

2019/20 PSS CQUIN Scheme

Indicator Template

[Section B to be completed before insertion in contracts.]

PSS5 Tier 4 CAMHS Staff Training

Indicator Name	Addressing staff training needs in Tier 4 CAMHS services
A. SUMMARY of Indicator	
Indicator Sponsor (with email address)	Louise.Doughty@nhs.net Tim.Atkin@lancashirecare.nhs.uk Shermin.Imran@gmmh.nhs.uk
QIPP Reference	n/a
Duration	2 years
CCG Complementarity	n/a
<p><u>Problem to be addressed</u> <i>[Briefly characterise the shortfall in quality or efficiency that the indicator is designed to address; detailed evidence should be placed in section D1]</i></p> <p>With the development of CAMHS community services and pathways, skilled staff are opting to leave Tier 4 inpatient services. Recruiting new, appropriately skilled staff to inpatient services is challenging, and providers must support staff to develop and enhance the skills, competencies and confidence required to manage complex cases. This in turn may help mitigate the potential impact on a service's ability to retain staff in Tier 4 service settings.</p> <p>An appropriate team development programme should include training in approaches, methods and interventions that are specific to a range of Tier 4 service settings (inpatient and community) and in line with the requirements of NHS England's national service specifications for all Tier 4 CAMHS services.</p> <p>The programme should recognise and acknowledge the importance of the therapeutic milieu, supporting its development alongside the delivery of effective formulations that enable provision of appropriate therapeutic interventions and approaches in the different elements and service settings of the patients' pathway. This includes for example therapies identified as being needed during the inpatient phase of care that are more appropriately commenced or continued in a community or other setting.</p>	
<p><u>Change sought:</u> <i>[Specify what change in behaviour is sought in general terms, with detailed specification set out in section C4.]</i></p> <p>The scheme's strategic goals are</p> <ul style="list-style-type: none"> To improve the effectiveness of and team consistency in approaches, methods and interventions delivered in Tier 4 hospital and community setting To adopt a whole team training ethos designed according to a standardised national training curriculum compliant with the CYP IAPT principles of participation, accountability, accessibility, evidence-based practice and awareness 	

- To reduce unwarranted variation in access, delivery of effective treatment modalities, quality comprehensive formulations and patient outcomes in Tier 4 service settings (inpatient and community).
- To ensure clinically appropriate lengths of stay

Specifically, providers will:

- Demonstrate they understand what change is required in each service by completing a Training Needs Analysis (TNA) - see example TNA spreadsheet embedded below
- Share the TNA with the HEI Collaborative to help shape and focus the local CYP training curricular
- Identify the scale and nature of change needed in each service to create and sustain an appropriate and consistent therapeutic milieu
- Devise an effective programme including team training and outcome metrics to deliver the action needed in each service – see Section C4 Triggers below
- Demonstrate robust corporate and service commitment to change and put in place the underpinning governance, communication and involvement systems, processes and structures needed to inform programme design, delivery and oversight
- Undertake an ongoing approach to evaluate and understand the outcomes of the service change programme revising it as needed in response

See Appendix for information and guidance on delivering the ambitions of the scheme. The Training Needs Analysis template and CYP IAPT Training Curriculum are to be found alongside this document here:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

B. CONTRACT SPECIFIC INFORMATION (for completion locally, using guidance in sections C below)

<p>B1. Provider (see Section C1 for applicability rules)</p>	<p><i>[Insert name of provider]</i></p>
<p>B2. Provider Specific Duration. What will be the first Year of Indicator for this provider, and how many years are covered by this contract?</p>	<p>2019/20 2020/21 <i>[Adjust locally]</i> One/two years <i>[Adjust locally]</i></p>
<p>B3. Indicator Target Payment (see Section C3 for rules to determine target payment)</p>	<p>Full compliance with this CQUIN indicator should achieve payment of: Target Value: <i>[Add locally ££s]</i></p>

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 indicator, are set out in Section C4.

Relevant provider-specific variation, if any, is set out in this table.

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

Provider specific triggers	2019/20	2020/21
Trigger 1:		
Trigger 2:		
Trigger 3		

B5. Information Requirements

Obligations under the indicator 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.

