MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services

Scheme Name	**MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services**
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 £20,000 per provider plus £1,200 per patient: Target Value: Add locally CQUIN %: Add locally

Scheme Description

The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services.

For providers that have already implemented an effective Restrictive Practice Framework, this CQUIN scheme should be adapted to fund their partnership with other providers who have not yet done so. In what follows these providers are referred to as Framework Champions.

Adult secure services are committed to ensuring that least restrictive practice is observed at all times. A number of important national documents have recommendations associated with this issue: e.g. the MIND Report 'Restraint in Crisis' (2013); Department of Health guidance: *Positive and Proactive Care: reducing the need for physical interventions (2014),* the revised Mental Health Act Code of Practice (2015) and recent NICE guidance (NG10) Violence and Aggression: Short Term Management in mental health, health and community settings (2015) have highlighted the need for services to review and reduce restrictive practices in services.

The overall aim is to develop an ethos in which people with mental health problems are able fully to participate in formulating plans for their well-being, risk management and care in a collaborative manner. As a consequence more positive and collaborative service cultures develop reducing the need for restrictive interventions.

This CQUIN scheme proposes to support secure services in meeting this national guidance in an innovative and systematic way by producing and implementing a framework to reduce restrictive interventions, restrictive practices and blanket restrictions in a number of domains (as set out in item 2 of the Payment Triggers section).

The impact of these changes would be to improve service user and staff experience and safety indicators on the wards. It is expected that the use of restrictive practices would reduce in the domains identified.

Findings indicate that where this is achieved, there are often financial benefits in terms of reduced cost pressures such as staff sickness and mitigation claims. Furthermore, there

are organisational benefits in terms of improved service ethos and environment by the development of a positive and compassionate culture.

Year 1 – Costs will be incurred in Identification of current restrictive practices, and in developing and implementing the framework with service user engagement.

Year 2 – Costs incurred in implementation and evaluation, through reporting and dissemination, and in realising the potential to share across geographical footprints through network sharing

The CQUIN payment for this scheme, based upon a realistic covering of costs in the first year, should be approximately £1200 per patient (i.e. per occupied bed), including the CQUIN premium. This needs to be complemented by an administration cost for setting up the programme. £20,000 per provider is allowed.

So a provider with 95 patients would warrant a target CQUIN payment of £20,000 overhead plus £1,200*95 = £134,000. This as a proportion of contract value would determine the CQUIN payment amount.

For simplicity, it is suggested that the number of patients in beds as of 31st December 2015 be used as the scaling factor to determine the CQUIN target payment and hence the CQUIN payment proportion.

Commissioners should identify which providers they wish to identify as Framework Champions. Payment amount would be calculated on the same basis, but payment triggers differ (as set out below).

For Framework Champions, a partner organisation of similar scale should be identified in advance of contract signature who will benefit from the support of the Champion in implementing this CQUIN scheme.

Measures & Payment Triggers

YEAR 1

Quarter 1

- Develop a working group which includes service user representation which will be responsible for developing the framework.The Framework should be designed to allow future consideration of additional restrictive practice issues as they arise. It should identify how service users and staff will identify new areas/issues that need to be considered and reviewed and the process by which this may take place.
- Identify restrictive interventions, practices and blanket restrictions in service and gather baseline policy information including with respect of to the following eight areas, in the expectation that introduction of the framework will:
    1) Reduce episodes of physical restraint by the employment of a restraint reduction strategy e.g No Force First, safe words, restrain yourself.
    2)Reduce episodes of supportive observations by developing an appropriate framework e.g. care zoning.
    3) Reduce seclusion and Long term segregation by utilizing best practice guidance in this area.

4) Reduce episodes of medication-led restraint.
5) Increase positive ward culture by developing conflict reduction practice based initiatives e.g. positive handovers, 'saying No Audits' (safewards); developing a psychologically- informed Sense of Community.
6) Increase the involvement of service users, carers and their advocates in these initiatives and including them in the development of training for staff to deliver these objectives.
7) Ensure robust evaluation of outcomes and governance is in place to monitor the progress of the improvement strategies.
8) Ensure the application of blanket restrictions which are no more than proportionate, measured and justified responses to individuals' identified risks, and which restrict patients' liberty and other rights as little as possible. These will include reference to:

- Courtyard/grounds access
- Kitchen/Laundry facilities access
- Access to telephones including mobile phones
- Supervised visits/visiting hours
- Access to money
- Access to the internet
- Incoming or outgoing mail
- Access to certificate 18 media
- Bedroom/personal searches

