



Healthy Young Minds Cheshire East

2024 to 2029

(with the option to extend for 2 12 month periods to 2031)

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.

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Definitions

Definitions within this service specification are defined below:

Term	Definition
Commissioner(s)	The commissioning organisation and lead is Cheshire East Borough Council. The Commissioners include authorised representatives of the Council including the Contract Manager.
Lead Provider/ Provider	Refers to the Provider who is responsible for the management, coordination, provision and delivery of the Service.
Provider Partners	Refers to the partners of the Provider (if any) that shall be providing the Service in this specification in collaboration or partnership with the Provider
Children and Young People (CYP)	Children and young people from birth until their 19 th birthday (and up to their 25 th birthday for CYP with SEND and care leavers)
Alliance	Refers to a sustainable collaborative partnership of organisations (including commissioned and non-commissioned services) who work together toward a common goal of providing early intervention emotional wellbeing support for children, young people and their families.
Supporting Families Framework	Holistic approach to assessing need and vulnerabilities, to identify families who need extra support and ensure that this is provided at the right point, in the right way, as early as possible.
Cheshire East Early Help	Multi-agency 'front door' located in Cheshire East Council to provide support to children, young people and families as early as possible to prevent escalation to specialist and/or statutory services.

1.0 Introduction and Context

1.1 Introduction

Cheshire East Borough Council seek to commission a service which will offer accessible, inclusive support to all children and young people (CYP) and their families to build resilience and achieve positive emotional wellbeing. The service model consists of multiple Lots, so Providers will work in partnership to achieve the aims and vision as detailed in this specification.

The scope of the service will include all CYP aged 0-19 (up to 25 for SEND and care leavers) and their families who reside or attend school in Cheshire East.

The Provider[s] will ensure the service delivery model encompasses:

- Direct delivery of therapeutic interventions
- Support for schools to implement evidence-based tools and resources
- Infrastructure and alliance development
- A simple, accessible referral pathway to support CYP and their families

A digital offer to provide virtual support for CYP and their families will be procured separately but will form part of the wider Healthy Young Minds service.

The health and wellbeing of CYP is central to delivering Cheshire East Council's values and priorities set out in the Cheshire East Corporate Plan 2021-2025. This service will allow us to improve emotional health support available to CYP and create an innovative, flexible service that embodies true early intervention. This service also addresses our priority to empower and care about people, by encouraging a focus across the system to reduce health inequalities and enable CYP to be strong and resilient, enjoy their education and have the best start to their life.

Background

The Emotionally Healthy Children and Young People (EHCYP) service was commissioned in 2019 following the success of the Emotionally Healthy Schools (EHS) Programme, its predecessor. The aim of the EHCYP service was to achieve efficiencies by integrating education settings with children's specialist mental health providers, to create a clearly defined universal and targeted offer. Additionally, the EHCYP service extended its reach into early years education and primary care, as well as providing a digital offer and parenting support.

The EHCYP service commissioned in 2019 aimed to transform CYP emotional health and wellbeing services, offering choice, flexibility and integrated practice to ensure a timely and proportionate response to need. The service required delivery of four key components:

1. Access to early support and specialist mental health advice
2. Access to policies, procedures and tools
3. Education sector leadership
4. Multi-agency working

The model successfully used a 'train the trainer' approach to develop sustainable structures within education settings, where the emotional health of CYP is front and centre.

In 2017, the government outlined ambitious plans to address CYP mental health in ‘Transforming Children and Young People’s Mental Health Provision: A Green Paper’¹, detailing two main commitments:

- Establishing Mental Health Support Teams (MHSTs) in education settings to provide onsite evidence-based interventions and provide a link to specialist CYP mental health services
- Provide Senior Mental Health Lead (SMHL) training for every eligible educational setting in England.

The EHCYP service was designed to complement this transformation programme. This means educational settings are now in a favourable position, with internal structures in place to identify and respond to CYP mental health and wellbeing. However, the increase in demand and complexity in CYP presentations has resulted in long waiting lists for preventative therapeutic interventions, resulting in a domino effect into specialist and crisis services.

Coproduction

The service model detailed in this specification has been entirely coproduced with a large range of stakeholders, including parents/carers, education providers, professionals (including health, social care, police) and most importantly CYP. An initial ‘seek to understand’ engagement phase saw 36 focus groups take place with 346 participants, where informal insight-based discussions enabled commissioners to understand what CYP emotional wellbeing looks like right now and identify gaps in service delivery across the system.

Analysis of intelligence gathered revealed 18 common ‘themes’, which were presented to a group of key stakeholders and broken down to six key priorities for the service model:

- **Parenting support:** ensuring that parents/carers feel safe, knowledgeable and supported and are equipped with the ability to embed strategies to improve family resilience
- **Service access and navigation:** support is available at the right place, at the right time and the journey through services is smooth and navigable
- **Collaboration:** encouraging professionals to work together in early intervention to prevent complexity
- **Self-harm and suicide ideation:** ensuring that everyone can react appropriately to concerns around self-harm and suicide ideation
- **Bullying and social media:** creating a sense of shared responsibility for schools / parents/carers / professionals to educate CYP about their rights and legal protection when experiencing bullying behaviour both online and in person
- **School:** equipping every member of staff in school with the knowledge and tools to respond to CYP emotional wellbeing and providing evidenced-based tools to provide effective interventions

Following identification of priorities, a series of workshops were held where stakeholders were invited to discuss the themes in detail and generate solutions to address gaps in service. The resulting model detailed in this specification has been ‘tested’ with these stakeholders (including CYP and their families) to check that proposals accurately address gaps in service and meet need. The priorities detailed above underpin commissioning intentions detailed within this specification.

¹ ‘Transforming children and young people’s mental health provision: a green paper (2017) [Transforming children and young people’s mental health provision: a green paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/transforming-children-and-young-peoples-mental-health-provision-a-green-paper-2017.pdf)

1.2 Service vision

The Provider[s] will offer an accessible, inclusive service aimed at increasing protective factors and building resilience in CYP (and their families) to address emotional wellbeing issues at the earliest opportunity, to enable them to live their best life in the future. The service will identify and build on existing strengths within the sector and use innovative solutions to tackle systemic challenges, enabling it to be positioned firmly within early intervention and provide CYP with the best start in life.

The Provider[s] will offer a flexible service which gives CYP choice and control over their care. The service will target the upper quadrants of the Thrive² model:

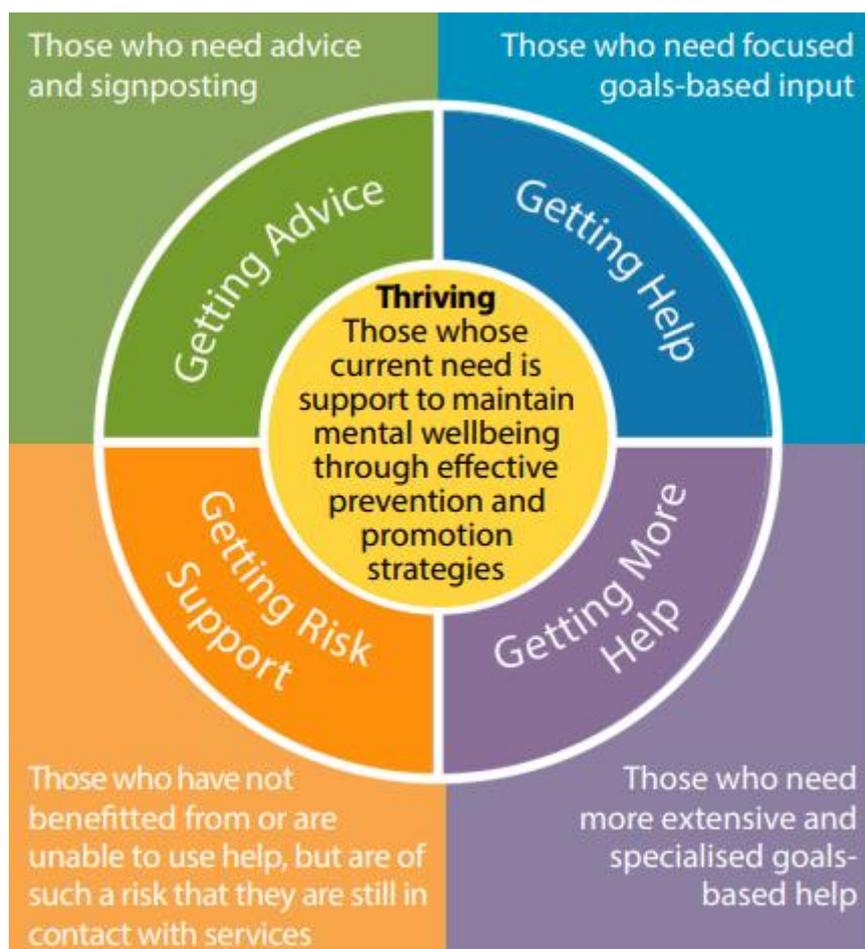
Getting Advice

- Mild or temporary emotional wellbeing issues
- Fluctuating or ongoing severe difficulties with appropriate self-management
- Most suitable intervention is within the community
- Advice, signposting and support for self-management

Getting Help:

- Focussed, evidence-based support, with clear aims
- Specific interventions focussed on agreed outcomes
- Single agency takes responsibility for delivering support package

² The THRIVE model conceptualises the mental health and wellbeing needs of CYP and families into five needs-based groupings and was developed by The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre.



The complexity of emotional wellbeing and mental health in CYP is recognised by Cheshire East Council. Commissioners are keen to position this service in Early Intervention, but recognise that CYP will transition between quadrants of the THRIVE model as their needs escalate and reduce, so partnership working with specialist mental health services (including CAMHS), voluntary sector organisations, youth services, prevention services, schools and other settings is essential and it is crucial that the Provider[s] remain up to date with referral processes and thresholds.

1.3 Purpose and aims of the service

This service focusses on building resilience in CYP, with an overall aim of increasing protective factors and reducing risk factors. The service will provide an opportunity to effectively meet CYP needs early to prevent escalation and reduce the demand on social care and specialist mental health services.

The Provider[s] will work collaboratively with partners across the system to achieve the following principal aims:

- Improve accessibility to emotional wellbeing support for CYP and their families, received in the right place, at the right time
- Create clear, simple pathways into a single point of contact

- Integrate the single point of contact with existing structures and assets to maximise opportunities for collaboration and drive system efficiencies
- Deliver therapeutic interventions to CYP and their families to address issues at the earliest opportunity and avoid future complexity, aligned with the 'Getting Advice' and 'Getting Help' quadrants of the THRIVE model
- Provide support for education setting to access and implement evidence-based tools (including screening and intervention resources)
- Provide education to parents/carers and families on key issues affecting CYP (including self-harm, social media and bullying), incorporating a range of delivery methodologies and locations to ensure accessibility
- Recognise and capitalise on experts by experience to provide person-centred system navigation support to CYP and their families (specifically targeting families with SEND and other under-served communities)
- Create a sustainable alliance of organisations with shared aim of developing resilience in CYP through early intervention, working in partnership to reduce demand on statutory services
- Demonstrate a commitment to proportionate universalism, offering a universally accessible service but prioritising CYP with additional vulnerabilities (such as SEND, cared for, children subject to targeted or specialist help)
- Capture local and national data to identify trends and evidence the impact of investment in early intervention support
- Monitor customer journey through services to evidence cost saving and avoidance to statutory/specialist services

1.4 Population need

Whilst many CYP across England experience good mental wellbeing, in 2022, an estimated 18% of children aged 7 to 16 years and 22% of young people aged 17 to 24 years had a probable mental disorder (the 2021 census shows there are 85,292 children aged 0-19 years living in Cheshire East). Overall prevalence rates for children and young people aged 7-19 increased from 11.8% in 2017 to 19.8% in 2022, meaning that in 2022, there was somewhere between 8,606 to 13,525 CYP in Cheshire East with a probable mental health disorder³.

Data supplied internally shows that mental wellbeing is a key factor within assessments for CYP and families presenting to social care. 25% of children in need present with mental health issues, rising to 28% for CYP on a Child Protection Plan. Similarly, 44% of parents with a child in need cite mental health concerns, rising to 59% of parents involved in child protection arrangements⁴. During 2021/22, emotional wellbeing was a cause for concern in 36% of children in care across Cheshire East, which is higher than recorded in 2014/15⁵. Addressing CYP and familial emotional

³ Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Official statistics, Survey. 29 November 2022. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#:~:text=Key%20findings,between%202020%2C%202021%20and%202022> (Accessed 22 December 2022)

⁴ Data from email correspondence (received from Business Intelligence Officer, 07.10.22)

⁵ *Department for Education* 'Office for Health Improvement & Disparities. Public Health Profiles. [26/07/23] <https://fingertips.phe.org.uk> © Crown copyright [2022]

wellbeing at the earliest opportunity will have a long-term effect of reducing demand on statutory services.

The legacy created by the covid-19 pandemic should not be underestimated, with research showing that 80% of CYP with existing mental health needs agree that their condition has worsened since lockdown (YoungMinds, 2022). The most significant impact was felt by CYP who were transitioning between schooling stages. Since returning to 'normality', CYP feel pressured to "go back to the way things were", but state they have lost their "identity", with this especially felt in migrant communities.

