Healthy Young Minds Cheshire East

Performance Monitoring Framework: Lot 2 Central Locality

Service Aim

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

Vision

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

Contract Management and Quality Assurance Schedule

Performance and Quality Assurance Standards

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

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

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

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

1.1 Quality Specific Standards

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

- Communication between children and young people (CYP), families, parents, carers and staff (including managers and clinicians);
- Communication between staff across wider services, including clinicians and managerial staff;
- Effective reporting and monitoring mechanisms for issues of concern whether relating to CYP, or people connected or employees;
- CYP recording;
- Working with families and carers;
- Transition of young people into adult services;
- Service IT / data recording and storage systems;
- Incident reporting and health and safety matters;
- Child Protection & Adult Protection – Safeguarding;

- Reporting and monitoring of incidents and accidents to staff, volunteers and CYP and their families [including the management of violence and domestic violence];
- Health & Safety Inspection, and fire safety;
- Clinical Governance;
- Infection Control;
- Inspections by CQC, OFSTED, or LHW or Commissioners;
- Complaints and Compliments management for paid staff, volunteers and CYP and their families;
- CYP engagement and co-production;
- Records Management;
- Equality of opportunity in service provision, recruitment and employment;
- Occupational health;
- Information sharing and Information Security;
- Policies relating to confidentiality of information;
- Codes of conduct for staff and CYP and their families accessing the service;

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.

1.1.2 Quality Assurance

The 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 includes the standards and indicators to be achieved and monitored on a continuous basis by the Provider to ensure that the Service is delivered in accordance with the best interests of CYP and their families

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 their families, 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 CYP and their preferences as to the mechanism of feedback (questionnaire, interview, phone call, Service review etc.) and the most appropriate format (i.e. language, pictorial, font size)
f) When negative written feedback is received by the Provider[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) The Provider[s] will be committed to continuous Service development

2.1 Performance Management

2.1.1 Performance Management Reporting

The Provider[s] must ensure that a dedicated 'Performance Management Function' is established as part of the contract to provide system wide reporting where relevant and applicable. The Provider[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.
The Provider[s] are required to complete performance checks in relation to Service delivery to ensure that outcomes and contract compliance are being met.

a) The 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, 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, the Provider[s] must notify the Council immediately and ensure that alternative provision is sought

e) The Provider[s] will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to the CYP, families, the 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 to the provision of care and the financial stability of the Provider[s]) of financial records upon being given reasonable notice in writing. This shall include details of rates of pay for staff to ensure legal compliance and any other information deemed necessary by the Council to ascertain the stability of The Provider[s] 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

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

2.2 Performance Indicators

2.2.1 Key performance Indicators (KPI's)

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

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

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

Service Element	Measure	Description	Target
Accessibility and continuity of care	CYP, their families and professionals receive a response when contacting the service	The service is underpinned by a 'no wrong door' ethos, so all enquires should receive a helpful response	100%
	CYP are subject triage to assess their eligibility for HYM service	Triage will be conducted at first point of contact and those who meet eligibility criteria will be progressed to a structured assessment	100% within 48 hours
	CYP (including families where appropriate) receive a structured assessment of need and are assigned a bespoke package of support	Package of support could consist of one or a combination of therapeutic interventions: counselling, group support, peer support, physical activity, drop in	100% within 4 weeks of referral
	Bespoke package of support commences for CYP		100% within 4 weeks of assessment
	CYP and their families assessed against Supporting Families Framework (see appendix 2)	Supporting Families Framework built into structured assessment, with those meeting 3 criteria or more being progressed to Cheshire East Early Help	100% of assessments completed

