

MH5 CAMHS Inpatient Transitions

Scheme Name	<i>MH5 CAMHS Inpatient Transitions to Adult Care</i>
Section A. SUMMARY of SCHEME	
QIPP Reference	<i>[QIPP reference if any : Add Locally]</i>
Duration	April 2017 to March 2019.
<p><u>Problem to be addressed</u></p> <p>The main concerns for discharge / transition are:-</p> <ul style="list-style-type: none"> • Delayed discharge due to lack of social care provision is a significant problem. • Difficulties around availability of community support from CAMHS • The transition issues becomes a greater problem when the child / young person re-present in crisis (i.e. after discharge from CAMHS Tier 4) post 18 and then receive a different type of response. All young people transitioning to AMH should have a crisis/care plan that has been developed jointly with the young person, their family, CAMHS and AMH. <p>In addition the following factors should also be highlighted:-</p> <ul style="list-style-type: none"> • Different thresholds: The Adult Mental Health Service (AMHS) threshold in terms of severity of illness is typically higher than Child and Adolescent Mental Health Services (CAMHS), so for many young people their illness has to reach crisis point before service is renewed with the effect that their entry to services is more traumatic and more costly to the young person, family and to services than it would have been had their needs been met earlier. • Postcode lottery: The transition from CAMHS to AMHS is subject to extreme local variation, with regard to age, and effectiveness. A recent study of transitions in London found only 4% of young people reported a good transition, with many disappearing from services. • Communication: Poor communication between CAMHS and AMHS often leads to repeated assessments, and lack of continuity of care. • Negative perceptions: Differences between the service location and style of the two services alienates many young people who end up slipping off the radar of services. 	
<p><u>Change sought</u></p> <p>To improve:-</p> <ul style="list-style-type: none"> • children and young people's experience of transition from children's to adult's mental health services • children and young people's outcomes following transition • children, young people, parent and carer involvement. <p>To ensure the safe transfer of care for children and young people. To reduce the number of delayed transfers of care from inpatient services and impact on length of stay. To maximise the effective utilisation of inpatient capacity.</p> <p>This CQUIN will improve transition planning, improve patient and carer involvement, and improve experience and outcomes with regard to transition between services. It will incentivise</p>	

the safe transfer of care of young people who are moving to either AMHS or to other services, or being discharged from CAMHS.

Section B. CONTRACT SPECIFIC INFORMATION (for guidance on completion, see corresponding boxes in sections C below)

B1.Provider (see Section C1 for applicability rules)	<i>Insert name of provider --</i>
B2. Provider Specific Parameters. What was or will be the first Year of Scheme for this provider, and how many years are covered by this contract? (See Section C2 for other provider-specific parameters that need to be set out for this scheme.)	2017/18, 2018/19 Two years <i>[Other – as specified in C2.]</i>
B3.Scheme Target Payment (see Section C3 for rules to determine target payment)	Full compliance with this CQUIN scheme should achieve payment of: <i>[set sum £s following the Setting Target Payment guide in section C3 for setting target payment according to the scale of service and the stretch set for the specific provider.]</i> Target Value: <i>[Add locally ££s]</i>

B4. Payment Triggers.
The Triggers, and the proportion of the target payment that each trigger determines, and any partial payment rules, for each year of the scheme are set out in Section C4.

Relevant provider-specific information is set out in this table.

[Adjust table as required for this scheme – or delete if no provider-specific information is required.]

Provider specific triggers	2017/18	2018/19
Trigger 1: Baseline		
Trigger 1: Stretch level		
Trigger 2: Baseline		
Trigger 2 stretch		
Trigger 3		

	<i>[Add rows to match C4 requirements.]</i>	
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B5. Information Requirements

Obligations under the scheme to report against achievement of the Triggers, to enable benchmarking, and to facilitate evaluation, are as set out in Section C5.

Final indicator reporting date for each year.	Month 12 Contract Flex reporting date as per contract. <i>[Vary if necessary.]</i>
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B6. In Year Payment Phasing & Profiling

Default arrangement: half payment of target CQUIN payment each month, reconciliation end of each year depending upon achievement.

[Specify variation of this approach if required]

C. SCHEME SPECIFICATION GUIDE

C1. Applicable Providers

Nature of Adoption Ambition: Universal Adoption

All providers of NHS-funded CAMHS Inpatient Services

C2. Provider Specific Parameters

The scheme requires the following parameters to be set for each provider in advance of contract, in order to determine precisely what is required of each provider, and/or to determine appropriate target payment (as per C3.)	<p>The patient population to be covered by the scheme.</p> <p>The process to determine appropriate scale of scheme.</p>
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C3. Calculating the Target Payment for a Provider

The target overall payment for this scheme (the payment if the requirements of the scheme are fully met, to be set in Section B3 above) should be calculated for each provider, according to the following algorithm:

Local agreement of appropriate investment, for each year, to achieve change, with a 50% uplift to provide Provider incentive, moderated by the National Team.

Guideline:
< ½ % of expenditure on CAMHS >

See Section D3 for the justification of the targeted payment, including justification of the costing of the scheme, which will underpin the payment.