Good education is an important protective factor for emotional and mental wellbeing; however, mental health is the leading cause for school absence and medical needs tuition. In the academic year 21/22, Cheshire East's Medical Needs Tuition Team supported 106 CYP, of which 76% were referred due to poor mental health⁶. CYP told us that social isolation and disjointed transitions have increased their anxiety around school, but there is a distinct lack of support for emotionally based school non-attenders.

As of January 2022, there were 3,412 CYP in Cheshire East with an Education, Health and Care Plan (EHCP), of which 23.7% were attributed to social, emotional and mental health⁷. The NHS Long Term Plan promises additional resource for mental health and wellbeing in schools, but the scale and speed of the planned improvements is simply not sufficient, so we must take steps locally to create clear pathways for schools to access bespoke support.

School staff report that screening tools and resources for addressing CYP emotional health are in abundance, but there is a lack of repository for evidence-based, tried and tested tools. Similarly, they told us that there is a lack of support for risk management and safety planning for CYP exhibiting self-harm and suicide ideation. According to Labour Force Survey estimates, across Great Britain education staff have a significantly higher than average rate of work-related stress, depression or anxiety⁸. To reduce future demand on services, school staff need to be provided with the tools needed to support themselves and the children in their care.

Between 2012/13 and 2021/22 across Cheshire East, there has been an increase in the proportion of adults reporting a 'high anxiety score' (23.3%). As of 2021/22 the proportion of adults thought to be diagnosed as having depression by their GP is approximately 14%. Rates have increased since 2012/13⁹. Parents/carers tell us that their own mental health struggles are often dismissed when addressing their children's emotional wellbeing, so we plan to create a service that takes a 'whole family approach'. There is limited support to empower and build confidence in

⁶ Email correspondence (Tuition Team Manager, 09/02/23)

⁷ Cheshire East Council (2022) Single SEND Forecast Data document. May 2022. Available from: [single-send-forecast-data-document-v1.0-final-may-2022.pdf](https://www.cheshireeast.gov.uk/media/10000/Single-SEND-Forecast-Data-document-v1.0-final-may-2022.pdf) (cheshireeast.gov.uk) (Accessed 11 May 2023)

⁸ Source: HSE (2022) Work-related stress, anxiety or depression statistics in Great Britain, 2022. Available from: <https://www.hse.gov.uk/statistics/causdis/stress.pdf> (Accessed 2 February 2023).

⁹ Annual Population Survey (APS), Office for National Statistics (ONS). Office for Health Improvement & Disparities. Public Health Profiles. [30th June 2023] <https://fingertips.phe.org.uk> © Crown copyright [2023]

parents/carers, with missed opportunities to provide coping mechanisms that could transform the familial dynamic and improve emotional wellbeing without therapeutic interventions.

Poverty can be associated with poor emotional wellbeing in CYP and their families. Wards in Crewe and Macclesfield have a high proportion of children eligible for free school meals, however, there has been an increase in eligibility for other wards, including Wrenbury, Audlem and Handforth over the past 4 years¹⁰.

Since 2015/16, Cheshire East has seen higher rates of children under 18 years admitted to hospital for mental health conditions than the England average¹¹. The current rate of admissions for a mental health condition in CYP in Cheshire East is 133.9 per 100,000¹¹. There has also been an increase in rates of substance misuse hospital admissions, with the Cheshire East rate significantly worse than the England average¹².

In Cheshire East, hospital admission rates for self-harm in CYP aged 10-24 years have remained consistently significantly higher than England since 2013/14¹³. During 21/22, there were 450 admissions for self-harm in CYP aged between 10 and 24, which is 130 more admission than the previous year¹³. Compared to our statistical neighbours, Cheshire East has the highest rate (725.3 per 100,000) of 10–24-year-olds being admitted to hospital as a result of self-harm¹⁴.

Without increased resource and investment upstream to address issues early and prevent escalation, the demand on hospitals will continue to increase. There is a lack of preventative advice and health promotion available in schools and the community, so this service will seek to shift the balance and increase capacity in vital upstream support.

CYP were clear about the factors impinging on their mental health, which include bullying, social media, domestic abuse and lack of physical activity. 58% of CYP respondents to Our Visyon survey¹⁵ had either experienced or witnessed bullying (Visyon, 2021) and 12.6% of 11- to 16-year-olds reported they had been bullied via social media (NHS Digital, 2022). Despite this, only 7% of Cheshire East schools are currently engaged with the KiVa programme and only 14 calls were received by the SCiEs team during an 11-month period¹⁶. CYP identifying as LGBTQ+ highlighted challenges of not getting support until in crisis, being at risk of bullying and feeling expected to fit in. Only 45.1% of children aged 5-16 years old are "active" and meeting the Chief Medical Officer recommendations for physical activity¹⁷.

¹⁰ Spring (January) School Census, Public Health Intelligence Team © Crown Copyright and database right 2022. Ordnance Survey 100049045 SMASH – Sandbach, Middlewich, Alsager, Scholar Green & Haslington

¹¹ Office for Health Improvement & Disparities. Public Health Profiles. [07/07/23] <https://fingertips.phe.org.uk> © Crown copyright [2023]. Historic data supplied by OHID received by e-mail on 01/08/23

¹² 'Office for Health Improvement & Disparities. Public Health Profiles. [20/09/22] <https://fingertips.phe.org.uk> © Crown copyright [2022]'

¹³ 'Office for Health Improvement & Disparities. Public Health Profiles. [28/04/23] <https://fingertips.phe.org.uk> © Crown copyright [2023]' Historic data provided by OHID by e-mail on 2nd May 2023

¹⁴ 'Office for Health Improvement & Disparities. Public Health Profiles. [28/04/23] <https://fingertips.phe.org.uk> © Crown copyright [2023]'

¹⁵ Survey conducted with CYP living in Sandbach, Middlewich, Congleton, Holmes Chapel and Alsager

¹⁶ Email Correspondence Education COVID response and Project Manager (31/01/23 & 02/02/23)

¹⁷ Sport England. Active Lives Survey. Children and Young People data. Available

from: <https://activelives.sportengland.org/Home/ActivityData> (Accessed 12 January 2023) © Sport England 2023

Access issues are felt by service users and professionals alike, with general feedback during our engagement including the words “confusion”, “inequality” and “overwhelming”. We know that 5.5% of children aged 0 to 5 have a probable mental disorder and anecdotally our partners are telling us that children presenting for support since the pandemic are getting younger and more complex, so we need to create an equitable service which provides a clear pathway to support for CYP of all ages. Parents/carers of CYP with Special Educational Needs and Disabilities (SEND) we engaged with expressed frustration about unnavigable pathways and silo working.

1.5 Key challenges

The following key challenges have been identified via extensive engagement (with CYP, their families and professionals), via analysis of local and national data/intelligence and by reviewing best practice. The Provider[s] will need to address the challenges individually and through effective, meaningful partnerships and collaborative work, ensuring that the offer meets the needs of CYP, their families and education settings.

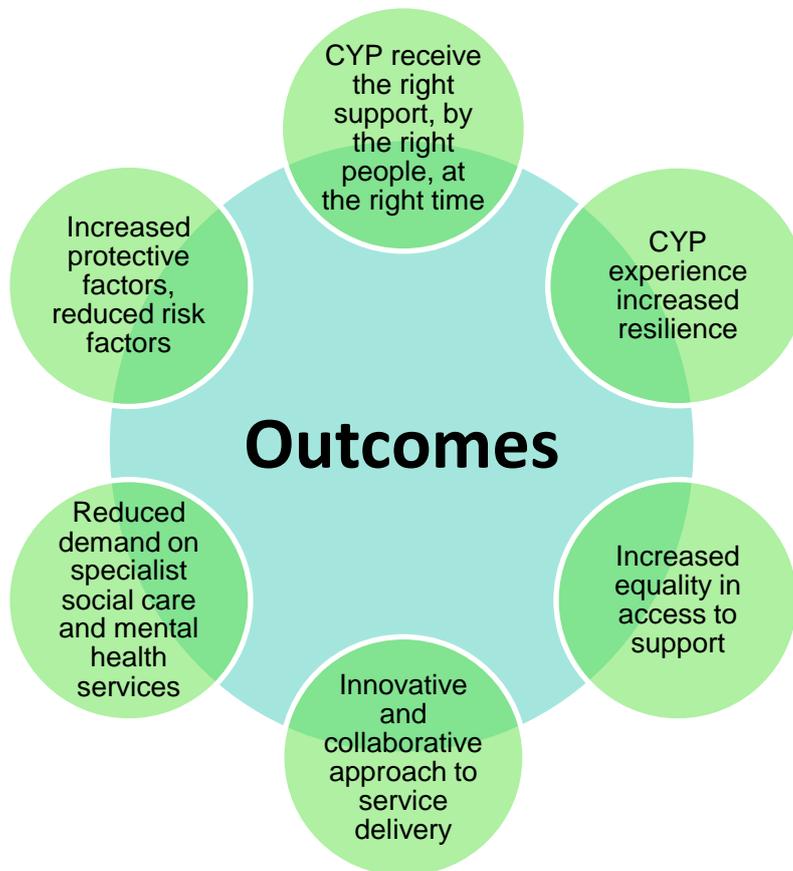
Key challenges include:

- Creating a culture shift to focus on early intervention and preventative services, to address low-level emotional wellbeing issues in CYP early to prevent future complexity
- Ensuring equality of offer and accessibility to services for CYP of all ages, irrespective of their location geographically and including those who do not attend school
- Developing streamlined pathways and referral processes with clear threshold guidance to maintain focus on early intervention
- Recognising the impact of the covid-19 pandemic on CYP emotional wellbeing and providing services and interventions that will meet their emerging needs
- Maintaining the momentum of positioning emotional wellbeing high on the agenda in schools/settings and achieving a balance in focus on academic achievements and building resilience
- Taking a whole-family approach to addressing CYP emotional wellbeing and helping parents/carers develop supportive relationships with their child, equipping them with the knowledge and confidence required to build familial resilience and prevent mental health challenges in the future
- Leading an offer which supports an asset-based approach to providing early help, capitalising on the skills and knowledge of people with lived experience
- Creating and developing a model based on an alliance of organisations, focussed on collaboration and partnership working toward a shared vision and service objectives
- Upskilling the key people in the lives of CYP (family, community and school setting) to be emotionally available and to have the confidence to address emotional wellbeing issues and take appropriate action
- Providing choice and control to CYP and their families, ensuring the offer is flexible and inclusive

- Ensuring the offer is available to those who may find services difficult to access such as, CYP with special educational needs, children not in education, looked after children and early years
- Providing an offer based on proportionate universalism, enabling step-up and step-down within the Getting Advice and Getting Help quadrants of the Thrive Framework to reduce demand on specialist mental health services.

2.0 Outcomes

2.1 High Level Outcomes



Further details regarding outcomes can be found in the Performance Monitoring Framework accompanying this specification.

2.2 Service Principles and Values

The following Service values and approaches underpin the Service aims and ethos which the provider is to adhere to:

- Openness and trustworthiness
- A commitment to quality
- Dignity and respect
- Collaboration and coproduction
- Communication
- Personalisation
- Compassion and empathy towards all CYP and their families
- Providing support for individuals or groups facing greater social or economic barriers
- Third sector engagement

- Community engagement
- Market development

2.3 Social Value Outcomes

Social value aims to improve population health outcomes and reduce health inequalities through Social, Economic and Environmental impacts.

The Provider[s] will be expected to identify social value targets and outcomes within their model aligned to one or more of the following objectives:

- **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;
- **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage Providers to source labour from within Cheshire East;
- **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship;
- **Build the capacity and sustainability of the voluntary and community sector** – practical support for local voluntary and community groups;
- **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough;
- **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.