	Minimum number of CYP provided with a bespoke package of support	Minimum number of CYP benefitting from a bespoke package of support per annum	180 per annum
	Percentage of bespoke support packages resulting in successful completion		75%
	Percentage of CYP receiving a bespoke package of support who align to 'getting advice' and 'getting help' quadrants of the iTHRIVE framework	All CYP receiving a bespoke package of support align to 'getting advice' and 'getting help', requiring single-agency support to address their emotional health and wellbeing See page 7 of specification for more details	100%
Integration and collaboration	Attend and play an active role in HYM Alliance Partnership meetings	Provider[s] will work collaboratively in an alliance of organisations / services who have shared aims and a collective understanding of what good looks like	Attend quarterly
	Active involvement in development and delivery of HYM Alliance strategy and action plan		Review quarterly
Deliver therapeutic interventions (see below for individual KPIs)	CYP's emotional health and wellbeing is assessed before and following their therapeutic intervention	CYP should be assessed using the appropriate measurement tool (CORE Measurement Tools (CORE-10) (corc.uk.net)) before and after they access a package of support	100%
	CYP who **do not** have an evidenced increase in wellbeing score are referred to Cheshire East Early Help	CYP who's needs cannot be met by a single-agency package of	100%

		support should be referred to Cheshire East Early Help	
	CYP are provided with the option to return to the service if they experience a decline in their emotional health and wellbeing following successful completion of a package of support	CYP will be offered the option to re-engage with the HYM service if there is a decline in their emotional health and wellbeing within 12 months of successfully completing their package of support	100%
	CYP who report satisfaction with service received at case closure (using ESQ Experience of Service Questionnaire (ESQ) (corc.uk.net))	Provider will conduct a satisfaction survey with all CYP who access the service (with parents/carers responding on behalf of younger children)	90%
Evidence-based tools and resources for schools	Number of sessions held with schools to support embedding evidence-based tools into practice. Note: schools identified in partnership with wellbeing for education, SCIES team and wider HYM alliance to ensure equality in geographical coverage and evidenced need	Provide bespoke support to schools to implement recommended tools, troubleshooting and offering guidance on structure to embed a whole-school approach	9 per quarter
	Schools staff who report overall satisfaction with service received	Provider[s] will work collaboratively with Lot 4 Provider to agree a consistent approach to assessing satisfaction with service received	90%
Education for parents/carers and professionals	Education workshops to be delivered, addressing the following themes: • Parenting support • Self-harm	Workshops held online will be recorded and made available to parents/carers/professionals who	38 per year [19 online 19 face-to-face]

	• Bullying and diversity • Social media • SEND pathway • Informed decision making and choice	are unable to attend at the specified time	
	Parents/carers/professionals who have an evidenced increase in confidence following attendance at a workshop	Provider[s] will work collaboratively with Lot 4 Provider to agree a consistent approach to assessing confidence in parents/carers/professionals following participation in a workshop	80%
	Participants who report overall satisfaction with workshop attended	Provider[s] will work collaboratively with Lot 4 Provider to agree a consistent approach to assessing satisfaction with service received	90%
Experts by experience	Number of new CYP engaged in participation		3 per quarter
	Number of Lived Experience System Navigators (volunteers) in cohort	Provider[s] will work collaboratively within HYM Alliance to agree role description of Lived Experience System Navigators	Minimum 12 in cohort at end of year 1
	Lived Experience System Navigators (volunteers) retention rate	Assessed at the end of each year, taking into account overall recruitment and attrition	90%
	Lived Experience System Navigators who report satisfaction with support provided	Provider[s] will work collaboratively with Lot 4 Provider to agree a	90%

		consistent approach to assessing satisfaction with service received	
Workforce development	Staff trained in Making Every Contact Count (MECC) approach (by the end of year 1)	Provider[s] will source MECC training for all staff employed to work on the HYM service	100%
	Delivery staff are competent, appropriately skilled and fully trained staff with relevant background checks (DBS) and professional registration (BACP for counselling staff)		100%
	Delivery staff are linked into the HYM Alliance, with a sense of collective responsibility for service delivery and support from peers		100%

Therapeutic intervention delivery requirements

	Counselling	**Group Support**	**Peer Support**	**Drop-ins**	**Physical Activity**
Min no. sessions in programme	8	1	1	1	1
Min. duration of session in hours (including preparation and follow-up time)	1	1	1	2	1
Target	Min. 105 CYP per annum	Min. 120 sessions delivered to CYP and their families per year	Min. 75 sessions held with CYP per year	Min. 48 sessions held with CYP per year	Min. 75 sessions held with CYP per year