C4. Payment Triggers and Partial Achievement Rules

Payment Triggers

The interventions or achievements required for payment under this CQUIN scheme are as follows:

Descriptions	First Year of scheme	Second Year
Trigger 1:	<p>Plan for discharge/transition at the point of admission: Evidence:</p> <ol style="list-style-type: none"> 1. goals for admission and discharge planning PRIOR to admission 2. admission documentation (referral forms 1 & 2) 3. weekly/fortnightly MDT reviews 4. CPA meetings 5. identification of NHS England case manager at the point of admission and included in all transition / discharge planning 6. providers to audit themselves at the start and finish of CQUIN period 	Achievement against criteria agreed in Year 1, Trigger 6
Trigger 2	<p>Involve the young person in all discussions and decisions (as much as possible/appropriate): Evidence:</p> <ol style="list-style-type: none"> 7. survey of patient satisfaction with involvement in CQUIN at beginning and end of CQUIN period. 8. Q1: Services to survey all patients discharged in that quarter 9. Q4: Survey all patients discharged in Q2, 3 and 4. (survey/feedback template to be provided) 10. Signed care plans, or documentation that care plans have been given to the child / young person. 	
Trigger 3	<p>Involve the family/carers in all discussions and decisions (as much as possible/appropriate) 11. evidence using surveys as Trigger 2</p>	
Trigger 4	<p>Liaise early with other agencies – children’s/adult social care, CAMHS/AMH, Education: Evidence:</p> <ol style="list-style-type: none"> 12. services to audit themselves at the start and finish of the CQUIN 13. Other agencies on the invite list at CPAs. 	

Trigger 5	Numbers of delayed discharges: – (refer national definition) Evidence: 14. Q1 - number of delayed discharges at baseline 15. clear actions plans in place to address and evidence of progress documented 16. services to submit minutes from quarterly CQUIN delivery group or similar 17. numbers at end of Q4 18. reasons for delayed discharges identified	
Trigger 6	Agreement, signed off by CRG, of levels of ambition for year 2 for 19. Survey results (as Triggers 2, 3) 20. Delayed discharge results (Trigger 5) 21. Weightings across indicators	

Percentages of Target Payment per Payment Trigger

The following table sets out the proportion of the Target payment that is payable on achievement of each of the Payment Triggers.

Percentages of Target Payment per Trigger	First Year of scheme	Second Year
Trigger 1	10%	100%
Trigger 2	10%	
Trigger 3	10%	
Trigger 4	10%	
Trigger 5	10%	
Trigger 6	50%	
TOTAL	100%	100%

Partial achievement rules

Year One

All Triggers **all-or-nothing**

Year Two

Trigger 1: **strictly-proportional**

Definitions

N/A

C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.

Local agreement required to cover the following issues:

Information for Benchmarking

National Specialised Mental Health Database

Information for Evaluation

Information Governance

Reporting of Achievement against Triggers

Reporting Template requirement

C6. Supporting Guidance and References

None

Section D. SCHEME JUSTIFICATION

D1. Evidence and Rationale for Inclusion

Evidence Supporting Intervention Sought

Transitions, particularly those from CAMHS to Adult Mental Health Services (AMHS), are recognised as a point of potential upheaval for children and young people who may find it difficult to navigate new service settings. This is compounded when the availability and offer of support can change dramatically from CAMHS to AMHS.

The transition from CAMHS to AMHS and other services, or discharge from CAMHS, must be supported by robust and timely planning. A coordinated multi-agency approach to transition planning is widely recognised as the key to a successful transition. This process is further strengthened by early and effective planning, which may start as young as 14, and putting the young person at the centre of the process to help them prepare for transfer to adult services, which may have profoundly different delivery models to CAMHS. The process, in many ways a preparation for adulthood, will need to support young people to be as independent as possible. In spite of this, services are often poorly coordinated, and it is vulnerable services users who are left to suffer. *Future in Mind* recommended that vulnerable young people, such as care leavers and children in contact with the youth justice system, should be taken into account in local strategic planning on transition.

By assessing the level of compliance with the robust planning of transition of care , this CQUIN will incentivise providers to collaborate and integrate across service boundaries and is supported by the following key Policy and Reports:-

- Mental Health Task Force Report (February 2015)
- Building The Right Support (October 2015)
- Five Year Forward View For Mental Health – Implementation Plan (July 2016)
- CAMHS Local Transformation Plans
- New Care Models for Tertiary Services

This CQUIN follows from published [NICE guidelines on CYPMH transition](#), which recommend:

- Ensuring transition support;
- Ensuring health and social care service managers in children's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people
- Involving young people and their carers in service design;

Ensuring service managers in both adults' and children's services, across health, social care and education, should proactively identify and plan for young people in their locality with transition support needs.

Rationale of Use of CQUIN incentive

It is anticipated that this indicator would be incentivised initially for a two year period in order to enable changes that are required to systems and processes in Mental Health Trusts to become business as usual.

This CQUIN will promote cross-agency collaboration and a change to standard practice that, once achieved, will not necessitate future funding.

D2. Setting Scheme Duration and Exit Route

Exit arrangements will be developed as the implementation strategy is developed.

D3. Justification of Size of Target Payment

Target payment is designed to ensure payment of at least 150% of average costs (net of any savings or reimbursements under other mechanisms).

D5. Evaluation

Evaluation plans will be built into the programme as it develops, where appropriate.