There are a number of tools and resources that have been developed by Cheshire East Council to support the Provider[s] to achieve their targets and to improve outcomes:

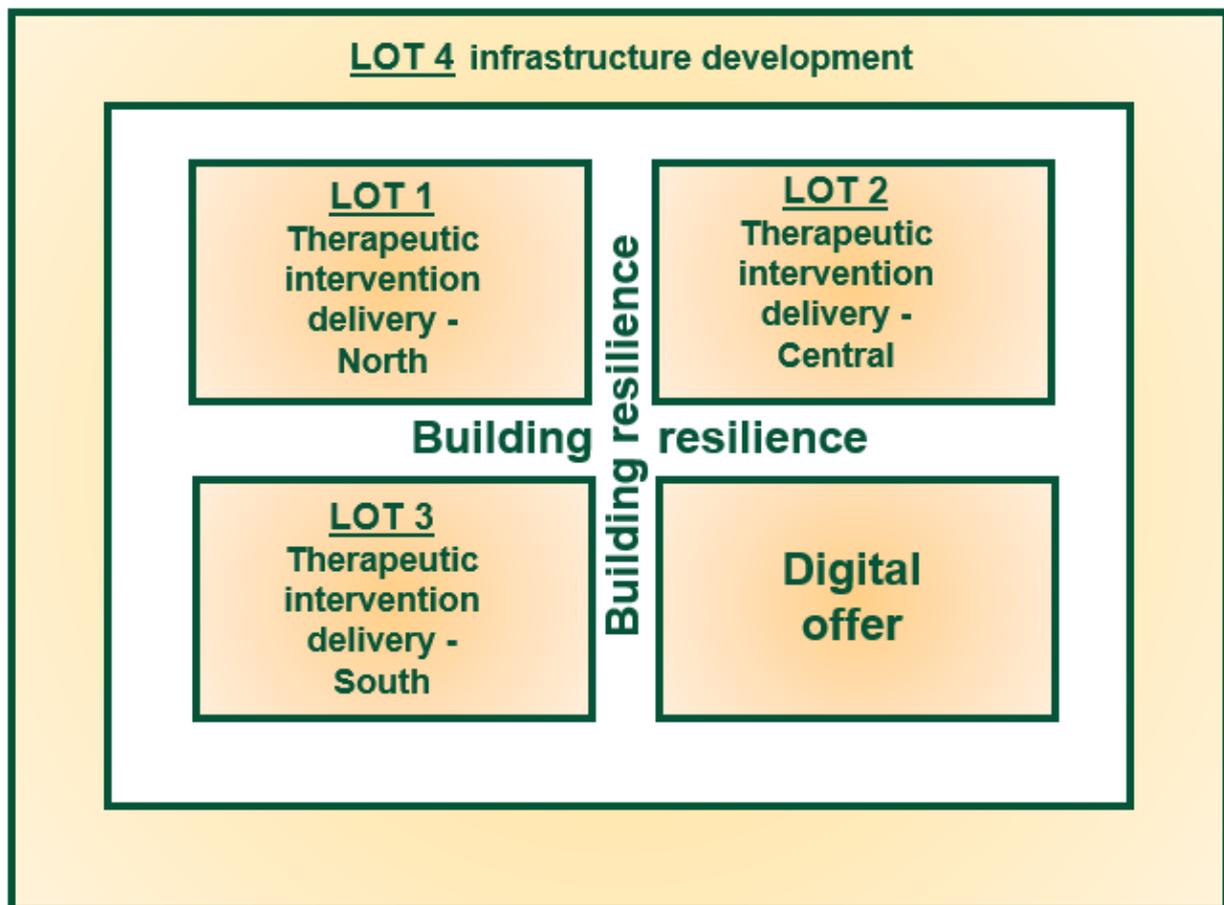
- [Social Value Framework](#) – details the priority KPIs which underpin the objectives detailed above
- [Social Value Policy and Charter](#) – outlines our commitment to ensuring a high standard of ethical practices through embedding social value at an organisational level and at a commissioning level
- [Crowdfunding Portal](#) – Providers are able to promote their project that requires funding or contribute to a local project that requires funding.
- [We are Cheshire East](#) (Volunteer Portal) – Providers are able to identify volunteers to support their organisation's projects, and identifying volunteering opportunities for their workforce
- [Social Value Award](#) – A Quality Mark which Providers can apply for to showcase their Social Value practice and impact.

3.0 Service Requirement and Deliverables

3.1 Service model

The Council is seeking to develop a sustainable alliance model, where Providers will work together toward a shared ambition of building resilience in CYP and their families. The alliance will create an opportunity for Providers and partners to work together to achieve consistency and equality in delivery, to address gaps in service as a collaborative and to provide a mechanism for channelling funding to enhance the impact of early intervention. The Provider[s] will deliver a service aligned with the 'Getting Advice' and 'Getting Help' quadrants within the Thrive framework, which will offer choice, flexibility and integrated practice to ensure a timely and proportionate response to need.

The service consists of 5 Lots and Provider[s] may apply as a single agency or present a consortium approach with Provider partners. The Council invite innovative and creative responses which will inspire culture shift across the system to focus on early intervention and reduce demand on specialist services. The Provider(s) will share the vision of the Commissioners to transform CYP emotional wellbeing services through the delivery of the following model:



Please note: The Digital Offer will be procured separately via different procurement channels due to its technical nature.

3.2 Service description

LOTS 1 – 3: Therapeutic Intervention Delivery
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LOT 1 North Locality	LOT 2 Central Locality	LOT 3 South Locality
Macclesfield North Macclesfield South Wilmslow & Knutsford	Congleton Sandbach, Alsager & Middlewich	Crewe North Crewe South Nantwich & Rural

Please refer to appendix 1 (section 8.1) for a visual map of the locality footprints.

Delivery Requirements

Over-arching principles

- Provide low level emotional health and wellbeing support for CYP aged 0 – 19 (up to 25 for SEND and care leavers), based on an ethos of proportionate universalism to ensure a flexible approach to step-up and step-down dependent on need
- Take a trauma-informed approach throughout all service delivery and ensure all practitioners are skilled in trauma-informed care
- Work in partnership within an alliance of other services and agencies to provide a model with geographical equality, consistency in delivery and improved access for under-served communities
- Create a central focus on ‘developing resilience’ within a service firmly rooted in early intervention & health promotion
- Take a whole-family approach to addressing and improving emotional wellbeing at the earliest opportunity, ensuring all CYP have access to a trusted adult and safe space
- Embed Making Every Contact Count and ensure CYP and their families do not have to tell their story more than once
- Implement an integrated and collaborative model which prioritises therapeutic interventions and provides clear pathways into support, ensuring there is ‘no wrong door’
- Recognise local assets and build on strengths in our communities to provide person-centred support to CYP
- Facilitate data collection for reporting at a local and national level, and create an infrastructure to track customer journey across the system and monitor outcomes
- Work openly and collaboratively with the Infrastructure Development provider (Lot 4) in order to take a strategic approach to developing a sustainable alliance

- Facilitate and promote an environment where talking about mental health and emotional wellbeing is normalised to reduce taboo and to encourage CYP to identify issues early to prevent escalation

Component 1: Accessibility and continuity of care

- Create and clearly communicate a single point of contact for CYP, families and professionals who require low level emotional health and wellbeing support for CYP aged 0 – 19 (up to 25 years for SEND and care leavers). The point of contact should be a physical asset (e.g. community building) and telephone / online referral portal.
- Create a clear and effective referral pathway into the Healthy Young Minds service, which is accessible (at a minimum) Monday to Friday, 9am until 5pm for CYP, families and professionals (including schools and primary care)
- Work with other Healthy Young Minds providers to create clear and simple referral criteria and triage / assessment processes, ensuring consistency in approach across the service. Referral criteria and service thresholds must align to the THRIVE framework detailed above and be agreed with Cheshire East Council commissioners during mobilisation process
- Work alongside the Infrastructure Development Lead (Lot 4) to identify and drive system efficiencies, avoiding duplication or wasted resource
- Work collaboratively with providers of Lots 1-3 to create consistent, shared approaches to delivery of the Healthy Young Minds service

Component 2: Integration and collaboration

- Work collaboratively with Cheshire East's Early Help front door to identify families who meet the criteria for early help involvement. The Provider[s] will build the Supporting Families framework (see appendix 1, section 8.2) into their assessment and refer families to Early Help who meet 3 or more criteria using the [Early Help Support Referral Portal](#)
- Work in partnership with the [Wellbeing Hub](#), [Family Hubs](#) and [0-19 Contact Hub](#) to align delivery model and create continuity of care
- Actively contribute to local partnerships, including care communities, family hub collaboratives and other community-based multi-agency partnerships
- Collaborate with organisations across the alliance to identify key areas for service development and work in partnership to attract relevant funding opportunities
- Attend and play an active role in quarterly Health Young Minds Alliance Partnership meetings and contribute to development and delivery of HMY Alliance strategy and associated action plan

Component 3: Deliver therapeutic interventions

- Create a community-based central delivery hub, which provides a welcoming and accessible place for CYP, their families and professionals to receive therapeutic support. The 'hub' should be a physical asset, which is central to the community and is contactable via telephone and online during office hours

- The Provider[s] will deliver a weekly ‘drop in’ session at the hub, which will be staffed by a support worker and a counsellor, to create an opportunity for CYP to receive brief interventions and provide a gateway into structured support
- A menu of therapeutic interventions should be available to CYP and their families who meet referral criteria. All interventions and assessments must be delivered by competent, appropriately skilled and fully trained staff with relevant background checks (DBS) and professional registration (BACP for counselling staff)

As a minimum, Provider[s] should offer the following to eligible CYP:

- A programme of at least 8 sessions of **counselling** support
- **Group support** sessions, aiming to attract at least 8 participants per session
- A sustainable **peer support** programme, empowering CYP and their families to independently deliver peer-led support group sessions
- Informal **drop-in** sessions, which are appropriately timed (e.g. out of school hours) and facilitated by a counsellor, a member of staff who can conduct an assessment to determine service eligibility and other members of the team or wider HYM alliance where appropriate
- **Physical activity** sessions which provide an alternative to traditional therapeutic interventions and are underpinned by the ‘[5 Steps to Mental Wellbeing](#)’, such as walking, team sports and opportunities to access nature

Please note: Key performance indicators for each Lot are detailed in the Performance Monitoring Framework accompanying this specification.

- All CYP receiving structured treatment should be monitored using evidence-based assessment tools, to assess distance travelled and demonstrate impact on wellbeing:
 - For counselling only: [Goal Based Outcomes \(GBO\) \(corc.uk.net\)](#)
 - For all other interventions (including counselling): YP-CORE [CORE Measurement Tools \(CORE-10\) \(corc.uk.net\)](#)
- Upon exit from structured treatment, all CYP and their families should be offered the opportunity to provide feedback on their experience using the Experience of Service Questionnaire:
 - For all parents/carers/families: [esq_parentreport-interactive-pdf.pdf \(corc.uk.net\)](#)
 - For children aged 9 – 11 years: [esq_selfreport_9-11-interactive-pdf.pdf \(corc.uk.net\)](#)
 - For young people aged 12 – 19 years: [esq_selfreport_12-18-interactive-pdf.pdf \(corc.uk.net\)](#)

Component 4: Evidence-based tools and resources for schools

- Work in partnership with Cheshire East Council to identify evidenced-based tools available to schools to support with assessing and addressing CYP emotional wellbeing
- Encourage education settings to work in partnership within their collaborative area and across the borough to achieve consistency in use of tools and resources
- Support settings to continually improve their PHSE curriculum, encouraging them to use resources created by young people for young people

- Provide guidance and support to education settings to implement standardised screening tools (e.g. Strengths & Difficulties Questionnaire), safety planning tools and support plans, and embed new practice learned on training courses (e.g. Senior Mental Health Leads)
- Provide support and guidance for implementation of evidence-based tools in schools settings, in partnership with Cheshire East Council
- Work collaboratively with other members of the HYM Alliance to identify schools requiring support, basing assessment on geographical location, perceived need and existing resource available

Component 5: Education for parents/carers and professionals

- Provide a menu of training and workshop opportunities based on a range of themes (detailed below), delivered by competent, appropriately skilled and fully trained staff with relevant background checks (DBS) and relevant professional registration (where deemed appropriate)
- Deliver a mixture of face-to-face and online workshops addressing the following themes:
 - Parenting support
 - Self-harm
 - Bullying and diversity
 - Social media
 - SEND pathway
 - Informed decision making and choice
- Content of training / workshop sessions should be appropriate for parents and families of CYP, and professionals (e.g. school staff, school nurses). Content should take an educational approach to equip participants with knowledge and expertise to address emotional wellbeing in CYP as early as possible to prevent escalation
- Delivery should incorporate a range of delivery methodologies to ensure accessibility, including face-to-face in locations accessible to the community (e.g. schools), online live events and e-learning packages
- Provider[s] should work collaboratively with providers of all Lots 1-3 to create consistency in underpinning models and frameworks, ensuring equitable reach across the borough

Component 6: Experts by experience

- Work collaboratively with Cheshire East Council's Participation Team (and other engagement functions across the system) to encourage and capitalise on CYP participation, so the service is designed and developed with CYP, for CYP
- Encourage those who have experienced mental health issues (either themselves or via someone they care for) and therefore have personal knowledge of services and to use their experience to benefit others
- Create a network of 'Lived Experience System Navigators' who can walk in the shoes of CYP and their families to 'handhold' them through the system
- Create a sustainable cohort of volunteers (CYP and their families) to increase capacity for service delivery. Volunteers should be provided with relevant training, support and feel valued in their contribution to the service.

LOT 4: Infrastructure Development Lead – borough wide

Delivery Requirements

Over-arching principles

- Use knowledge of Cheshire East to take a strategic lead in building and sustaining an alliance of services/organisations (both commissioned and non-commissioned) who provide low level emotional health and wellbeing support for CYP aged 0 – 19 (up to 25 for SEND and care leavers)
- Create an ethos of proportionate universalism across the alliance to ensure a flexible approach to step-up and step-down dependent on need
- Lead the alliance to provide a service with geographical equality, consistency in delivery and improved access for under-served communities
- Create a central focus on ‘developing resilience’ within a service firmly rooted in early intervention & health promotion
- Support the alliance to take a whole-family approach to addressing and improving emotional wellbeing at the earliest opportunity, ensuring all CYP have access to a trusted adult and safe space
- Embed Making Every Contact Count (MECC) and ensure CYP and their families do not have to tell their story more than once
- Lead the alliance to implement an integrated and collaborative model which prioritises therapeutic interventions and provides clear pathways into support, ensuring there is ‘no wrong door’
- Recognise local assets and build on strengths in our communities to provide person-centred support to CYP
- Facilitate data collection for reporting at a local and national level, and create an infrastructure to track the customer journey across the system and monitor outcomes
- Facilitate and promote an environment where talking about mental health and emotional wellbeing is normalised to reduce taboo and encourage CYP to identify issues early to prevent escalation.