		Min. 8 participants per session	Min. 8 participants per session	Min. staff requirements: counsellor + support worker	Min. 8 participants per session
Programme completion rate	75%	n/a	n/a	n/a	n/a

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

2.2.2 Critical Performance Indicators

A Critical Performance Failure shall include:

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

b) Early intervention and prevention service requirements, outcomes and KPIs

c) Whole family approach service requirements, outcomes and KPIs

d) Consent from the child service requirements, outcomes and KPIs

e) Effective partnership working service requirements, outcomes and KPIs

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

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

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

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

2.3 Outcomes

Outcomes can be defined as what a person wishes to achieve in order to lead their day-to-day life in a way that maintains or improves their health and wellbeing. These outcomes will vary from one person to another because each individual CYP will have different interests, preferences, relationships, demands and circumstances within their lives.

The Provider[s] must deliver a Service to meet individual CYP outcomes and the service must be delivered in line with the ethos and standards as detailed in the Service Specification.

2.3.1 High Level Strategic Outcomes

High level Outcomes are represented in the diagram below:

High level Strategic Outcomes are to be achieved as follows (list not exhaustive):

No.	Strategic Outcomes	Key Performance Indicator
1	**CYP receive the right support, by the right people, at the right time**	CYP accessing the service are within the 'Getting Advice' and' Getting Help' quadrants of the iTHRIVE framework

		Families assessed as meeting three or more of Supporting Families criteria are referred to Cheshire East Early Help Schools staff report overall satisfaction with support provided by HYM service and have increased confidence in supporting CYP in their education setting or via appropriate referral into specialist services All staff are competent, appropriately skilled and fully trained staff with relevant background checks (DBS) and professional registration (BACP for counselling staff)
2	**CYP experience increased resilience**	CYP have an evidenced increase in wellbeing score following receipt of a bespoke package of therapeutic support CYP have not sought further emotional wellbeing support at 12 months following successful completion of a bespoke package of support Overall reduction in CYP not attending an education setting due to social emotional mental health (source of data: medical needs tuition team) Schools staff report satisfaction with service received from HYM service Parents/carers report increased confidence in managing their own mental health and supporting their child's emotional wellbeing Parents/carers/professionals report improved emotional health and wellbeing
3	**Increased equality in access to support**	CYP/parents/carers receive a compassionate and timely response when contacting the service, leading to triage and structured assessment or appropriate signposting, advice and guidance

		CYP/parents/carers report successful access to HYM service, irrespective of their geographical location All CYP receive a response when contacting the service, irrespective of age Parents/carers with a child aged 12 years and under are involved in the delivery of the agreed intervention CYP aged 13 and over (in accordance with the Gillick Competence where appropriate) are asked to consent to parental involvement in the agreed intervention
4	**Innovative and collaborative approach to service delivery**	Provider[s] work collaboratively with other services across the HYM service to synthesise their approach to referral criteria/pathway, assessment process, support planning documentation, wellbeing scoring and reporting methodologies Evidence of active involvement in development and delivery of the Healthy Young Minds 5-year strategy, shared vision, branding and sustainability plan Attends and actively contribute to quarterly Healthy Young Minds Alliance partnership meetings External funding successfully acquired as part of the wider HYM alliance action plan to grow the service and drive efficiencies across the system Coproduction is evidenced throughout all service design and delivery and CYP are empowered to lead transformational change CYP and parents/carers report a positive experience of being supported by a Lived Experience System Navigator

5	**Reduced demand on specialist social care and mental health services**	75% of CYP prevented from accessing specialist mental health or social care services within 12 months of receiving an intervention Evidence-based case study of CYP journey through service demonstrating cost savings and cost avoidance to statutory & specialist services (1 per year) Overall reduction in rate of hospital admissions for a mental health condition in CYP (source: Public Health data) Overall reduction in rate of hospital admissions for a self-harm in CYP (source: Public Health data) Positive feedback from CYP on the impact accessing HYM service has had on their lives
6	**Increased protective factors, reduced risk factors**	Risk factors (including bullying, SEND, LGBTQ+, poverty, social media, substance misuse, self-harm and domestic abuse) are addressed early via a bespoke package of support for CYP and education workshops for parent/carers Overall reduction in referrals citing socio-emotional mental health (SEMH) to Medical Needs Tuition Team in Cheshire East (source: Medical Needs Tuition Team) Overall reduction in absences from school (source: Cheshire East Council schools data)

