

MH5 Benchmarking Deaf CA & Adult MH Services and Developing Outcome Performance Plans and Standards

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| Scheme Name | MH5 Benchmarking Deaf CA & Adult MH Services and Developing Outcome Performance Plans and Standards |
| Eligible Providers | All providers of Deaf CAMHS 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 £40,000 per provider: Target Value: Add locally CQUIN %: Add locally |
| Scheme Description | |
| <p>Developing outcome benchmarking processes across all providers, followed by performance planning and standard setting.</p> <p>As appropriate, the networked implementation of this scheme should be separate for deaf Child and Adolescent mental health services and for deaf Adult mental health services.</p> <p>This CQUIN scheme is intended to cover the four community arms of the Child and Adolescent service, consisting of ten teams and Corner House, the inpatient unit.</p> <p>This CQUIN is likewise intended to cover the Adult community services, consisting of six teams, three Adult inpatient acute admission services and three secure services.</p> <p>The service is founded on equity of access, in terms of language and culture as well as geographical location.</p> <p>The following factors lend urgency to this initiative for the child and adolescent population:</p> <ul style="list-style-type: none"> •greater vulnerability and incidence of mental health issues for deaf children and young people (CYP) •greater complexity, compounded by a higher incidence of co-morbidity •greater likelihood of abuse •different development trajectories and pace •heightened risk of misdiagnosis and diagnostic over-shadowing •a general failure on the part of service providers with respect to understanding deaf children and family communication needs and preferences •a lack of understanding among professionals re the deaf experience, culture and preferences. <p>These factors feed through into the adult population as well.</p> <p>Currently, there is no agreed national data set to capture, compare and contrast practice across the service.</p> <p>Implementation: Services will need to invest time and resources into the planning of systems and processes to deliver consistent outcome measures for using directly for</p> | |

commissioning purposes.
Q1 Technology
Q1-2 training investment
Q1-4 team leadership.

A co-ordinator will need to be identified in each of the teams. One session per week will be dedicated to this work. All team members will be expected to participate in this area of work and prioritise it. Two ipads will be required per centre to capture data.

Payment of £40,000 per unit is appropriate.

The contractual CQUIN payment proportion would be this amount as a proportion of expected contract value.

Measures & Payment Triggers

Q1.

1. Benchmarking and service discussion across participating services, all community teams and inpatient services commissioned by specialised commissioning teams, NHS England. The aim will be to establish an agreed proposed set of Benchmarking indicators, by means of the following Activities:
 - a. Audit Day (to include commissioners)
 - b. Review of current commissioner expectations and data collection.
 - c. Agree draft core set of indicators and additional set.
 - d. Agree on process for development
 - e. Scope and itemise requirements of comprehensive data collection
 - f. Agree specific goal based outcome measures and agree rating mechanism
 - g. Identify fully representative national working group
 - h. Explore the potential for service user involvement
 - i. Explore IT and IG issues
 - j. Identify training needs and develop training programme in using rating tools and training for goal based outcome measures
 - k. National working group will agree rationale and methodology for collecting data
 - l. Establish outcome tool pilot centres
 - m. Develop Performance Activity Data Recording sheet
 - n. National/regional training days

PRODUCT:

- o. Produce a draft set of indicators
- p. Update CRG

Q2.

2. Analysis of indicators, aiming to finalise data collection and to conduct Pilot data collection, involving the following activities:
 - a. Liaison and feedback from external partners (e.g. Trust IT/IG, commissioners)
 - b. Localised testing of data set
 - c. Service user Workshop
 - d. Collate information

PRODUCT

- e. Refined draft set of indicators with evidence of external partner involvement,
- f. Update CRG
- g. Collected outcome tool data
- h. Trialling and collation of goal based outcome measures

Q3.

- 3. Analyse data from Performance Activity Data Recording sheet, involving the following activities:
 - a. Working group to finalise first working data set
 - b. Feedback to external partners
 - c. Localised testing of data set
 - d. Evaluate effectiveness

PRODUCT

- e. Tested working data set
- f. Update CRG

Q4.

- 4. Development of performance data and finalisation of standards(levels of aspiration for the indicators), involving the following activities:
 - a. Pilot second working data set
 - b. Propose set of standards
 - c. Write report and send to contracting organisations, CRG

PRODUCT

- d. Agreed set of national standards

Report to CRG at each meeting

Partial achievement rules

None. If process and product objectives unmet, payment is deferred until met.

In Year Payment Phasing & Profiling

25% each quarter for meeting process targets for setting up the framework as set out above.

Rationale for inclusion

The national Deaf CAMH Service is held by four different Trusts and monitored locally through local area commissioning teams. The Deaf Adult Service is held by three different Trusts and monitored locally through sub regional specialised commissioning teams. Currently, there is no agreed national data set to capture, compare and contrast practice across the service.

To enable commissioners and partners to gain a full understanding of these Services there needs to be a more robust, consistent, national approach to data collection. The service specification identifies the principles which underpin the creation and initial development of the service and these key features need to be reflected in the final outcome performance plans and standards.

Data Sources, Frequency and responsibility for collection and reporting

Providers to report to CRG as indicated in Payment Triggers section, with copies sent to commissioner. A reporting template will be provided to support providers.

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| Baseline period/ date & Value | N/A |
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| 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> | Standards developed under the CQUIN to be incorporated into service specification. |

Supporting Guidance and References

There is currently no reference to deaf children nor to deaf adults in any NICE MH guidelines. There is a need to develop an evidence base. To enable commissioners and partners to gain a full understanding of the Deaf Child and Adolescent and Adult Services, there needs to be a more robust, consistent, national approach to data collection. The service specification identifies the principles which underpin the creation and initial development of the service and these key features need to be reflected in the final outcome performance plans and standards. Patients will benefit from more consistently available, robust clinically useful outcomes information. Cost savings will accrue over time by identifying interventions that are successful in this client group. There will be improved efficiency by accurate assessment, diagnosis and targeted treatment which is culturally appropriate. Patients will benefit from a consistently available, robust and clinically useful outcome measure and information