

MH2 Recovery Colleges for Medium and Low Secure Patients

Scheme Name	MH2 Recovery Colleges for Medium and Low Secure Patients
Eligible Providers	All providers of medium and low secure mental health services
Duration	April 2016 to March 2018.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] for first year should achieve payment of £10,000 per provider plus £2,000 per eligible patient (as per snapshot end December 2015): Target Value: Add locally CQUIN %: Add locally
Scheme Description	
<p>The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services. This approach supports transformation and is central to driving recovery focused change across these services.</p> <p>Recovery Colleges deliver peer-led education & training programmes within mental health services. Courses are co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals, and are based on recovery principles.</p> <p>In mental health the term recovery is used to describe the personal lived experiences and journeys of people as they work towards living a meaningful and satisfying life. Recovery does not only equate to cure or to <i>clinical</i> recovery, which is defined by the absence of symptoms. Recovery principles focus on the whole person in the context of their life, considering what makes that person thrive. Positive relationships, a sense of achievement and control over one's life, feeling valued, and having hope for the future are some of the factors we know contribute to personal wellbeing.</p> <p>Most secure services will have access to an appropriate base from which the college will run. Staffing costs are incurred as re-profiling roles and job plans of individuals displaces other activity. Service user involvement is crucial but voluntary. There are some costs associated with printing and publicity.</p> <p>It is expected that after one year of this CQUIN, a needs analysis and patient engagement programme would have produced a prospectus, and the means to deliver the programme identified, and by quarter four course will have commenced. In year two, the college will have begun to establish itself and begin delivering courses and the expected outcomes in terms of patient engagement and satisfaction.</p> <p>The CQUIN payment is scaled to cover the greater costs incurred by larger providers, though recognising an overhead element. Target payment is £2000 per eligible patient. (defined below), plus £10,000 per provider for administration overhead. A provider with 95 eligible patients as at 31st December 2015 attracts a target CQUIN payment of £10,000 overhead plus £2,000*95 = £200,000.</p>	

Measures & Payment Triggers

Year 1

Trigger 1:

- Evidence of engagement of staff and patients in developing the Recovery College.
- Minutes of planning groups
- Course Prospectus
- Outcome Measures
- Agree standardise measures of intervention to allow evaluation of impact.
- Agree groups of patients to be targeted for courses by Q4, with exclusions justified.
- Q1: agree plan of milestones for process measures for rest of year.

Trigger 2:

- Proportion of target patient group enrolled and participating in courses in Q4.

Note that the purpose of linking payment to enrolment and participation is to ensure courses are designed in such a way that patients find them valuable; that aim would of course be subverted were engagement with patients to encourage participation coercive.

Year Two scheme to be developed in course of 2016, but to include:

Evidence of implementation of Recovery College strategy and description of evaluation and assessment tools:

- Quarterly Report
- Course Prospectus
- % of patients participating in courses

Development Plan:

% of patients who understand their condition and how to manage it

% of patients reporting positive outcome measures

Definitions

Patient eligibility:

- Excluded, patients expected to stay less than three months
- Other restrictions of scope (if any) as agreed at contract between provider

In both cases, groups of patients who are excluded from the scope of the CQUIN scheme are not being judged ineligible for the Recovery College *per se*, or unable to benefit.

Eligibility for the scheme is rather determined on the basis of prioritisation:

- nationally priority is given to patients with expected length of stay > 3 months;
- locally priority may be given to particular groups of patients according to the commissioner's and provider's judgment of the best value roll-out of the Recovery College service.

Partial achievement rules

Year 1 payment: 80% process (Trigger 1) and 20% outcome (Trigger 2)

Payment trigger 2: % targeted population enrolled and participating in courses in Q4 determines payment: Enrolment percentage plus one ninth i.e. 100% payment at 90%+ enrolment and participation, 50% payment at 45% enrolment and participation.

Proportionately lower payment for lower achievement.

<p>“Participation” is to be defined locally and reasonably – the intention is to count those patients who are likely to be deriving benefit from the College.</p>	
<p>In Year Payment Phasing & Profiling</p>	
<p>Local determination. However, the costs of intervention should include some upfront set up costs, followed by more intensive involvement to implement the scheme. Hence, costs will be incurred fairly evenly across the intervention period.</p>	
<p>Rationale for inclusion</p>	
<p>The Government’s Mental Health Strategy ‘No Health without Mental Health’ sets an objective for more people with mental health problems to achieve recovery. This builds upon the objectives in the Health and Social Care Act to allow service users to be partners in their care, to have clear involvement in planning at both individual and service level and have genuine treatment choices made available to them. Embedding a recovery-based approach will play a central role in achieving positive patient reported outcomes and improving patient experience. This in turn leads to improved clinical outcomes, reduced lengths of stay and fewer readmissions.</p>	
<p>Data Sources, Frequency and responsibility for collection and reporting</p>	
<p>Reports of achievement of payment triggers should be made available to commissioners on a standard report form.</p>	
Baseline period/date & Value	N/A
Final indicator period/date (on which payment is based)	As above.
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract
<p>CQUIN Exit Route</p> <p><i>How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?</i></p>	<p>The start-up costs of a Recovery College relate to the initial scoping, identification of need, developing courses and securing an appropriate base to operate from. A temporary financial incentive will allow providers to prioritise the development of a recovery college which will yield longer term benefits. Once established, it is expected that the running of Recovery College should be met within the general operating costs of a service.</p>

Supporting Guidance and References

“Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services, NICE clinical guideline 136” National Institute for Health and Clinical Excellence (2011)

www.nice.org.uk/cg136

‘No Health Without Mental Health’ DH (2011)

‘Recovery Colleges briefing’, Centre for Mental Health (2012)

This scheme is relevant to all adult medium and low secure providers nationally. Benefits from this CQUIN scheme are service-user focused and include:

- Improved Patient Experience
- Improvement in recovery related outcomes
- Improvement in self-awareness and self-management
- Reduced length of stay
- Fewer readmissions

Secure services represent high cost low volume services, with lengths of stay running into many years and an annual bed price of between £150,000 and £200,000. Costs of establishing and running a Recovery College centre are estimated to be modest in relation to the outcome gains expected.