		Evidence of a whole-family approach to address parental mental health and wellbeing alongside CYP, evidenced by an increase in parents/carers' confidence score following intervention 5 ways of wellbeing embedded as a golden thread throughout all delivery, drawing a clear link between increased physical activity and improved emotional wellbeing

2.3.2 Individual CYP Outcomes

The Provider[s] are required to meet individual CYP outcomes using a person-centred assessment, support planning and service delivery approach. Every CYP should have their own outcomes documented and delivered in relation to their own personal needs, preferences, likes, dislikes and choices.

Examples of Outcomes and how Providers can document and meet those Outcomes are as follows:

No.	Individual Outcome	Evidence
1	Person-centred support • I had choice and control over the help I received • I was listened to and felt my support was planned around my needs • I now feel that I can better manage my emotional health and wellbeing	Wellbeing score CORE Measurement Tools (CORE-10) (corc.uk.net) Case studies Care and support plan reviews Evidence of partnership working Quantitative performance data
2	Accessible and quality service • I received support where and when I needed it • I didn't need a referral to another service because I have found the support I need in my community • I was supported safely and felt confident in the expertise of the staff • The service I received helped to improve my health and wellbeing	

	• I can receive support in my community, from the people who are most important to me, to reduce the risk of my needs escalating in the future • I am empowered to speak up and make changes to services when they are not working • I was able to talk openly about my feelings	Satisfaction surveys Experience of Service Questionnaire (ESQ) (corc.uk.net) Referrals / signposting CYP and parent/carer testimonials Cost-benefit analysis
3	Children and adults at risk of harm are effectively safeguarded • I didn't realise I was at risk of harm, but I now understand how to keep myself safe • I have a safety plan and recognise when I might need some extra support • I know all professionals work together to keep me safe • I had the help I needed early to stop it escalating • My family and I are now safe from harm	
4	Trained workforce to meet needs • Staff were caring and approachable and helped me to explain my feelings and worries • I felt safe and staff explained what will happen at every step of the journey	
5	Improved overall health and wellbeing and increased aspirations • I have more energy and do more things that make me feel good about myself • I feel happy and have people around me that I can trust • I am enjoying school and looking forward to the future • I have more confidence and I am happier at home because everyone is getting on more	

2.3.3 Outcome Reviews

It is the Provider's responsibility to identify and develop individual outcomes through face-to-face discussions directly with the CYP (and/or their parents/carers where appropriate). Providers have the choice of whether to incorporate this within the Care Plan review process or to arrange separate discussions relating purely to Outcome Reviews.

It is the Provider's responsibility to measure and present outcomes to CYP, their families and the Council. The format and method for conducting an Outcomes Review will be at the discretion of the Provider[s]; however the Council reserves the right to request the Provider[s] to alter the format, method or content of the Outcomes Reviews in order to ensure that the relevant information is obtained and documented.

The Council retain the right to verify or validate whether outcomes have been effectively developed, documented, delivered and reviewed via any route that the Council deems appropriate, i.e. by speaking to CYP/parents/carers, viewing Outcome Reviews, auditing care delivery documentation or Satisfaction Surveys.

The Provider[s] will submit detailed monitoring returns to the Council in relation both the high-level outcomes and individual CYP outcomes as detailed within this Monitoring Schedule. The Provider[s] will present 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 will be taken.

2.3.4 Service User Satisfaction Surveys

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

The Provider[s] will collate all feedback from CYP and their families detailing information on Service improvements, the quality of provision and whether outcomes are being achieved, and report/make this available to The Council upon request as specified within the monitoring schedule.