Component 1: Create a sustainable alliance

- Develop and coordinate a sustainable alliance which brings together commissioned and non-commissioned services/organisations, and capitalises on existing assets to take a collaborative approach to supporting CYP emotional health and wellbeing
- Develop and chair quarterly Healthy Young Minds Alliance partnership meetings, with clear terms of reference and information sharing agreements in place to enable strategic and operational discussion and decision making
- Design and lead on a shared strategic multi-agency action plan to develop a sustainable alliance that inspires culture change, to bring the focus of services back up-stream to early intervention

- Create an identity / brand for the alliance and develop a shared multi-agency communications plan, achieving strategic buy-in from all partners
- Proactively seek external funding opportunities and develop bids based on shared priorities, taking a strategic approach to planning funding and resource across the alliance to meet the outcomes of the service
- Work collaboratively with local infrastructure partners (e.g. Cheshire Community Foundation) to align grant funding principles to meet outcomes of the Healthy Young Minds service
- Proactively identify and celebrate achievements across the alliance to encourage further membership
- Work with all providers of the HYM service to coproduce a terms of reference / partnership agreement and invite membership from external partners
- Develop and lead a 5-year strategy for system transformation, detailing how THRIVE language will underpin service delivery, how the alliance will become sustainable, and how it will influence the wider system to encourage further investment in early help services
- Seek opportunities for training and development that can be cascaded across the alliance

Component 2: Increasing equality

- Bring together providers of emotional health and wellbeing support for CYP to create shared vision and values, consistent pathways and cascade best practice
- Chair and coordinate monthly HYM Alliance Partnership meetings with providers across the alliance to review activity, address inequalities and identify new emerging themes
- Respond to emergence of new themes by facilitating extraordinary partnership meetings to focus discussion and agree a shared approach to maintaining effective service delivery
- Facilitate collaboration across providers to create consistency in service offer and ensure equity in delivery across Cheshire East
- Actively seek opportunities for participation and ensure that the voice of CYP and their families is central to service delivery and development
- Identify and evaluate new and existing evidence-based tools/resources for addressing CYP emotional wellbeing. Create (or adapt an existing) online repository to hold tools/resources in one place, ensuring equality in accessibility for all schools settings across the borough
- Demonstrate commitment towards using a shared language and shared understanding of how CYP emotional wellbeing needs can be met

Component 3: Reporting and data capture

- Support Provider[s] of Lots 1-3 (and the digital provider) to be consistent in delivery of monitoring reports and ensure that data relating to key performance indicators (agreed with Commissioner prior to contract start date) is presented timely and accurately
- Create consistency in reporting methodology and work with providers and commissioners to capture quantitative and qualitative outcomes
- Collate quarterly performance management workbooks using outcomes-based accountability methodologies to demonstrate how much work has been done (outputs), how much it has achieved (outcomes) and how CYP are better off having received the service (impact)

- Create mechanisms for Provider[s] of Lots 1-3 (and the digital provider) to facilitate data returns to NHS England via the Mental Health Services Data Set (MHSDS), ensuring that the value of early help services in Cheshire East is captured at a national level
- Capture the value of early help by evidencing cost avoidance and cost savings to statutory services
- Create and deliver an annual report for the Healthy Young Minds service to celebrate achievements, share best practice and identify progress made in line with the 5-year strategy

Component 4: Customer journey

- Encourage services/organisations across the alliance to contact Cheshire East's Early Help front door when presented with a family who meet 3 or more criteria on the Supporting Families framework (see appendix 1, section 8.2)
- Work with Provider[s] across the alliance to create an information sharing agreement to allow for appropriate data transfer across services/organisations
- Create a mechanism to track the customer journey across the system, allowing identification of touch points and opportunities for service improvement
- Conduct analysis into rate of CYP re-presentation to services once they have received a programme of therapeutic intervention, and work with services/organisations within the alliance to reduce repeat presentations
- Facilitate integration and collaboration with specialist health and social care services and ensure smooth transitions between services to create sustained recovery
- Proactively seek training opportunities to help services/organisations within the alliance to embed a joined-up / person centred approach, so CYP and their families only have to tell their story once

3.3 Mobilisation

The Council require each Provider to carry out certain initial services prior to formal commencement of the Service. This applies to all Lots within the Healthy Young Minds service. These initial Services or Mobilisation Services will include (but not be limited to) the following actions:

- Transition planning
- Identified key contacts
- Service delivery model
- IT implementation and data transfer
- Recruitment
- Management and staffing structure
- Set up including locations and resources
- Communication and engagement plans
- Governance arrangements and agreements
- Robust planning, risk and project management
- Templates and appropriate paperwork to be in situ (including at the local branch and within the Service Users' property)

In preparation for the period of mobilisation, the Provider[s] shall each provide a detailed mobilisation plan identifying what actions they intend to achieve in relation to the requirements set out within this specification. The commissioner will require this plan for review and approval at the point of contract award.

Provider[s] are required to allocate project management support for the critical transition from the current service to the newly commissioned service. These Mobilisation Services will be performed from the Mobilisation Date as detailed in the Agreement and will need to be completed by the formal Commencement Date of the Agreement.

A communication plan is also required that sets out a robust approach to the transition management for wider professionals, CYP and their families, and other key stakeholders including elected members and governance groups. During the mobilisation period, a programme of meetings will be arranged with the current commissioned Provider and the other relevant partners to review roles, responsibilities and working practices.

4.0 Service Standards and Delivery

4.1 Service delivery expectations

Cheshire East Corporate Plan (2021 – 2025) aims to sustain a council which empowers and cares about people. This service will address the following priorities which contribute toward this aim:

- Families and communities are strong and resilient
- Children receive the right support, by the right people, at the right time, so they are effectively protected from harm, and are supported to stay within their families and communities
- All children enjoy access to high quality childcare and support programmes that maximises their development in terms of speech and language, resilience and ability to learn and play
- All children enjoy the best education which prepares them to thrive in adulthood

The Cheshire East Children and Young People's Plan (2022 – 26) details 7 outcomes which have been coproduced by Cheshire East Youth Council and the Children and Young People's Trust:

1. Children and young people we care for are happy and able to achieve their full potential
2. Children and young people feel and are safe
3. Children and young people are happy and experience good mental health and wellbeing
4. Children and young people are healthy and make positive choices
5. Children and young people leave school with the best skills and qualifications they can and achieve and the life skills they need thrive in adulthood
6. Children, young people and young adults with additional needs have the support they need to achieve and be happy
7. Children and young people have earlier access to support when they need it

Achieving these outcomes will make Cheshire East a great place to be young. During development of the plan, CYP made it very clear about the importance of being able to access help when they need it, to receive support early and prevent problems from getting worse.

4.2 Assessment and support planning

This includes assessments, reviews, risk management strategies/assessments and support planning to be undertaken by the Provider[s]. These will be undertaken regularly in line with service level policy and procedures. The Provider[s] will work with Commissioners to develop a standardised approach to assessment and support planning, ensuring consistency across the Healthy Young Minds service. All activity will be documented on case management systems.

4.3 Referral / access criteria

The Healthy Young Minds service must be flexible and offer choice and control for CYP and their families. The service must be available in the right place, at the right time to facilitate early intervention and ensure emotional wellbeing issues are addressed at the first opportunity.

Provider[s] of Lots 1-3 (supported by Lot 4) will create a simple, easily navigated pathway toward a single point of contact. The Provider[s] will collaborate with other organisations within the alliance to develop robust eligibility criteria and referral processes to create equity and consistency across the borough.

It is also expected that the Provider[s] of Lots 1-3 will offer support for professionals – particularly those from educational settings. Again, a simple and easily navigated pathway will be developed to enable professionals to receive advice regarding the evidence-based tools available and support for implementation.

4.4 Exclusions

This service will operate within the 'Getting Advice' and 'Getting Help' quadrants of the THRIVE model and Provider[s] will work with Commissioners to agree eligibility thresholds and referral criteria. The Provider[s] will work in partnership with the Wellbeing Hub and Cheshire East Early Help to create smooth transitions between services and ensure that CYP who do not meet the criteria for this service, are stepped up into specialist and/or statutory services.

4.5 Discharge/exit from service

The Provider[s] will adopt an asset-based approach and have a robust process in place for exit from the Service. This includes understanding and maximising the community offer to ensure CYP step down into the most appropriate, long-term support network. The Provider[s] will work collaboratively across the alliance and with other specialist and/or statutory services to track customer journey across the system with the aim of reducing re-presentations.

4.6 Location, accommodation, premises

For Lots 1-3, Provider[s] must have physical premises within their locality which are accessible, inclusive, welcoming and appropriate. It is crucial that CYP and their families know how to access the Service and that it responds to their individual needs. Provider[s] will also need to consider alternative methods for connecting with CYP and their families where required, for example home visits and other community buildings. Buildings must comply with all health and safety regulations and be accessible by those with disabilities.

All provider[s] will collaborate across the alliance to create a virtual offer for CYP and their families who require support, but cannot attend a physical building or receive contact face to face. This will be aligned with existing structures, including Family Hubs and 0-19 Contact Hub.

The Provider[s] will create geographical equality to ensure that the service is responsive and flexible to changing demand and local need. The model is designed to play to the strengths of

local assets, so the Provider[s] must understand their community and create a service which is adaptable to manage local pressures and demand.

4.7 Operating hours

For Lots 1-4, core operating hours will be Monday to Friday, 9am until 5pm. The Service will be service user led, so operating hours can be amended (subject to approval from commissioners) to meet demand. It is vital that these core hours are honoured and promoted to ensure a consistent, reliable service. Provider[s] for Lots 1-3 must also ensure that support is available outside of the core operating hours so that young people can request help 24/7, 365 days of the year – this can include a voicemail facility or on-call arrangements.

4.8 Waiting times and prioritisation

Provider[s] for Lots 1-3 (supported by Lot 4) must demonstrate that they can swiftly adapt and respond to a change in demand to ensure that waiting times are effectively managed. A robust assessment and prioritisation process must be in place with assurance that all staff will receive ongoing training and support to ensure that they recognise and respond to risk. The assessment process will be underpinned by the THRIVE framework and will ensure that the Service maintains its focus on early intervention, providing strong links into specialist mental health services so a step-up mechanism is available where required.

4.9 Communications, marketing and branding

4.9.1 Communications and marketing

As part of the mobilisation plan, the Provider for Lot 4 will create a Communications Plan that sets out a robust approach to the management of service transition, encompassing extensive stakeholder mapping (including professionals, current and potential service users, MPs, Cllrs, LSCB, LSAB, HWB, LHW), paying particular attention to CYP and their families. This plan will be created collaboratively and adopted by all Providers in the Healthy Young Minds service.

The Communications Plan will be updated and reviewed quarterly during the contract review meetings. The Communications Plan will clearly describe activities for the promotion of the Service, as well as local external facing campaigns which align with local and national priorities. It will also ensure up to date information about the service is available on Live Well Cheshire East (see Appendix 1, section 8.4).

The Provider[s] of all lots will ensure proactive and innovative approaches to marketing and communications with all stakeholders to provide information & advice and ensure social marketing is maximised and behaviour change secured within Cheshire East. Communication methods and materials need to be suitable for a variety of audiences – CYP, families, parents/carers, partners, professionals, general public and businesses. Information must be available in a range of formats and provide timely and straight forward access to support, accounting for language and a range of literacy levels.

4.9.2 Service branding

Feedback from CYP demonstrates a clear appetite for them to be involved in the branding, marketing and design of services they use. It is vital that the Provider[s] create a strong ethos of participation by actively engaging with CYP throughout service design and delivery. The voice of CYP and their families is at the heart of this model, so this must continue to be reflected through the lifetime of the contract in strategies, branding, policies, processes and operational practice.

The name and vision for this service was created by CYP so it is important they continue to feel that sense ownership through the lifetime of the contract and beyond. The Provider for Lot 4 will develop a brand/identity for the alliance, allowing it to grow organically and establish a position within the wider system as a key function for driving culture change to bring focus back to early intervention and prevention. It is important that this is created collaboratively with all Providers within the Healthy Young Minds service.

4.10 Service Interdependencies

Through collaborative planning and delivery, alongside common assessment tools and processes, the Provider(s) will ensure CYP needs are met within the wider resource availability whilst minimising confusion or duplication. As such, it is expected that the Provider(s) will develop and sustain relationships that work to complement each other through a holistic and asset-based approach.