C. INDICATOR SPECIFICATION GUIDE: STEP CHANGE INDICATORS

C1. Providers to whom Applicable

Nature of Adoption Ambition:	Providers of Tier 4 CAMHS <ul style="list-style-type: none"> inpatient services including Children's, General Adolescent (including eating disorders), Psychiatric Intensive Care Units (PICU), medium and low secure services Outreach and home-based treatment teams where these are delivered by Tier 4 services commissioned by NHS England 	
List of Providers for whom Indicator is Applicable	Alder Hey Children's NHS FT Avon And Wiltshire MH Partnership NHS Trust Barnet, Enfield & Haringey MHT Berkshire Healthcare NHS FT Birmingham Children's Hospital NHS FT	Lincolnshire Partnership Trust Livewell Southwest Manchester University NHS FT Newbridge Care Systems Norfolk & Suffolk FT North East London FT

	Birmingham & Solihull FT Birmingham Women's & Children's FT Cambian Group Ltd Cambridgeshire & Peterborough FT Central & North West London FT Cheshire Wirral Partnership FT Cornwall Partnership NHS FT Coventry & Warwickshire Partnership NHS Trust Cygnet Healthcare Dorset Healthcare University NHS FT East London FT Ellern Mede Elysium Healthcare Essex Partnership University FT Greater Manchester MH FT Great Ormond Street Hospital for Children NHS FT Hertfordshire Partnership University FT Humber FT Huntercombe Group Lancashire Care FT Leeds & York Partnership FT Leeds Community Healthcare Leicestershire Partnership	North Staffordshire Combined NHS Trust 5 Boroughs Partnership NHS FT Northamptonshire Healthcare NHS FT Northumberland, Tyne & Wear NHS FT Nottinghamshire Healthcare NHS FT Oxford Health NHS FT Partnerships In Care Ltd Pennine Care FT Priory Healthcare Regis HealthCare Riverdale Grange Ltd. St. Andrews Sheffield Children's FT Somerset Partnership FT Southern Health NHS FT South London & Maudsley FT Sussex Partnership SW London & St George's MHT Tavistock & Portman FT Tees, Esk & Wear Valleys FT West London MH Trust The Whittington Hospital NHS Trust
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C2. Provider Specific Parameters

The indicator 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.)

N/A

C3. Calculating the Target Payment for a Provider

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

The total value of the scheme is calculated as 1.25% of the baseline value of the provider contract for the CAMHS T4 service.

Provider payment is split against the scheme triggers in Section C4 below. The % split for each trigger is also set out in Section C4 below

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

C4. Payment Triggers and Partial Achievement Rules

Payment Triggers

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

Descriptions	First Year	Second Year
Trigger 1	<p>Quarter 1:</p> <ul style="list-style-type: none"> • Using Training Needs Analysis embedded in the appendix, complete review of existing staff teams (including bank and agency staff, and health care support workers) to: <ul style="list-style-type: none"> ○ identify the capability to deliver psychologically informed care ○ identify underutilised treatment skills • Identify variations and inconsistencies in practice in and between service teams at an individual and team level including those between service shift teams • To identify treatment needs and draw out themes complete a clinical audit of formulations and CPA notes and plans for <ul style="list-style-type: none"> ○ the last 30 GA/PICU admissions ○ the last 12 months admissions for medium and low secure services • Establish service/organisational governance infrastructure, reporting and communication processes needed to oversee and deliver service change programme over years 1 and 2 • Identify and form partnership opportunities with other local providers to support delivery 	<p>Quarter 1</p> <ul style="list-style-type: none"> • Continue implementation of Option 1 or Option 2 training approach updating implementation plan to incorporate Year 1 Q4 Report recommendations • Incorporate IAPT and formulation training as part of induction and mandatory training for all staff • Demonstrate how new and existing staff have been and are being engaged in training Quarterly report of achievement against agreed metrics
Trigger 2	<p>Quarter 2 and 3:</p> <ul style="list-style-type: none"> • Identify appropriate opportunities for staff to utilise all treatment skills • Identify metrics required to demonstrate progress in delivery taking account of chosen training option and requirement to deliver for all new and existing staff • Address identified inconsistencies in whole team 	<p>Quarter 2 and 3</p> <ul style="list-style-type: none"> • Re-audit of variations and inconsistencies in service team practices (individual/team/shifts) • Continue implementation of Option 1 or Option 2 whole team training updating implementation plan in line with audit outcome • Conduct exercise with patients, families/carers to assess impact of programme to date report with recommendations

	<p>practice, audit outcomes, skill and capability gaps through one of the following options</p> <p><u>OPTION 1 (HEI Collaborative in place locally)</u></p> <ul style="list-style-type: none"> • Establish formal link to most local HEI IAPT Training Collaborative • Using the outcome of the TNA Service to engage the HEI Collaborative training service to participate in Tier 4 CYP IAPT training phased to start before end of Q4 • training on effective team formulation to be included in the module <p><u>OPTION 2 (No HEI collaboratives locally)</u></p> <ul style="list-style-type: none"> • Establish local team training package in line with Tier 4 IAPT principles to achieve compliance with the TNA including module on effective team formulation and identifying opportunities for training input from Clinical Psychologists service members • Phased implementation of team training to start before end of Q4. • Quarterly report of achievement 	<ul style="list-style-type: none"> • Quarterly report of achievement against agreed metrics
<p>Trigger 3</p>	<p>Quarter 4 Report</p> <ul style="list-style-type: none"> • Evidence that implementation of action taken in Q1, Q2 and Q3 in line with Option 1 or Option 2 has contributed to delivery of organisational training plan and targets for staff participation in training • Achievement against agreed metrics • Recommendations for further action to deliver whole service consistency in approaches to treatment practice and team behaviours including identification of remedial action to remove barriers to implementation 	<p>Quarter 4 Report</p> <ul style="list-style-type: none"> • Evidence that implementation of action taken in Q1, 2 and 3 involves active participation in training by minimum of 50% of all staff by end of Q4 • Achievement against agreed metrics • Recommendations for further action to deliver whole service consistency in approaches to treatment practice and team behaviours including identification of remedial action to remove barriers to implementation considering evidence of comparative consistency audits