As a minimum the annual satisfaction survey will measure the following outcomes:

- If CYP feel listened to

- If the CYP feel involved in the planning of their support
- If CYP feel that the support is built around their preferences, likes and dislikes (person centred care planning and delivery)
- If CYP are satisfied with the staff providing their support
- If CYP feel that staff have the correct skills and training to meet their needs
- If CYP are satisfied with the way that they are communicated with (by any staff employed by the Provider[s], including branch and management staff)
- If CYP are satisfied that they can contact the service successfully
- If CYP feel that you as the Provider[s] are flexible when required
- If CYP are aware of how to raise concerns or complaints when needed
- If CYP feel that the Service can be improved in any way
- If CYP feel safe and free from harm or risk of harm

In order for the Council to ensure that the Provider[s] are actively seeking feedback from CYP and their families, and to identify areas of good practice, the Provider[s] will conduct a satisfaction survey each calendar year.
The Council may also conduct routine satisfaction surveys to directly obtain thoughts and views about the Service delivered by the Provider[s]. These satisfaction surveys by the Council have no minimum or maximum frequency and can be completed at any time during the duration of the Agreement.

Following an individual package of support, the method for conducting satisfaction surveys is detailed in section 2.2.1 above. However, the methodology behind the annual survey will be at the discretion of the Provider[s], but the approach must be consistent across the Healthy Young Minds alliance. The Council reserves the right to request the Provider[s] to alter the format, method or content of the satisfaction surveys in order to ensure that the relevant information is obtained.

As soon as possible following the completion of each satisfaction survey and in any event within one (1) month of completing each satisfaction survey, the Provider[s] shall make available the survey, its results and details of action taken in response to the survey.

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

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

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

2.4 Monitoring Returns

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

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

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

The Council reserves the right to conduct random checks on CYP and Staff documentation and any other files or records in relation to care planned or delivered to CYP.

2.4.1 Quarterly Monitoring Return

The Provider[s] shall provide a quarterly monitoring return to the Council containing the information detailed in Appendix 1 in relation to the reporting period. The Council will set clear dates for submission during the mobilisation period.

2.4.2 Annual Monitoring Return

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

Area	**Information Required**
Financial and Insurance	• Evidence of insurance certificate
Workforce Development	• Workforce development plan • Mandatory electronic training matrix for all Staff (this should state the employment start date, the scheduled completion date and the actual completion date for each mandatory training requirement) • Staff turnover/retention • Recruitment plans and proposals • Vacancy levels
Service Delivery	• Results of satisfaction surveys • Key findings of inspection reports • Details of safeguarding enquiries • Numbers of safeguarding referrals (with data available for individual safeguarding cases upon request by the Council) • Numbers of complaints/comments (with data available for individual complaints upon request by the Council) • Number of referrals into CYPMHS

	• Number of CYP accessing help, advice and support (across the whole service) • Average length of intervention (broken down into specific types of support, e.g. counselling, group sessions etc) • Number of CYP who exit the service with outcomes fully met • Number of CYP who exit the service with outcomes partially met • Number of CYP who exit the service with outcomes not met • Number of CYP prevented from accessing specialist social care and/or mental health support • Number of referrals accepted • Number of referrals refused • Reviews planned and undertaken • Unplanned reviews • Improvement initiatives/development of expertise and specialist knowledge • Work undertaken including the local community
Partnership Working	• Progress made in developing the Healthy Young Minds alliance and details of progress against the strategy and action plan • Number of partnership meetings attended and number of services engaged with (outside of the HYM contracted organisations)
Health and Safety	• Health and Safety incidents • Any changes to health and Safety policies or procedures

Policies and Procedures	• All new or updated policies and procedures to be submitted, as detailed in Section 7.7 of the Specification

2.4.3 Submission of Returns

The Council is committed to simplifying the collection and analysis of monitoring information and will implement a process which will require submission of information electronically either by email or a secure portal. The Provider[s] are required to have the facility to undertake this.

In the event that the Provider[s] fail to submit accurate monitoring information in accordance with this schedule, this shall constitute a Service Failure.

2.4.4 Low Level Incident/Concern Forms

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

Providers will respond to and resolve any incidents to the satisfaction of the CYP or their family and the Council within the timescale stipulated by the Council.

Any concerns or comments being made in relation to the quality of the service can result in increased monitoring of the Provider[s], either with regards to individual CYP or to evaluate themes and trends which have developed.