The Provider(s) will ensure that the service establishes working arrangements with key partners and stakeholders, including:

- Health services, including hospitals, GPs, 0-19 services, midwifery and specialist mental health teams
- Substance Misuse Services
- Domestic Abuse Services
- Adults Services, including Adult Social Care & Safeguarding
- Cheshire East Children and Families ChECS service
- Cheshire East Early Help
- Cheshire East Children and Families Social Care Teams
- Cheshire East Supporting Families Team
- Safeguarding Children in Education Settings (SCIES) Team
- Schools, Colleges and other education settings
- Early Years Services including Children's Centres and Nurseries
- Cheshire East Connected Communities team
- Youth Support Services, including Participation Team
- Voluntary, Community, Faith and Social Enterprise Sector services
- Existing Early Help Services

The Provider[s] are required to note that there may well be other significant interdependencies and therefore this list is not restrictive. The service will establish clear interface working arrangements with wider services to ensure that we maximise outcomes for CYP, families, adults and communities.

4.11 Equality of access to services and rural geography

The Provider[s] will consider the needs of specific groups to ensure that disadvantage does not occur. The Provider[s] will demonstrate their understanding of the population and geography of Cheshire East to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. The Provider[s] will understand specific modes of transport and transport routes and acceptable service delivery locations for CYP, families, adults to ensure a flexible, mobile, outreach service delivery, at accessible times, and in locations that best meets need.

The Provider[s] will ensure that the needs of CYP and their families from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows:

- Children and young people
- CYP missing from education / electively home educated
- Cared for children and young people leaving care
- People with a Learning Disability
- Lesbian, Gay, Bisexual, Transgender
- Black and minority ethnic groups
- Those who are involved in Family Focus or Complex Dependency Programmes

Please note: this list is not exhaustive and may not apply in full in some service delivery locally.

The Provider[s] will ensure that the service provides adequate consideration to specific service venues, any satellite venues such as in primary care and other universal settings, outreach settings, and to service opening times. Interpretation services for non-English speaking people, hearing impaired/deaf or blind must be a part of the services provided.

4.12 Digital and information technology (IT)

The Provider[s] will provide evidence-based, innovative services whilst maximising both physical and virtual service access options through the use of new technology. Service information will be maintained and accessible via the services web page, school's bulletin, and social media. Leaflets and other forms of information such as contact cards will also be required.

5.0 Workforce

5.1 Workforce requirements

Staff recruited by the Provider[s] should be competent, appropriately skilled and fully trained to provide a safe service which inspires motivation, confidence and trust in its partners and service users. Staff should all be subject to relevant background checks (DBS) and be able to demonstrate professional registration (for example BACP for counselling staff). The workforce should be structured to ensure that roles and responsibilities are assigned appropriately, using a strength-based approach. The Provider[s] will ensure that good communication and impartiality is embedded throughout the whole service.

The involvement of volunteers in appropriate circumstances should increase the range and capacity of the service. The provider will explore how individuals with lived experience can be integrated into service delivery, with appropriate support and training.

Arrangements for covering staff absences must be factored into the core staffing capacity and the service should not be reliant on staff working overtime, or the use of agency staff other than for exceptional unplanned staff shortages. The Provider[s] shall ensure that sufficient resources of trained and competent staff are available to cover all vacancies, holidays or staff sickness which may arise. The Provider[s] will also be expected to manage any changes to working patterns brought about by the European Working Time Directive and ensure that the staffing structure is Working Time Directive compliant.

Provider[s] are required to create and maintain a Carer friendly workplace. There are an estimated 6.5 million working carers in England and Wales, and a growing number of people are playing a dual role in balancing their jobs with their caring responsibilities. The benefits of supporting carers in the workforce cannot be underestimated. By retaining skilled, loyal and knowledgeable staff, the organisation reduces its recruitment costs and by offering flexible working, reduces sick leave and retains productivity, giving the employee peace of mind and increasing well-being.

5.2 Recruitment

The Children and Young People's Workforce Strategy (2020) provides guidance on recruitment and workforce management for services working with CYP, to ensure that the service contains the skills and knowledge required to do the best job possible to succeed across all service outcomes.

The Provider[s] shall ensure that the service adheres to the Children and Young People's Workforce Strategy (2020) by being planned, delivered, monitored and evaluated by appropriately qualified, competent, experienced and confident staff. Workforce development, training and supervision appropriate to individual and staff group duties must be available to staff to ensure a high quality and safe service.

The Provider[s] must ensure that staff recruitment and management policies consider the following:

- The Staff group shall reflect the diversity of society and provide positive role models for all CYP in terms of disability, age, gender, religion, racial origin, sexual orientation, culture and language and generally comply with the Equality Act
- The Provider[s] must develop clear, written job descriptions and person specifications for all posts to be established for this service. The Provider[s] may be required to supply copies of these documents to the Council and is expected to take reasonable note of any observations raised by the Council
- The Provider[s] must create support mechanisms that provide staff with regular supervision, training and development. Other supports services, for example, mentoring, counselling and buddy scheme should also be on offer.

The safe recruitment and selection of staff (and volunteers) must be robust and the Provider[s] will ensure that all staff are satisfactorily checked through the Disclosure and Barring Service (DBS) and consideration is given to the Update Service. Staff should also be advised that all posts are exempt from the Rehabilitation of Offenders Act 1984 and therefore all convictions, spent or otherwise, must be declared and that an enhanced DBS check will be carried out by the Provider[s]. If these checks reveal information which would make the person unsuitable for work with children or vulnerable adults the Provider[s] shall not employ or otherwise use such persons in any way.

The Provider[s] will obtain a minimum of two written references for each member of staff employed, one of which must be from a previous employer. Where staff have had previous employment in a care related field, references should be sought from the most recent employer. Staff carrying out regulated activity should be vetted in accordance with Ofsted regulations.

Cheshire East Council is committed to working with Providers to maximise the impact of social value on our residents and communities. Social value is embedded as core practice across the whole commissioning cycle, so Providers' recruitment and retention policies should be underpinned by our commitment to increasing economic stability, raising living standards of local residents and encouraging local people to take local opportunities.

5.3 Workforce development, training and skills

Effective support for staff to fulfil their role and/or to progress contributes to staff retention ensuring continuity of provision. Provider[s] must demonstrate effective continued professional development of their directly employed workforce and provider-partners/sub-contracted services.

The Provider[s] will assure the Commissioner that robust arrangements are in place for assessment of workforce skill mix, qualification, continued professional development, and

structured supervision and appraisal. Provider[s] will submit an ongoing training schedule as part of the contract monitoring process and actively contribute to audits when required.

The Provider[s] will ensure that staff supervision is viewed as an important contribution towards continued professional development and that supervisors have the appropriate level of training to supervise staff delivering specific interventions.

The staff are any organisations greatest asset and directly impact the performance of the service, both in terms of the quantity and the quality of the work achieved. The Provider[s] will therefore be expected to provide a 'Behaviours Framework', which sets out expectations for the way in which staff will work. This includes details on how staff will be supported and monitored to achieve the standards in their practice and in their relationship with all key stakeholders, including CYP, parents/carers, families, partners, community and Commissioners. It will also include the steps to be taken should staff fall short of expectations.

Hallmarks of quality in behaviours will include but are not limited to:

- Anti-discriminatory practice
- Respect
- Responsibility
- Reliability
- Effectiveness
- Innovation
- Creativity
- Flexibility
- A problem solving approach
- Reflective practice

Provider[s] will provide a staff Performance Management Framework, showing how staff are enabled to achieve and demonstrate the competencies and behaviours required to deliver their role and, where appropriate, to progress to more senior roles within the organisation. This will describe how staff are supported through supervision, appraisal, training, shadowing, mentoring and a range of other development mechanisms to reach the standards required for delivery and how any gaps or failures in competency are addressed.

6.0 Service Improvement

6.1 Service feedback, engagement and co-production

As detailed in section 1.1, the service model detailed in this specification has been entirely coproduced with a large range of stakeholders. This commitment to coproduction must be maintained throughout all service delivery and be embedded as a core principle within the service, that CYP, parents/carers and their families feel valued and listened to.

Provider[s] must demonstrate how engagement and co-production has contributed to all service development and improvement, specifically:

- The design, development, and improvement of the service (co-design)
- The evaluation and review of service performance and pathways (co-evaluation)
- The delivery of services e.g. peers, champions and volunteers (co-delivery)

In partnership with a range of stakeholders, Cheshire East Council developed [TOGETHER](#) (a guide to coproduction) and the [Live Well for Longer Plan](#) (a guide to how our residents wish to live well for longer in Cheshire East), so commissioners expect this service to be underpinned by the principles detailed within these documents.

6.2 Continuous service improvement

The Council's vision is one of partnership and a collaborative approach to service design and delivery. Future systems and processes may require continuous development to meet the changing needs of the population, to support the market and to adhere to legislation, policy and best practice.

6.3 Maximising funding opportunities

Providers will work in partnership across the alliance to identify gaps in service and actively seek external funding to facilitate service developments in line with the core principles detailed within this specification. Providers will work collaboratively to create innovative, whole-system proposals to maximise funding opportunities for further investment into early intervention services.

7.0 Contract Management and Quality Assurance Standards

7.1 Quality and Performance

Provider[s] are expected to have a robust governance framework and supporting processes, which ensure compliance with appropriate legal requirements and standards. Provider[s] are also required to complete Performance and Quality assurance checks in relation to service delivery to ensure that outcomes are being met and that contract compliance is achieved.

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 (including with subcontracted services). Clear and routine review arrangements to maintain effective governance would also be expected. CYP and their families must be made aware of the range of policies which may impact upon their support and be given access to them should they wish.

Provider[s] are 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) Provider[s] will have quality assurance processes which clearly include the standards and indicators to be achieved and monitored on a continuous basis to ensure that the service is delivered in accordance with the best interests of CYP
- 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 this Service Specification and the Monitoring Schedule
- d) A quality assurance report summary will be made available to CYP and the Council upon request
- e) There must be various means for CYP and their families to supply feedback with regards to service delivery and outcomes being met. These methods need to take into account 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[s], either formally or informally, a formal written response from the Provider[s] will be supplied noting its receipt and the action that will follow. This feedback will be copied to the Council
- g) Provider[s] will be committed to continuous service development

Further detail regarding governance framework, performance and quality assurance expectations are contained in the Performance Monitoring Framework accompanying this specification.

7.2 Performance management

Provider[s] must ensure that a dedicated 'Performance Management Function' is established as part of the contract to provide system wide reporting. Provider[s] 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.

Provider[s] for Lots 1-3 will work with Lot 4 Provider to implement a standardised and consistent approach to reporting, both locally to commissioners and nationally via the MHSDS. Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements, but as standard the Commissioner will hold quarterly contract monitoring meetings with a requirement for the Provider[s] to produce an annual report which precede the annual performance review.

Provider[s] are required to complete performance checks in relation to service delivery to ensure that outcomes and contract compliance are being met:

- a) Provider[s] are 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 and their families, Council staff, Provider staff interviews and/or feedback as required
- d) The Provider[s] 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, Provider[s] must notify the Council immediately and ensure that alternative provision is sought
- e) Provider[s] will need to evidence ongoing business viability in order that risks or threats to service delivery are minimised and any threat to CYP, the local branch, the overall organisation or the Council is highlighted well in advance to the Council of any potential or actual incident
- f) The Provider[s] will allow inspection (insofar as it is relevant) 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 Provider workforce or business
- g) The Provider[s] 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

7.3 Underperformance by Provider

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

- a) 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
- b) Suspension of referrals to the Provider may 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
- c) Suspension of referrals to the Provider will be initiated whereby an active informal Improvement Notice or formal Default Notice is in place, or the Provider is under Local Authority Designated Officer (LADO) or Children's Safeguarding procedures
- d) Where there has been a serious breach or multiples breaches which may affect CYP safety and wellbeing, the Council retains the right to serve a default notice and/or 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.

7.4 Complaints, compliments, and ombudsman investigations

7.4.1 Complaints and compliments

The Provider[s] will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider[s] will ensure that CYP and their families are aware of the Complaints Policy and how to use it.

A copy of the Provider's Complaints Procedure will be made available to CYP and their families as standard practice from the commencement of service delivery and will form part of the Service User guide within the individuals' home. Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.

CYP referred to the Provider by the Council have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider[s] will ensure that CYP and their families are aware of this right from the commencement of service delivery. The Provider[s] will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it under this section. All complaints and compliments received by the Provider[s] from CYP and their families must be recorded and will be made available to the Council upon request.

7.4.2 Ombudsman investigations

The Council is under a legal obligation by virtue of the Local Government Acts, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the

purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Council.

Provider[s] shall make available any documentation or allow interview of any staff member. The Provider will assist the Ombudsman at all times and will co-operate with any enquires that are requested by the Ombudsman or his staff in investigating any complaints whatsoever. Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council.

The Provider shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent act or omission by or on behalf of the Provider resulting from failure to observe and perform the obligations under this Agreement.

The Provider shall comply with all recommendations, in so far as the Law allows, made by the Ombudsman as to the changes of methods or procedures for service delivery if requested to do so in writing by the Council. All Providers are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

7.5 Whistleblowing

The Provider must ensure that all staff are aware of the Whistleblowing policy and must be able to demonstrate to the Council that all staff understand what this policy is. The Provider shall, throughout the contract period, maintain a system allowing staff to have a means of ensuring that they can raise concerns relating to the care or treatment of CYP and their families or the management of the Provider with an independent person.