- Produce an action plan outlining the development of the framework which will outline: a process for staff/patient engagement; staff/patient training; piloting of new policies; implementation and evaluation process.
- Monitoring Information: collecting monitoring data flows covering the eight areas identified in Trigger 1.
- Monitoring outcomes: Design and implementation plan for collecting the following monitoring data flows, with input from CRG to ensure a standard approach taken across the service:
  - % of service users that show positive outcomes in outcome-focussed CPA plans, in particular focused on improved mental health, reducing problem behaviour and developing insight.
  - % service users involved in discussions around individualised least restrictive practice and managing individual risk
  - % of service users in particular focused on improved mental health, reducing problem behaviour and developing insight.
  - Service user feedback in respect of positive outcome of in-patient experience - % of service users who believe they have been listened too in respect of their needs being met where restrictions are necessary.

Quarter 2

- Implementation of action plan, including: engagement, training of staff, adoption of policies, evaluation plan.
- Provision of training in accordance with Positive and Proactive Workforce (2015) to ensure staff are committed to and have the necessary skills and competencies to deliver change.
- Progress report on action plan.

- Evaluation report of staff/patient engagement process

Quarter 3
- Implementation (as Q2)
- Develop a draft framework including an implementation plan to address issues arising across service providers.
- Pilot framework within the service
- Monitoring data (as per items 4 and 5 in Q1) arising from the pilot.

Quarter 4
- Implementation continued (as Q2)
- Provide detailed report to evaluate pilot and showing what changes in practices have occurred. This should include a description of any good practice initiatives that have occurred from the introduction of the framework, and monitoring data (as per items 4 and 5 in Q1)

YEAR 2

Quarter 1
- Develop robust governance and evaluation to ensure long term sustainability.
- Roll out training across whole service
- Review monitoring information data collection and insights gained; modify collection as appropriate in coordination with CRG.

Quarter 2
- Progress report on implementation plan.
- Evaluate framework implementation and consider further improvements

Quarter 3
- Progress report on implementation plan.
- Evaluate framework implementation and consider further improvements, taking account of monitoring information.

Quarter 4
Write up and disseminate the success as a joint report with service users, through national forum/s. Provide evidence of the report and success of the scheme including initiatives that have changed the way the service has been delivered.

For Framework Champions, payment is dependent upon supporting providers of similar aggregate scale in each of these Trigger activities, as well as sustaining their own good practice, and collecting and providing monitoring information on their own performance (as per items 4 and 5 in Q1).

Partial achievement rules
A judgment is reached each quarter by the commissioner regarding whether progress should be rated Good (Green), Partial (Amber), or Unacceptable (Red), with payments as follow: • GREEN merits 100% of payment; • AMBER merits 50% of payment. • No payment for RED. Establishment of a monitoring system (items 4 and 5 in payment triggers) is a requirement for any payment. Each quarter, progress is assessed relative to what has actually been achieved by start of that quarter. (Hence if nothing is achieved by end Q2, for example, Q3 is judged as if it were Q1.)
In Year Payment Phasing & Profiling
25% each quarter for meeting process targets as set out above
Rationale for inclusion
Evidence indicates restraint reduction approaches can have a beneficial financial effect by reducing cost pressures on services e.g. reducing levels of sickness, bank staff usage and improving staff morale. The development and evaluation of a framework that adult secure services can implement to reduce restrictive practice that is consistent with the security requirements at each service level will improve service user experience and safety outcomes for service users and staff, leading to beneficial mental health recovery outcomes and increased opportunities for progression through the secure pathway. The absence of a framework creates a risk of overuse of restrictive practice without adequate risk assessment, affecting the rights and recovery of individuals. Services may be unable to meet guidance requirements in a comprehensive manner and fail to meet the appropriate criteria for regulated activity e.g. CQC.
Data Sources, Frequency and responsibility for collection and reporting
Reports to commissioners will need to provide evidence as set out in the patient triggers. Further context information is required as follows: Evidence of staff and service user engagement in developing a restrictive practice framework and the piloting of this. Monitoring information as per payment trigger 4 (in year 1, Q1). Reports of achievement of payment triggers should be made available to commissioners on a standard report form.

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 *How will the change be sustained once the CQUIN indicator has been retired*	Service changes will be integrated within service structures, governance and practice and will be monitored via quality schedule in contract from the conclusion of the CQUIN.

Supporting Guidance and References

Positive & Proactive Care: reducing the need for physical interventions (2014) – DH.
The Mental Health Act Code of Practice revised (2015) NICE guidance (NG10)
Violence and Aggression: Short Term Management in mental health, health and community settings (2015).
This guidance applies to all adult secure providers nationally and is consistent with current DH strategy.