2.5 Data Submission KPI's

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

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

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

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

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

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

2.6 Inspection Reports

The Provider[s] shall provide the Council with copies of any inspection reports (including regulatory feedback or reports such as CQC action plans) affecting the Service on request within 2 working days.

2.7 Underperformance by Provider

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

a) the Council may without prejudice to its other rights and remedies including initiate one or more of the following: a Quality Assurance Form, Quality Assurance Visit or Contract Review Meeting
b) The Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance

c) Suspension of referrals to the Provider will be initiated where any monitoring or feedback obtained exposes performance issues or incidents relating to breaches in Service delivery, which may also include safeguarding incidents
d) Suspension of 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 Large Scale Safeguarding Enquiry (LSE) procedures
e) exercise its right to Compensation for Performance Failure in accordance with the contract
f) exercise its right to make a payment deduction / pricing adjustment / penalty for Critical Performance Failure in accordance with the contract
g) Where there has been a serious breach or multiples breaches which may affect CYP safety and wellbeing, the Council retains the right to move existing Provider business to alternative Providers. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion

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

2.7.1 Underperformance of critical performance indicators/ Incentivised Indicators

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

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

2.7.2 Implementation of Improvement Action Plan

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

3. Contract Management and Quality Assurance Governance and Validation

3.1 Contract Management and Quality Assurance Meetings

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

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

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

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

3.2 Monitoring and Quality Assurance Visits / Audits

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

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

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

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

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

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

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

Appendix 1

Key Performance Indicator Framework

	Service Delivery	Measurement Method	Target per quarter	Target per annum
1	CYP profile: NHS number, DOB, postcode, gender identity, ethnicity	Demographic breakdown in workbook	N/A	N/A
2.1	Number of enquiries received, broken down by channel (e.g. walk in, telephone)	Output in workbook	Count	Count
2.2	Type of enquiry	Select from list in workbook	Count	Count
2.3	Percentage of enquiries receiving a response when contacting the service (i.e. no wrong door)	Output in workbook	100%	100%
2.4	Number of contacts to service receiving triage	Output in workbook	Count	Count
2.5	Number of contacts to service receiving advice, guidance and signposting only and not progressed to structured assessment	Output in workbook	Count	Count
2.6	Number of structured needs assessments (including supported families assessment) conducted within 4 weeks of initial contact	Output in workbook	Count	Count
2.7	Number of bespoke packaged of support commenced within 4 weeks of assessment	Output in workbook	Count	Count
2.8	Number of needs assessments (including supported families assessment) completed	Output in workbook	Count	Count
2.9	Number of CYP offered access to weekly drop in whilst awaiting assessment	Output in workbook	Count	Count

2.10	Number of families referred to Cheshire East Early Help following identification of 3 or more Supporting Families criteria or escalation of need beyond getting help THRIVE	Output in workbook	Count	Count
2.11	Minimum number of CYP provided with a bespoke package of support	Output in workbook	45	180
2.12	Source of referral for CYP provided with a bespoke package of support	Select from list in workbook	Count	Count
2.13	Percentage of structured support packages resulting in successful completion	Output in workbook	75%	75%
2.14	Number of CYP provided with a bespoke package of support who are aligned to 'getting advice' quadrants of the iTHRIVE framework	Output in workbook	Count	Count
2.15	Number of CYP provided with a bespoke package of support who are aligned to 'getting help' quadrants of the iTHRIVE framework	Output in workbook	Count	Count
2.16	Overall satisfaction from CYP/parents/professionals regarding pathway into service	Satisfaction survey & testimonials	TBA by alliance	TBA by alliance
3.1	Number of HYM partnership meetings attended	Output in workbook	4	12
3.2	Evidenced involvement in HYM alliance strategy development and action plan reviews	Review action plan at contract management meetings	N/A	N/A
3.3	External funding successfully acquired as part of the wider HYM alliance	Output in workbook and additional narrative	Count	Count
4.1	Minimum number of CYP provided with a programme of counselling	Output in workbook and case study	27	105

