

MH4 Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer

'Scheme Name	MH4 Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer
Eligible Providers	All providers of CAMHS secure and T4 mental health services
Duration	April 2016 to March 2017.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] for first year should achieve payment of £25,000 per provider plus £1,000 per occupied bed: Target Value: Add locally CQUIN %: Add locally
Scheme Description	
<p>Implementation of good practice regarding the involvement of family and carers through a CAMHS journey, to improve longer term outcomes.</p> <p>The scheme will help to achieve the following quality markers:</p> <ul style="list-style-type: none"> • Clinicians will consciously think about how to increase meaningful engagement of the family in the care and treatment of their young person. • When a young person moves between services within the network, families should nonetheless experience consistent engagement. • Every effort will be made to make families part of decision making process. <p>By including a focus on the family / carer experience, this CQUIN scheme seeks to build on the themes identified for improvement arising from Improving Care Pathway Journeys CQUIN of 2015/16 and the Enhancing Family Support CQUIN of 2014/15.</p> <p>Data generated by this CQUIN will allow services to strengthen admission and discharge elements of the pathway, and inform system wide improvements including family and carers' experience of consistency across the Network.</p> <p>Payment of £25,000 overhead plus £1,000 per patient (average number of occupied beds) – is appropriate. Hence CQUIN Payment for a unit with average occupancy of 20 patients would be £45,000. (This can be estimated based upon actual occupancy on 31st December 2015.) The contractual CQUIN payment proportion would be this amount as a proportion of expected contract value.</p>	
Measures & Payment Triggers	
<ol style="list-style-type: none"> 1. Trigger 1. Identify The Needs and Develop Action Plan. Conduct of Audit in Quarter 1, specifying shortcomings relative to standards defined below (see also references below); develop a plan to address shortcomings, with quarterly milestones. 2. Trigger 2. Delivery of processes agreed against the plan of improved outcomes for Q2. 3. Trigger 3. Establishment of a validated survey of families or carers against which to assess satisfaction. (This might be based upon MH Friends and Family Test.) Developed in Q1, implemented in Q2, Q4 target agreed start Q3, progress 	

measured in Q4.

4. **Trigger 4. Deliver Q3 Progress and Progress Report Against Action Plan**
5. **Trigger 5. Produce Exception Report Identifying Any Barriers / Difficulties arising in Q3 and Plans to Address**
6. **Trigger 6. Produce Summary Report and Describe How Improvements Will Be Embedded In Practise Going Forward**
7. **Trigger 7. Number of families reporting satisfaction regarding levels of engagement upon Childs discharge as a proportion of Discharges**, relative to target set as in Trigger 3.

Definitions

The following are the standards to be achieved as part of this CQUIN:

1. Each provider must have a communication plan for engaging with each individual young person's family/carers, focussing on the following two areas.
 - Sharing of clinical information about young person with family/carers (For consistency and parity, where the clinical teams need to manage communication with family or carers, a detailed communication plan should be available. This plan should include details of the young person's competence to make decisions about sharing information with family/carers and record their consent to share such information, and details of how (E.g. by telephone/email/visits), how frequently and who will share information with the family/carer, what level of information will be shared and in what circumstances . It will also include details of what will be done if the young person does not have capacity to make the decision to share information with family/carers, or if consent is withheld or subsequently withdrawn.)
 - Communication between team and family/carers even if clinical information is not to be shared.
2. Each provider must have a system for supporting each young person's family/carers with transport and accommodation.
3. Each provider must provide family-friendly visiting areas within the unit.
4. Each provider must arrange a welcome meeting within the first week of admission.
5. Services to have processes in place to support families/carers to receive help with transport costs and accommodation.
6. Each provider must have in place web-based communication systems such as Skype for aiding communication between young people and families/friends.
7. Each provider must have provision for activities for the family and younger siblings during visits e.g. games/DVD.
8. Each provider must ensure that families are offered hospitality (hot drinks etc) during visits.
9. Each provider must have systems in place for ascertaining the views of family/carers prior to each CPA/other review.

Partial achievement rules

See In Year Payment & Profiling

In Year Payment Phasing & Profiling

Rules for in year payment and partial payment		
Q1	10% of whole-year CQUIN value awarded if the audit is established and results that can serve as a baseline for improvement, i.e. for delivery of <ul style="list-style-type: none"> • Trigger 1. Identify The Needs and Develop Action Plan 	
Q2	20% of whole-year CQUIN value awarded for Triggers 2 and 3: <ul style="list-style-type: none"> • Trigger 2. Deliver Q2 Progress and Progress Report Against Action Plan Q2 target must be set as soon as possible after Q1 ends using data from Q1. • Trigger 3. Establishment of a validated survey of families or carers against which to assess satisfaction. (This might be based upon MH Friends and Family Test.) Developed in Q1, implemented in Q2, Q4 target agreed start Q3, progress measured in Q4. 	
Q3	20% of whole-year CQUIN value awarded for Triggers 4 and 5: <ul style="list-style-type: none"> • Trigger 4. Deliver Q3 Progress and Progress Report Against Action Plan • Trigger 5. Produce Exception Report Identifying Any Barriers / Difficulties and Plans to Address 	
Q4	Maximum of 30% of whole-year CQUIN value available for Trigger 6 <ul style="list-style-type: none"> • Trigger 6. Produce Summary Report and Describe How Improvements Will Be Embedded In Practise Going Forward Maximum 20% of whole year CQUIN value awarded for Trigger 7: <ul style="list-style-type: none"> • Trigger 7. Number of families reporting satisfaction regarding levels of engagement upon Childs discharge as a proportion of Discharges, relative to target set as in Trigger 3. 	
FOR ALL TRIGGERS	<i>49.9% or less of required key items included Red</i>	<i>No payment</i>
	<i>50.0% to 79.9% of required key items included Amber</i>	<i>35% of whole-year CQUIN value</i>
	<i>79.9% to 100.0% of required key items included Green</i>	<i>50% of whole-year CQUIN value</i>

Rationale for inclusion

Meaningful engagement with family / carers should inform and support the transition/discharge planning process.

Enhanced communication and engagement between family and professionals will improve longer term outcomes and strengthen professional networks.

The experience of family / carers with individual secure services currently varies unacceptably in these respects

Data Sources, Frequency and responsibility for collection and reporting	
<p>Each provider will be undertaking a review of its own arrangements for Q1 and will inform the action plan during the year.</p> <p>The findings of this initial audit will be shared across the other CAMHS Units.</p> <p>Data sets from each of the units that can be shared. Reports to commissioners will need to provide evidence as set out in the patient triggers.</p>	
Baseline period/ date & Value	N/A
Final indicator period/date (on which payment is based) & Value	As above
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract
CQUIN Exit Route <i>How will the change including any performance requirements be sustained once the CQUIN indicator has been retired</i>	<p>Clinical benefits achieved will ensure continuation and those changes will be embedded in practice.</p> <p>Consideration can be given to including in contract quality schedules and service specifications where appropriate.</p>

Supporting Guidance and References

- Young Minds Report
- Themes from Enhancing Family Support CQUIN 2014/15:-
 - Welcome Meeting To Be Held Within First Week of Admission
 - Services to have processes in place to support families/carers to receive help with transport costs and accommodation
 - Use of Web Based Communication Systems eg. Skype
 - Activities for the family during visits and younger siblings eg. games / DVD
 - Hospitality during visits
 - Family views should be ascertained before each CPA/other review
- Themes from Improving Care Pathway Journeys 2015/16
- Network Service Data
- Network Referral Data