Any member of staff raising a legitimate concern, will be entitled to remain anonymous and will not be subject to any reprisal for highlighting such concerns. The exception to anonymity is where the concern escalates to a situation where this is no longer possible i.e. where there is Police or Court action. The Provider should have robust whistleblowing policies, procedures and processes in place for all staff within the organisation. This will be available to the Council upon request.

7.6 Managing Information

7.6.1 Commissioner rights to information

The commissioner requires the Provider[s] to provide timely information to support commissioning activities locally, sub regionally and nationally. The information must comply with none identifiable information requirements. This applies to the provision of service return information, and invoice payment backing data. However, where there are specific safeguarding, operational risks relating to individual CYP and/or employees, then the Provider[s] and the commissioner must share information to determine the appropriate management of the situation to ensure appropriate safeguarding actions.

The service brand will be created using a partnership approach (including CYP and their families) and the commissioner will own the name. The Provider[s] in connection with delivery of the service will not, use, manufacture, supply or deliver services that may infringe any intellectual property rights. All intellectual property rights developed for the purpose of providing services under this contract shall belong to the commissioner.

The Provider[s] must fully indemnify the commissioner against losses, action, claims, proceedings, expenses, costs and damages arising from a breach of information governance. The Provider[s] must defend at its expense any claim or action brought against the commissioner alleging that there has been, in connection to the delivery of the service, any infringements of copyright, patent, registered design, design right or trademark or other intellectual property rights and must pay all costs and damages.

7.6.2 Commissioner information requests

The Provider[s] will be responsible on behalf of the commissioner for preparing responses to MP letters, compliments and complaints, Freedom of Information requests for the commissioner's approval where these relate solely or partially to the service.

7.6.3 Expectations in using systems

The Provider[s] will operate an appropriate IT system that enables safe storage of information and case records, allows for effective data collection and analysis for both local, sub regional and national monitoring requirements. This should include CYP consent to store and share information with significant others as part of the treatment and support arrangements e.g. for example with family, parents and carers, and subject to effective governance and secure transfer arrangements with other partners involved in their intervention.

The Provider[s] will need to understand the IT systems used by the local schools, early years settings, and Health and Social Care to consider the most effective system for the service to be delivered. Provider[s] will cooperate with the Council's ICT Team to ensure compliance with internal requirements for any external IT system procured.

7.6.4 Record keeping

The Provider[s] will:

- Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements
- Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle
- Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use

- Provide clear and efficient access for employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation
- To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management
- Comply with current Cheshire East policies and NHS Code of Practice
- Comply with IG requirements for any future service transition arrangements.

7.6.5 Storage of information

The Provider[s] have a duty to make arrangements for the safe-keeping and eventual disposal of their records, in line with current retention guidelines.

7.7 Policies and procedures

The Provider[s] will have clear policies, procedures and documents which will be supplied to the Council as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to the Council. As a minimum, there should be the following policies, procedures and plans in place:

- Health and Safety Policy including Lone Working
- Safeguarding Children Policy (including online safety)
- Healthy Relationships Policy
- Domestic Abuse Policy
- Escalation Policy
- Safeguarding / Vulnerable Adults Policy
- Complaints Policy
- DBS Policy
- Infection Control Policy (not applicable for LOT 5)
- Risk Assessment Policy
- Data Protection / Confidentiality Policy
- Whistleblowing Policy
- Supervision, Appraisal and Employee Development Policy
- Receipt of Gifts Policy
- Key Safe Policy (not applicable for LOT 5)
- Managing Challenging Behaviour Policy
- Environmental / Sustainability Policy
- Business Continuity Management Plan (localised to Cheshire East)
- Social Media Policy
- Referral Policy / Procedure
- Freedom of Information Policy

7.8 Equality and diversity

The Provider[s] will deliver the service in a way which does not discriminate against CYP, their families or employees in respect of any of the protected characteristics under the Equality Act 2010. The Provider[s] are required to deliver programmes and their content in a flexible, person-centred way aligned to this legislation. In addition to this, the Provider will ensure that all employees are aware of the general and specific duties of the Equality Act 2010 and the protected characteristics to which they apply.

7.9 Health and safety

The Provider[s] will do all that is reasonably practicable to prevent personal injury and to protect staff, CYP, families, partner agencies and others from hazards. The Provider[s] will ensure that Health and Safety risk assessments are in place at all times for all aspects of the service. The Provider[s] will be responsible for risk assessment, hazard control and other Health and Safety matters affecting its staff in the delivery of services.

The Provider[s] must demonstrate compliance with all relevant Health and Safety legislation and guidance relating to every element of the service. The Provider[s] will provide their staff with a detailed Health and Safety policy statement in compliance with the Health and Safety at Work Act 1974 and ensure all staff comply with safe working practices. The Provider[s] will have robust infection prevention control policies and procedures in place should they be required.

7.10 Safeguarding

The Provider[s] will ensure services comply with safeguarding procedures outlined by Cheshire East Council through the [Cheshire East Local Safeguarding Children's Partnership](#), the [Cheshire East Safeguarding Adults Board](#), and [Cheshire East's Domestic and Sexual Violence Partnership Abuse Partnership](#).

The Provider[s] will be responsible for informing the commissioner of their practice through routine contract monitoring arrangements or earlier where it relates to a critical incident and or is deemed to be an emergency that warrants this step as a matter of urgency.

Cheshire East has embedded [Signs of Safety](#) into core practice, as this will support us to achieve the best outcomes for CYP and their families. Best practice is child-focused, solution-orientated, and respectful and inclusive of families, and this is what we will achieve through adopting Signs of Safety.

7.10.1 Exceptional service exclusion

The Provider[s] may at times need to consider whether a CYP or member of their family may need to be excluded from the service. A professional risk assessment must be undertaken to assess the risk to other CYP, staff and or members of the public. This risk assessment should be

undertaken on a multi-agency basis to ensure wider safety actions being determined across health, social care and the criminal justice system.

Every effort must be made to maintain contact or secure re-engagement with the CYP once the safety actions have been implemented. Any exclusions, and/or safety actions put into place must be reported to the Commissioner in a timely manner to allow for their direct involvement.

7.10.2 Safeguarding for vulnerable children and adults

The safeguarding of children and vulnerable adults must underpin all practice and Providers are expected to adhere to relevant legislation and guidance:

- The Care Act 2014 <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
- Safeguarding Children and Young People <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- as well as statutory responsibilities within 1989 and 2004 Children Acts, critically:
*“ Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.
Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.
Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. ”*

[Cheshire East Local Safeguarding Children’s Partnership](#), the [Cheshire East Safeguarding Adults Board](#) have policies that must be adhered to and evidenced within The Provider’s own policy, practice documents and records. The primary principle[s] here is that the Provider[s] have robust policies, practices and pathways in place to escalate matters should this be required, therefore being able to: **Recognise, Respond, Record, Recruit Safely and Risk Assess well in respect of service user wellbeing and safety.**

Compliance with [Cheshire East Local Safeguarding Children’s Partnership](#), the [Cheshire East Safeguarding Adults Board](#) policy, procedures and protocols which must be regularly audited (including case recording audit) by the Provider[s]. The Provider[s] are required to complete annually the self-assessment as set out in the Safeguarding Standards for Children and Adults at risk.

The safer recruitment and selection of Staff and Volunteers must be robust and include appropriately the undertaking of Disclosure and Barring Scheme checks [DBS]. If these checks reveal information which would make the person unsuitable for work with CYP or vulnerable adults, the Provider[s] will not employ or otherwise use such persons in any way.

Workforce training on the prevention of abuse and safeguarding practice as well as domestic abuse must be given to all employees as a part of their induction and continued professional development.

In order to safeguard CYP and their families from any form of abuse and to provide an early warning, the Provider[s] must have in place a written Adult Safeguarding Policy and Procedure. This must mirror the principles of the Northwest Adults Safeguarding Policy, the Care Act 2014 and, especially Chapter 14 of the Care Act guidance. The Provider[s] must supply the Council with a copy of its policy and procedure on request. The policy will include employee training, adequate record keeping and procedures for alerting other professionals.

In the event of any allegation under Chapter 14 of the Care Act and the Northwest Adults Safeguarding Policy, the Provider[s] must work in co-operation with appropriate statutory agencies, other Providers, the complainant, their advocates and significant others to agree and implement a Support Plan aimed at providing support and preventing further abuse. On receiving information about an incident / concern the Provider Manager or nominated individual should determine whether it is appropriate for the concern to be dealt with under Safeguarding procedures.

Where a safeguarding allegation comes to light, the Provider[s] should make a safeguarding referral to the relevant social work team. Where possible, (unless it exacerbates risk), consent should be sought from the CYP/family member. Cheshire East Social Care are the lead agency for managing Safeguarding allegations and will decide whether they will conduct a S42 enquiry (investigation) or request that the Provider[s] conduct the S42 enquiry (investigation) on behalf of the Council. It is anticipated in the future, that Provider[s] may have to collate and report LOW LEVEL concerns on a monthly basis to the Contracts Management Team.

The Provider[s] is required to respond to any safeguarding enquiries within the timescales specified by the Social Work teams. The monitoring process within the Quality Assurance schedule will capture compliance against this. If there are any CYP who may be identified as missing from home, the Provider[s] should consider implementing the Herbert Protocol in collaboration with the Police. A link to further information on the Herbert Protocol can be found below:

<https://www.cheshire.police.uk/advice-and-support/missing-persons/herbert-protocol/>

The Council may also introduce new ways of reporting safeguarding concerns during the life of this Contract. The Provider[s] will comply with any reasonable requirements and adopt the new way of working at no extra costs.

The Provider[s] will, when required, work with other Providers and share information to ensure the safeguarding and promotion of the welfare of Children / Adults at risk, subject always to the Provider's duty to comply with all relevant laws, statutory instruments, rules, regulations, orders or directives.

In the event that a Regulated Activity, as defined by the Disclosure and Barring service, is to be delivered by the Provider[s] under this Contract, the Provider[s] will be a Regulated Activity Provider for the purposes of the Care Act 2014, and also comply with all relevant parts of the Cheshire East Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, (which can be found on our website) and the North West Adult Safeguarding policy. This can be found on the Safeguarding Board Website www.stopadultabuse.org.uk.

The Provider[s] shall respect that the services are to be delivered in the CYP/family home and will therefore ensure that it:

- employs employees who respect the people who use services and other residents in their household and keep information about them confidential
- only recruits and deploys employees who have been subject to an enhanced DBS check
- has (and implements) a documented policy for the storage of service users keys (if required to do so by the Council)
- ensures only authorised employees are allowed into the CYP/family home and no friends, relations or children of the employee should accompany them.

With regards children, all employees will be trained and comply with the Council's inter-agency procedures for safeguarding children and promoting welfare. Information can be found on the Cheshire East Safeguarding Children's Partnership website:

[Cheshire East Safeguarding Children's Partnership \(CESCP\)](#)

The Provider[s] will ensure that all employees engaged in the delivery of a Regulated Activity under this contract:

- are registered with the DBS in accordance with the Safeguarding Vulnerable Groups Act and regulations or orders made thereunder; and
- are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service (DBS) including a check against the adults/children barred list; and
- in performing its obligations under this contract or any applicable call off contract, the Provider[s] will comply with all applicable anti-slavery and human trafficking laws (including, but not limited to, the Modern Slavery Act 2015)
- will receive appropriate training regarding any policy put in place by the Council regarding safeguarding and promoting the welfare of Adults/Children and regularly evaluate its employees' knowledge of the same
- will monitor the level and validity of the checks under this clause for all employees.
- Have evidence of professional registration where deemed appropriate (e.g. BACP for counsellors)

The Provider[s] will not employ or use the services of any person who is barred from carrying out a Regulated Activity. Should the Provider[s] wish to employ a person who has a positive response

(other than barring) on their DBS check, the Provider[s] must undertake and put in place an appropriate Risk Assessment of the risk to CYP and their families.

In accordance with the provisions of the SVGA and any regulations made there under, at all times for the purposes of this contract, the Provider[s] must be registered as the employer of all employees engaged in the delivery of the services, and have no reason to believe that any employees engaged in the delivery of the services are barred from carrying out Regulated Activity or are not registered with DBS.

The Provider[s] will refer information about employees carrying out the services to the DBS where it removes permission for such employees to carry out the services, because, in its opinion, such employees have harmed or pose a risk of harm to the CYP/adults who use the service and provide the Council with written details of all actions taken under this clause.

The operational policies maintained by the Provider[s] will address the following:

- How to initiate a Signs of Safety Assessment if required
- How to make a referral for a child in need, or a vulnerable adult, under safeguarding procedures
- How to raise a concern in relation to domestic abuse
- How to report and respond to safeguarding concerns about the practice of staff or volunteers
- Set out how they will manage a complaint investigation and how the learning will inform practice and continuous development of the service
- Set out how the management and reporting of Sudden Untoward Incidents and the reflective learning from such events informs future practice and continuous service development.

Provider[s] will be responsible for informing the Commissioner of their practice through routine contract monitoring arrangements, or earlier where it relates to a critical incident and/or is deemed to be an emergency that warrants this step as a matter of urgency.