4.2	Average number of counselling sessions per CYP (minimum: 8)	Output in workbook	Count	Count
4.3	Counselling programme completion rate	Output in workbook	75%	75%
4.4	Number of group support sessions delivered	Output in workbook	30	120
4.5	Average number of attendees per group support session (minimum: 8)	Output in workbook	Count	Count
4.6	Number of peer support sessions delivered	Output in workbook	19	75
4.7	Number of attendees at peer support sessions (minimum: 8)	Output in workbook	Count	Count
4.8	Number of drop-in sessions delivered	Output in workbook	12	48
4.9	Number of attendees at drop-in sessions	Output in workbook	Count	Count
4.10	Number of physical activity sessions delivered	Output in workbook	19	75
4.11	Number of attendees at physical activity sessions (minimum: 8)	Output in workbook	Count	Count
4.12	Average CYP wellbeing score prior to intervention	Output in workbook	Count	Count
4.13	Average CYP wellbeing score following intervention	Output in workbook	Count	Count
4.14	Percentage of CYP with evidenced increase in wellbeing score following intervention	Output in workbook	80%	80%
4.18	Number of CYP who return to the service within 12 months of completing a bespoke package of support	Output in workbook	Count	Count

4.19	CYP who report satisfaction with service received at case closure	Satisfaction survey (ESQ) & testimonials	90%	90%
5.1	Sessions held with schools to support implementation of evidence-based tools	Output in workbook	9	36
5.2	Schools staff who report overall satisfaction with service received	Satisfaction survey & testimonials	90%	90%
5.3	Number of Senior Mental Health Lead Network meetings attended	Output in workbook	1	3
6.1	Education workshops delivered	Output in workbook	10	38
6.2	Number of workshops delivered face to face	Output in workbook	5	19
6.3	Number of workshops delivered online	Output in workbook	5	19
6.4	Number of participants in education workshops	Output in workbook	Count	Count
6.5	Demographics of participants (e.g. geographical location, age, deprivation, culture)	Narrative and breakdown presented in end of year report	N/A	End of year report
6.6	Parents/carers/professionals who have increased in confidence following attendance at workshop	Output in workbook & case study	80%	80%
6.7	Participants who report overall satisfaction with workshop attended	Satisfaction survey & testimonials	90%	90%
7.1	Number of CYP engaged in participation	Output and impact report	3	12
7.2	Number of Lived Experience System Navigators recruited	Output and impact report	Count	Count
7.3	Volunteer retention rate	Output in workbook, assessed at year end only	90%	90%

7.4	Volunteers who report overall satisfaction with support provided	Satisfaction survey & testimonials	90%	90%
7.5	Number of volunteer hours worked	Output in workbook	Count	Count
7.6	Number of beneficiaries served by volunteers	Output in workbook	Count	Count
8.1	Staff trained in Making Every Contact Count (by the end of year 1)	Output in workbook, assessed at year end only	N/A	100%
8.2	Delivery staff appropriately skilled, fully trained and passed security checks (e.g. DBS)	Output in workbook	100%	100%

Social Value Measures

Objective	**Outcomes**	**Measure**	**Target**
1. Promote Employment & Economic Sustainability	Outcome 1: More local people in work		
	Outcome 2: Thriving local businesses		
	Outcome 3: Responsible businesses that do their bit for the local community		
2. Raise the living standard of local residents	Outcome 4: A Local workforce which is fairly paid and positively supported by employers		

3. Promote Participation and Citizen Engagement	Outcome 5: Individuals and communities enabled and supported to help themselves		
4. Build capacity and sustainability of the Voluntary and Community Sector	Outcome 6: An effective and resilient third sector		
5. Promote Equity and Fairness	Outcome 7: A reduction in poverty, health and education inequalities.		
	Outcome 8: Acute problems are avoided and costs are reduced by investing in prevention.		
6. Promote Environmental Sustainability	Outcome 8: We are protecting our physical environment and contributing to climate change reduction.		

Appendix 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
• 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
• Adult misuses drugs and/or alcohol • CYP misuses drugs and/or alcohol
Family Relationships
• 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
• 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
• 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
• 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
• 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