suspension of service delivery will be initiated where any monitoring or feedback obtained exposes performance issues or incidents relating to breaches in Service delivery, which may also include safeguarding incidents
d) Suspension of service delivery will be initiated whereby an active informal Improvement Notice or formal Default Notice is in place or the Provider is under Large Scale Safeguarding Enquiry (LSE) procedures
e) exercise its right to Compensation for Performance Failure in accordance with the contract
f) exercise its right to make a payment deduction / pricing adjustment / penalty for Critical Performance Failure in accordance with the contract
g) Where there has been a serious breach or multiples breaches which may affect safety, the Council retains the right to move existing Provider business to alternative Providers. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion

Where improvements are evidenced and the required standard reached, referrals will be resumed to the Provider, initially with a phased approach which will be decided by the Council.

2.7.1 Underperformance of critical performance indicators

If there is a breach or failure to meet any of the Critical Performance indicators (detailed in section 2.2.2), the Provider will immediately notify the Council in writing and the Council, in its absolute discretion and without prejudice to any other of its rights to Service under this Schedule howsoever arising, may:

a) require the Provider to immediately take all remedial action that is reasonable to mitigate the impact on the Contracting Body and to rectify or prevent a Performance Failure or a Critical Performance Failure from taking place or recurring; and
b) if the action taken above has not already prevented or remedied the Performance Failure or Critical Performance Failure, the Council shall be entitled to instruct the Provider to comply with the Improvement Plan Process; or
c) if a Critical Performance Failure has occurred, exercise its right to Compensation for Critical Performance Failure in accordance with the contract
d) if a Critical Performance Failure has occurred, exercise its right to make a payment deduction / pricing adjustment / penalty for Critical Performance Failure in accordance with the contract
e) the Council may without prejudice to its other rights and remedies including initiate one or more of the following: a Quality Assurance Form, Quality Assurance Visit or Contract Review Meeting.

2.7.2 Implementation of Improvement Action Plan

Approval and implementation by the Council of any Improvement Action Plan shall not relieve the Provider of any continuing responsibility to achieve the Key Performance Indicators, or remedy any failure to do so, and no estoppels or waiver shall arise from any such Approval and/or implementation by the Council.

3. Contract Management and Quality Assurance Governance and Validation

3.1 Contract Management and Quality Assurance Meetings

The Provider will be required to attend regular contract management and quality assurance meetings chaired by representatives of the Council. These meetings will be set by the Council from the Commencement Date and will usually be in three monthly intervals.

The Council will arrange to meet with the Provider at least every quarter to review its performance against the provisions of this Specification and to discuss its plans for Service improvement. The Council reserves the right to alter the frequency of these meetings. Wherever possible, the meetings will be arranged by the Council in such a way that they do not impede the Provider in the delivery of the Service.

From time to time, officers from the Council may visit the Provider to verify evidence of service activity and compliance with the requirements of the Agreement and the Specification.

The Council will decide which Council representatives are to be in attendance at the meetings which may include Council staff from teams other than Commissioning / Contract Management and Quality Assurance.

3.2 Monitoring and Quality Assurance Visits / Audits

Monitoring, quality assurance, inspection or audit visits can be announced or unannounced and will be carried out by Council representatives. Monitoring and quality assurance visits can be carried out as part of a routine monitoring schedule for the Provider to ascertain contract compliance or in response to general or specific concerns. The visits have no set duration and will depend on what aspects of the service are being monitored and quality assured.

The Provider may be subject to monitoring, quality assurance or audit visits and service reviews by the Council at any time during the duration of the Agreement.

The visits or audits can include on-site visits to the Provider's offices and Council representatives have the right to access all information in relation to the care planned for or provided to Service Users, including:

a) Staff records (including DBS checks, insurance details, references, application forms, supervisions / appraisal records, disciplinary records, training records)
b) Complaints records (including details of complaints, investigation, responses to complainants, actions taken)
c) Safeguarding records (including details of safeguarding alerts and concerns, enquiries, responses to safeguarding allegations, actions taken
d) Staff rota schedules, or any other system or format which evidences or details how support is planned and delivered
e) Full statutory documentation and certificates, including copies of notifications and pending applications
f) All levels of insurance certificates
g) Any other documentation deemed relevant by the Council to delivery of the service

The Council may also undertake spot checks to satisfy itself as to the ongoing quality of service delivery and to validate performance data. Should any issues be identified, the Provider will ensure that remedial action is taken as per the Councils feedback and within the timescale specified at the time of notification or discussion.

Additional or more in-depth inspections or monitoring will be triggered by any of the following:

a) Whereby an active informal Improvement Notice or formal Default Notice is in place
b) Whereby the Provider is under Large Scale Safeguarding Enquiry (LSE) procedures
c) An increase in Safeguarding incidents, or receipt of a serious safeguarding referral
d) Failure to meet required Key Performance Indicators or Best Practice elements
e) Contract Monitoring non-compliance
f) Concerns arising from previous inspections and reviews
g) Concerns arising from CYP or representative feedback
h) Social Care reviews, concerns or feedback
i) CQC Statutory Notice or intelligence shared with the Council
j) Complaints (including verbal, written, formal and informal)
k) Whistle blowing
l) Changes in local management for this contract without adequate contingencies, handover or not informing the Council
m) Any other issues deemed to be a risk

Appendix 1

Social Value Measures

Objective	Outcomes	Measure	Target
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		
2. Raise the living standard of local residents	Outcome 4: A Local workforce which is fairly paid and positively supported by employers		
3. Promote Participation and Citizen Engagement	Outcome 5: Individuals and communities enabled and supported to help themselves		
4. Build capacity and sustainability of the Voluntary and Community Sector	Outcome 6: An effective and resilient third sector		
5. 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.		

6. Promote Environmental Sustainability	Outcome 8: We are protecting our physical environment and contributing to climate change reduction.		