The Provider[s] will play their role in ensuring the success of Cheshire East's adoption of Signs of Safety as its model of working with CYP and families. More information about Signs of Safety can be found on the Cheshire East Safeguarding Children's Partnership website: [Signs of Safety \(cescp.org.uk\)](http://cescp.org.uk)

Provider[s] should also be cognisant of related strategies, services and commissions which are designed to work in an increasingly collaborative and integrated way for the benefit of local people, for example working alongside substance misuse services or schools and delivering Cheshire East's SEND Strategy.

7.10.3 Provider and named safeguarding lead

The Provider[s] will identify a named safeguarding lead. The 'named' safeguarding lead will have arrangements in place to ensure they are able to access enhanced safeguarding advice, support and knowledge. The Provider[s] and their safeguarding lead must have in place:

- Clear referral and access criteria and documented pathways
- Arrangements for the management of escalating risk
- An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains CYP rights and responsibilities
- A risk assessment process that accounts for a history of abuse and the person's vulnerability to abuse, including predatory behaviour or sexual vulnerability
- A Quality Audit / Performance Monitoring system for safeguarding activity, that complies with contract and safeguarding performance reporting / monitoring requirements
- A clear process for reporting and managing allegations in relation to a member of staff or volunteer, including LADO procedures.

The Provider[s] must immediately notify the Commissioner of any improper conduct by any of its staff or by one service user towards another, in connection with any part of this contract.

Examples of improper conduct of staff or Volunteers include:

- **Neglect / Acts of Omission / Self-Neglect** – Causing harm by failing to meet needs e.g. ignoring physical or medical care needs, withholding food, medicines, failure to provide adequate supervision
- **Physical** – Hitting, pushing, slapping, and using inappropriate physical restraint, burning, drowning, and suffocating, withholding medical care, feigning the symptoms of ill health or deliberately causing ill health
- **Sexual** – Sexual activity of any kind where the vulnerable person does not or is not able to give consent
- **Psychological** – Including verbal abuse, humiliation, bullying and harassment, persistent emotional ill treatment, cyber-bullying, seeing or hearing the ill-treatment of others, Domestic Abuse (see the below section)
- **Discriminatory Abuse** – Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity or sexuality
- **Organisational Abuse** – Where routines and rules make a person alter their lifestyle and culture to fit in with the institution
- **Financial** – Taking money and/or property without permission, Using pressure to control a person's money/property/ benefits, taking or offering any financial inducements
- **Modern Slavery / Trafficking** – Smuggling is defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). Trafficking involves the

transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation, coercion or abuse of their vulnerability

- **Radicalisation** – is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.

Any staff member who is the subject of allegations must be suspended from providing any services under this contract until the matter is resolved to the satisfaction of the Commissioner. Where appropriate a report should be made to the local authority – for those working with children and young people to the LADO [Local Authority Designated Officer].

The Provider[s] will ensure that they have mechanisms in place to fulfil their duty with regard to the Independent Safeguarding Authority where they have dismissed an individual, or an individual has resigned, because they harmed or may harm a vulnerable person. Consideration of subsequent reporting to professional registering bodies will also be needed e.g. GMC, NMC.

The Provider[s] will refer information about employees carrying out the services to the DBS where it removes permission for such employees to carry out the services, because, in its opinion, such employees have harmed or poses a risk of harm to the CYP and their families using the service, and provide the Council with written details of all actions taken under this clause.

7.10.4 Domestic abuse and sexual violence

Domestic Abuse is defined by the Home Office as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional’.

The Provider[s] will recognise the linkages to their service delivery and practice of those they support who are subject to domestic violence, including harm caused to primary victims and to their children. It is essential that the Provider[s] ensure the safeguarding lead has oversight of domestic and sexual violence also. This will ensure a clear single point of contact for all safeguarding matters with wider system partners.

The Provider[s] are expected to engage with the Domestic Abuse Partnership and Multi Agency Risk Assessment Conference [MARAC] where the safety of those at high risk is co-ordinated across agencies. There is a requirement that the Provider[s] use the CAADA-DASH RIC [Risk Identification Checklist], and refers on to MARAC for those at high risk and/or supports access to specialist support for lower risk victims as appropriate. The Provider[s] will promote specialist service access for staff, communities and families through the 24/7 Domestic Abuse Hub so that specialist support can be offered at the earliest indications of abuse.

The Provider[s] will be particularly attentive to the links between domestic abuse, mental ill health and substance misuse and seek to be involved in integrated responses so that families experience co-ordinated interventions and support, particularly where these issues constitute risks to CYP. The Provider[s] will always consider the potential risks to CYP caused by domestic abuse and other adult issues and follow their safeguarding procedures as a priority.

The Provider[s] will promote pathways to sexual abuse support services including the Sexual Assault Referral Centre and the commissioned aftercare Provider. The Provider[s] are expected to be knowledgeable about sexual violence and exploitation and the appropriate referral pathways for CYP and adults. Specialist support services for sexual violence are commissioned at sub regional level and include the Sexual Assault Referral Centre (SARC) at St Marys Hospital in Manchester and the Rape and Sexual Abuse Support Centre (RSASC). While support is commissioned at a pan Cheshire level, services are delivered locally in bases accessible by victims.

It is known that those who are abused and those who abuse will also be among the service user group and the Provider[s] must take all steps to support staff in their work with CYP and their families. The Provider[s] will also recognise that staff may be personally affected by domestic abuse and this will be accounted for in their own HR policies. The Provider[s] practice approach must include support to those who are harmed and accountability for those who harm others including promoting the use of criminal sanctions and voluntary change programmes.

7.11 Prevent and channel duties

The Provider[s] must ensure that they adhere to Prevent and Channel duties. The national Let's Talk about It campaign¹⁸ describes Prevent as being about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. Channel provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is early intervention and diverting people away from the risk they may face.

¹⁸ Let's Talk about it: Working together to prevent terrorism <http://www.ltai.info/what-is-prevent/>

8.0 Governance Requirements

8.1 Legal compliance

The Provider[s] will ensure that the service is fully compliant with all relevant legislation and regulations. The service will be delivered within the allocated budget. Failure to meet agreed targets will result in the commissioner requiring a remedial time-specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions. For services that are not registerable, inspection arrangements will be through other routes such as local Health Watch, and via the commissioners right to enter services at any time.

8.2 Lead provider / consortia / multiple or joint providers

This specification details the need for Providers and sub-contractors to as an alliance. It is a requirement that the service is promoted and known by the 'Healthy Young Minds' branding agreed as part of service mobilisation. All provider partners involved in the delivery of the service are to operate under this 'brand' heading. The Provider[s] are responsible for ensuring any subcontractors or provider partners delivering services on behalf of the Service do so accordingly.

Prior to developing and managing the full service and commencing the sub-contracting or partnership arrangements, the Provider[s] will determine via an open and transparent process:

- staffing levels
- competence levels and experience required of staff delivering the services
- accessibility and safety of premises in use if applicable
- safeguarding arrangements including recruitment and training of staff
- insurance arrangements
- quality assurance
- financial standing
- communication and relationship management

The Provider[s] must ensure strong organisational governance and compliance of any sub-contracted services covering all aspects of service delivery in the community. This should include but not be limited to:

- confidential and appropriate communication between services
- communication with CYP, parents/carers and families
- communication between staff and services
- effective reporting arrangements
- effective record keeping
- service data and access to record arrangements
- data protection

- incident reporting
- safeguarding
- health and safety
- whistle blowing
- recruitment
- risk management
- compliance with the human rights act
- Equal opportunities

8.3 Service sustainability and business continuity

The Provider[s] will produce a Sustainable Development / Business Continuity plan prior to the commencement of the contract, which will be reviewed annually. Key personnel, particularly managers, must be familiar and up to date with the legislation and the plan should include how the service will achieve compliance with the requirements of the Climate Change Act (2008) and all other environmental legislation. Resilience and business continuity plans are essential, and it is expected that the Provider[s] will report at least annually to the Commissioner on their currency and use.

8.4 Strategic governance

The service is expected to maintain an effective and proactive stakeholder network and strategic partnerships, including schools, early years settings, community and voluntary organisations and health and social care partners in order to inform improvement and development of the service within the wider system.

8.5 Information governance

The Provider[s] will comply with the Information Governance (IG) Toolkit: [NHS England » Information governance](#). This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in:

- The Data Protection Act 1998
- The common law duty of confidentiality
- The Confidentiality NHS Code of Practice
- The NHS Care Record Guarantee for England
- The Social Care Record Guarantee for England
- The ISO/IEC 27000 series of information security standards
- The Information Security NHS Code of Practice
- The Records Management NHS Code of Practice;
- The Freedom of Information Act 2000

Patient identifiable data (PID) will only be accessed by authorised staff where the CYP has given explicit consent. Where consent is not given by the individual, only anonymised or aggregate data

will be accessed. Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the CYP care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit. This includes:

- Ensuring that agencies comply with their responsibilities to inform CYP/families of the way their information is used and the agencies it is shared with
- Protect and keep in the strictest confidence all information
- Use the confidential information only for the purpose of supporting or facilitating the care of the CYP
- Notify the Commissioner immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses
- Ensure that the service Provider has a current data protection notification, which is updated on an annual basis
- Ensure that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these e.g. the NHS Confidentiality Code of Practice;
- Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data
- Regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner's Office (ICO) Confidentiality Audit Guidance.

8.6 Clinical governance

Appropriate and robust clinical governance arrangements are of paramount importance to the commissioner and it is intended that these will be monitored through contract monitoring arrangements and through any other Clinical Governance forum arrangement deemed appropriate by the commissioner. We would expect compliance with NHS Standards and Clinical Governance arrangements and protocols in line with NICE, NHS and Public Health England guidance, and Local Government Association.

The Provider[s] will ensure that the service has robust mechanisms in place to manage all aspects of clinical governance. Such arrangements will account for but not be limited to:

- Safeguarding incidents and concerns – suspected and occurred abuse / violence
- Serious untoward incidents (SUI) – clinical incidents that do not fall under the definition requiring safeguarding processes to be followed, including staff vacancies and absences that cause service disruption and compromise minimum safety requirements determined by the Provider[s]
- Risk prevention and management
- Service Inspection and Registration

- Safe service transitions between Providers
- Policies and procedures including Audit and Clinical Governance, and Clinical Supervision
- Medical and clinical interventions it delivers including psychosocial interventions ensuring that these are evidence based and delivered by appropriately qualified, experienced, and supervised practitioners
- To utilise evidence-based assessment tools to assess the nature and severity of substance misuse

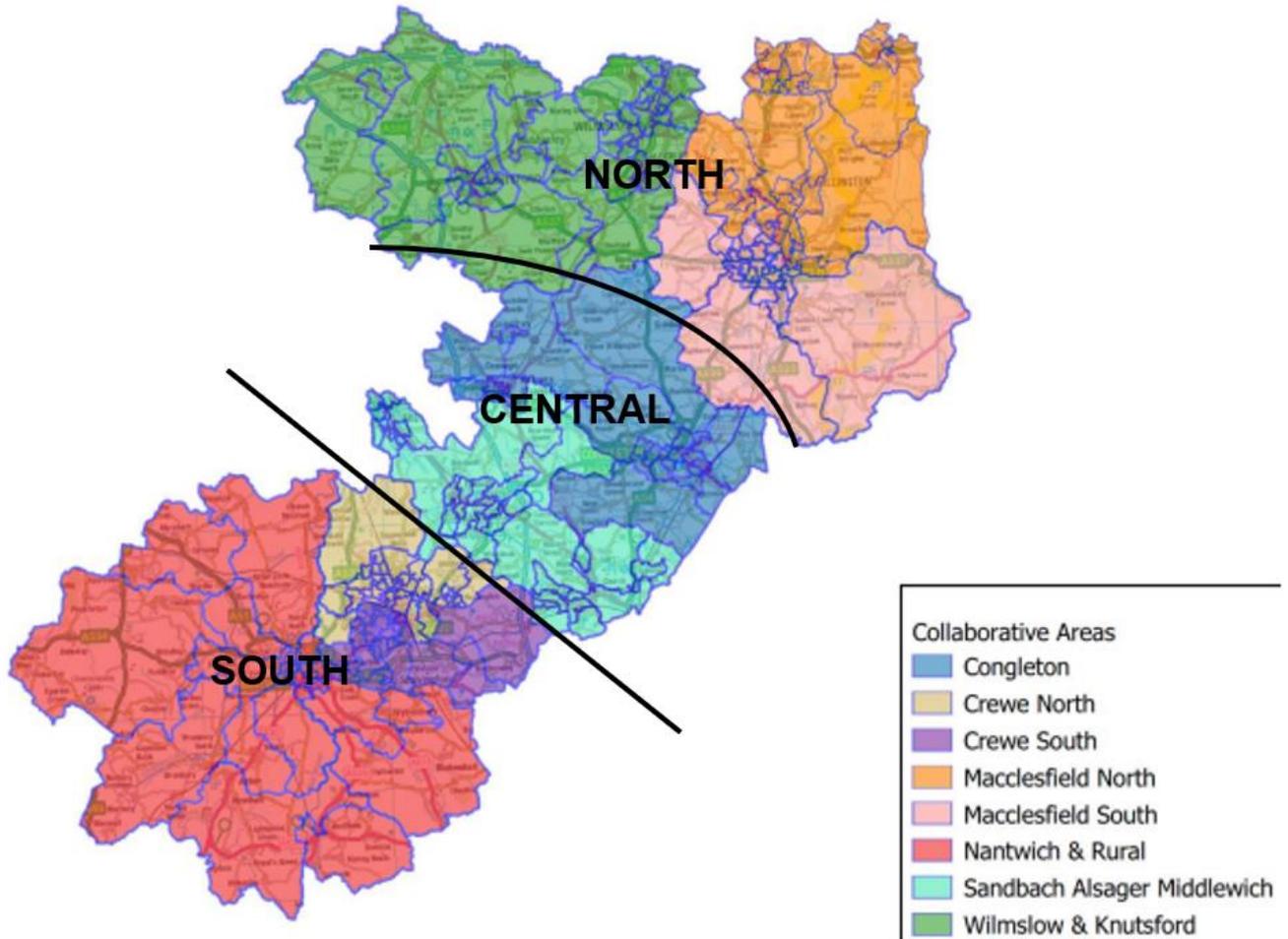
All processes should include escalation and notification of events to the Provider[s] who will be responsible for assuring the commissioner of the services' compliance with clinical governance standards and policies and learning from any breaches or serious incidents. The Provider must report all serious and untoward incidents (SUIs), complaints and compliments to the commissioner. Where compliments and less serious complaints occur these can be reported as part of the quarterly monitoring cycle. However serious complaints, untoward incidents and safeguarding occurrences must be reported to the commissioner at the first available opportunity.

8.7 External inspections

The Provider[s] will be responsible for registration and meeting the inspection requirements of inspectorates including CQC. There is an expectation that the service will contribute to wider children and families OFSTED inspections required by the commissioner. Local Health Watch also have enter and view responsibilities for adult health and social care services and compliance here is also expected.

Appendix 1

8.1 Locality Footprints



8.2 Supporting Families Framework

Getting a Good Education

- Average of less than 50% attendance (unauthorised and/or authorised) for 2 consecutive terms
- CYP not able to participate and engage with education

Good Early Years Development

- Expectant or new parent/carers who require additional or specialist support (e.g. young parents, parents who have been in care)
- CYP's (0-5) physical health needs not met (e.g. immunisations not up to date, dental hygiene)
- CYP's (0-5) developmental needs not met (e.g. speech and language, school readiness)

Physical and Mental Health
<ul style="list-style-type: none"> • Child needs support with mental health • Adult needs support with their mental health • CYP/parent/carer require support with physical health needs that affect the whole family
Substance Misuse
<ul style="list-style-type: none"> • Adult misuses drugs and/or alcohol • CYP misuses drugs and/or alcohol
Family Relationships
<ul style="list-style-type: none"> • Parent/carer requires parenting support • Evidence of harmful levels of parental conflict • CYP violent or abusive in the family home • Unsupported young carer or caring circumstances have changed and requires additional support
Keeping Children Safe
<ul style="list-style-type: none"> • Concerns around emotional, physical, sexual abuse or neglect (historic or current) within the household • CYP goes missing from home • CYP experiencing or at risk of sexual exploitation • CYP experiencing or at risk of criminal exploitation • CYP experiencing or at risk of radicalisation • CYP experiencing harm from outside of the family (e.g. bullying, online harassment)
Tackling Crime
<ul style="list-style-type: none"> • Adult involved in crime or ASB • CYP involved in crime or ASB • CYP at risk of crime – including gangs, weapons carrying or involved in harmful risk taking behaviour
Domestic Abuse
<ul style="list-style-type: none"> • Family affected by domestic abuse or inter-personal violence and abuse (historic or recent, current or at risk) • Adult in the family is perpetrator of domestic abuse • CYP currently or historically affected by domestic abuse
Secure Housing
<ul style="list-style-type: none"> • Family is in Local Authority temporary accommodation and at risk of losing this • Families not in suitable housing, threatened with eviction or at risk of homelessness • CYP who have been excluded from the family home

Financial Stability

- Adult is in receipt of out of work benefits
- Family have unmanageable debt
- Young person is NEET

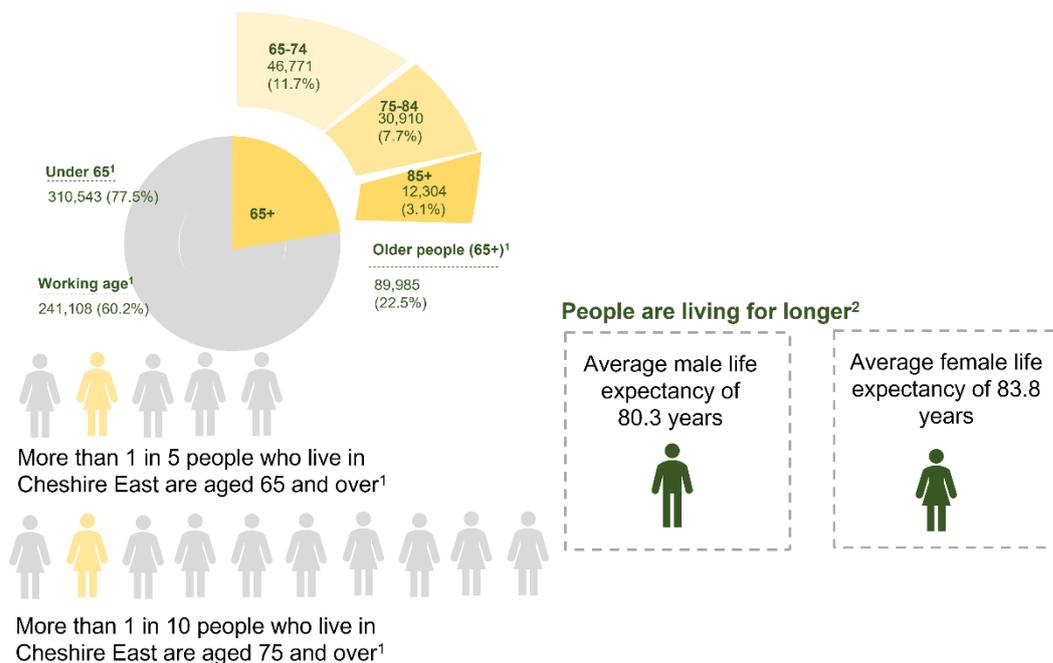
Detailed Supporting Families framework available here:



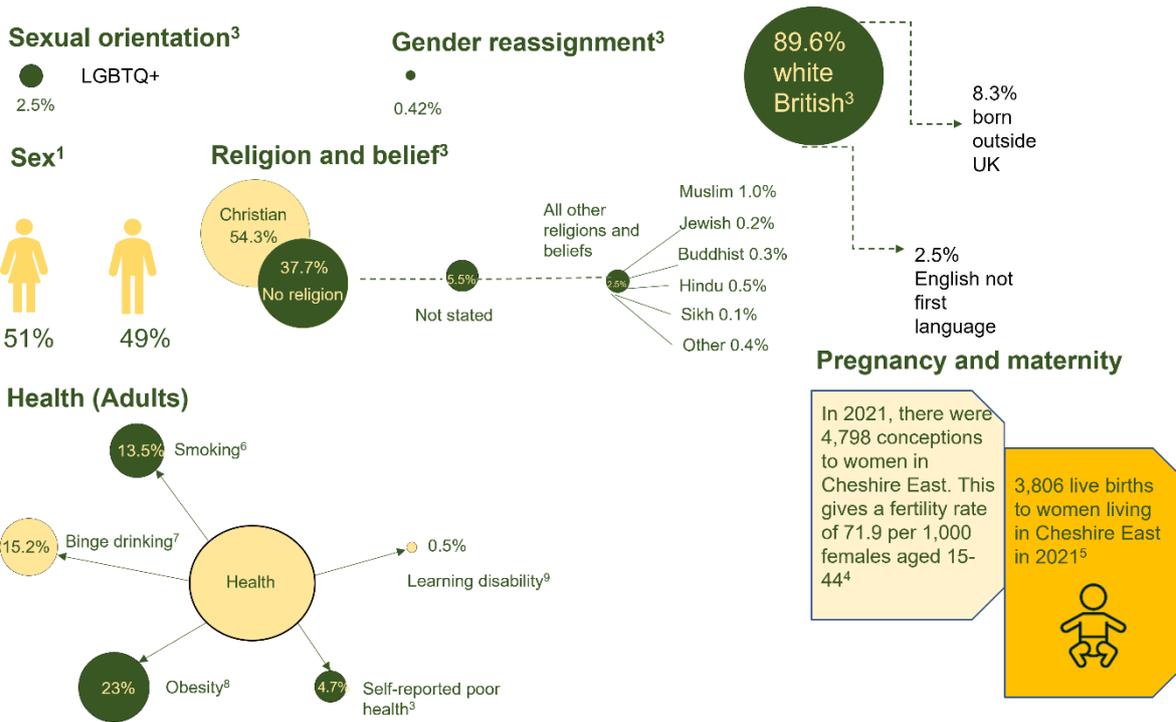
National_Supportin
g_Families_Outcome

8.3 Local context

The borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km² and has a population of 398,800.¹⁹ The [Current Facts and Figures](#) section of Cheshire East Council's website provides a high-level overview of the borough of Cheshire East. It contains information on demographics, learning, health and wellbeing, caring for children & adults, employment, households and crime.



¹⁹ 2021 Census, Office for National Statistics



References

- Office for National Statistics (ONS) mid-2021 population estimates by single year of age and sex
- Office for Health Improvement and Disparities (OHID), Life Expectancy calculated using ONS data [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)
- ONS, 2021 Census, [Census - Office for National Statistics \(ons.gov.uk\)](#)
- ONS, Conceptions in England and Wales, 2021, [Conceptions in England and Wales - Office for National Statistics](#)
- Live births in England and Wales, 2021, [Births in England and Wales: summary tables - Office for National Statistics \(ons.gov.uk\)](#)
- Office for Health Improvement and Disparities (OHID), Smoking prevalence, adults aged 18+, current smokers, APS Survey, [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)
- Office for Health Improvement and Disparities (OHID), Local Alcohol Profiles, Percentage of adults binge drinking on heaviest drinking day, Health Survey for England, [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)
- Office for Health Improvement and Disparities (OHID), Percentage of adults (18+) classified as obese, Active Lives Adult Survey, [Obesity Profile - Data - OHID \(phe.org.uk\)](#)
- NHS England, Quality and Outcomes Framework (QOF), [Quality and Outcomes Framework, 2021-22 - NHS Digital](#)

8.4 Local Policies and Strategies

Cheshire East Council has agreed the [Corporate Plan 2021-2025](#) setting out the following 3 aims:



Other key local strategies and plans include:

[Cheshire and Merseyside Health and Care Partnership Interim Strategy 2023 – 2028](#)

[Cheshire East Joint Local Health and Wellbeing Strategy 2023 – 2028](#)

[Cheshire East Council Corporate Plan 2021 – 2025](#)

[Children and Young Peoples Plan 2022 – 2026](#)

[Equality, Diversity and Inclusion Strategy 2021-2025](#)

[All Age Mental Health Strategy 2019-22](#) (updated strategy currently out for consultation)

[My Life My Choice – A Strategy for Learning Disabilities in Cheshire East \(2019-2022\)](#) (updated strategy currently out for consultation)

[All Age Autism Strategy - 2020-2023](#)

[Vulnerable and Older People's Housing Strategy](#)

[Domestic Abuse Strategy](#)

[Neglect Strategy](#)

[Cheshire East Live Well for Longer Plan 2022 - 2027](#)

8.5 LiveWell Cheshire East

LiveWell Cheshire East is an online resource which was launched by the Council in spring 2017. This provides a directory of local services and support options, together with information and advice to related to health and care. This encompasses the following subject areas:

- Community activities;
- Living independently;
- Care and Support for adults;
- Care and Support for children;
- Local offer for special educational needs and disability;
- Education and employment



Live Well Cheshire East also includes a care self-assessment option (known as Choices for Care), which links people to services within the community which match their needs. Residents can access Live Well from the homepage of the Council's website or directly at [LiveWell Cheshire East](#).

8.6 Needs assessment and asset mapping

[Health and Wellbeing Boards](#) have a duty to produce a [Joint Strategic Needs Assessment](#) (JSNA). The JSNA identifies health and social care needs that can be met or affected by the council and clinical commissioning group and identifies opportunities for improvement. Our JSNA includes a breakdown of health inequalities across the borough in the form of a '[Tartan Rug](#)' which maps health indicators geographically.

In addition to local need it is also important to understand local strengths and assets, which are particularly important to enable the Provider[s] to take an asset-based approach. The [LiveWell Website](#) provides an evolving asset map of local services and support. The website provides information about local services, as well as wider community assets such as faith groups, community centres, sports groups, and housing support etc.

The [Connected Community Strategy](#) sets out the Council's ambition for an assets-based community development approach. One of our strongest assets are people who use services and their families, therefore the service model described within this specification has been co-designed by a large group of stakeholder, including CYP, their families and other residents of our borough.