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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 indicator	Second Year
Trigger 1	25%	25%
Trigger 2	50%	50%
Trigger 3	25%	25%
TOTAL	100%	100%

Partial achievement rules

Not applicable

Definitions

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

- Year 1 Q1 Baseline Report
- For each subsequent quarter in year 1 and year 2
- Increase against baseline and subsequent quarterly level in staff undertaking training as indicated by Training Needs Analysis
 - Increase against baseline and subsequent quarterly level in provision of comprehensive formulation
 - Increase against baseline and subsequent quarterly level in provision of recommended therapeutic interventions

Reporting of Achievement against Triggers:

Quarterly report to commissioners as part of routine contract monitoring

Information for Benchmarking:

- % of staff have undertaken training meeting the TNA requirements.
- % of YP discharged from services received a comprehensive formulation
- % of YP (and families where appropriate) where inpatient psychological therapy was recommended by the assessment and formulation were in receipt of such therapy

Information Governance:

No patient or staff identifiable information to be used in reporting

Reporting Template requirement:

To be developed locally against Training Needs Analysis and incorporated into quarterly commissioner report.

C6. Supporting Guidance and References

Further details on implementation, and references to documents that will support implementation:

See appendix.

The Training Needs Analysis template and CYP IAPT Training Curriculum are to be found alongside this document here:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

D. Indicator Justification and Evaluation

D1. Evidence and Rationale for Inclusion

Evidence Supporting Intervention Sought

The key aim of this programme is to transform existing Tier 4 inpatient and community services for children and young people by adopting and adapting where necessary, appropriate team based training, including elements and principles of the CYP IAPT programme that will help improve outcomes for children and young people, and by providing assessment and treatment which is based on best evidence, outcomes focused and client informed.

The 2008 CAMHS review (DCSF/DH 2008) highlighted that often staff with the least experience of mental health issues are the ones who spend the majority of time with the most vulnerable children and young people (Sergeant, 2013). This is particularly true in inpatient services which frequently have a heavy reliance on bank and/or agency staff, or have a high proportion of Health Care Support workers within their workforce.

As part of implementing this aspect of the CYP IAPT programme and training principles, a whole team approach is created incorporating the best evidenced approaches, methods and interventions for children and young people within an inpatient and community setting.

Such training will help the team provide 'family friendly' services to the families of children and young people when admitted to an inpatient unit. The family/carer is usually the strongest resource that young people have when they suffer adversity, psychological difficulties and mental ill health and are likely to be dramatically affected by the young person's admission. The family/carer often need help in working out what they can do for their young people, how they can change patterns which affect emotional wellbeing, and how they can build resilience.

Rationale of Use of CQUIN incentive

CQUIN as an instrument is justified if net costs beyond normal service requirements are incurred by providers whilst benefits and cost savings accrue to patients and commissioners.

Staff in Tier 4 CAMHS settings work with children and young people with the most complex mental health problems often combined with high levels of risk, vulnerability and adversity. Undergoing specific training will enable teams to provide comprehensive young person-centred assessments and formulations that will support and guide services across mental health pathways in delivering the most appropriate care, treatments and service transitions aimed at achieving the best possible outcomes for young people.

D2. Indicator Duration and Exit Route

The appropriate duration of an indicator depends upon how long CQUIN support is required before the change in behaviour sought can be embedded in services specification or otherwise.

On completion of the CQUIN period this can be monitored through the existing national quality network for CAMHS inpatient services (QNIC) with training requirements added to the quality schedule in NHS England provider contract.

D3. Justification of Size of Target Payment

The evidence and assumptions upon which the target payment was based, so as to ensure payment of at least 150% of average costs (net of any savings or reimbursements under other mechanisms), is as follows:

N/A

D4. Evaluation: Approach, data and resources

Evaluation Approach:

CAMHS Clinical Reference Group to determine.

Information for Evaluation

To be determined

Resources for Evaluation

To be determined

Appendix

Useful reference material

- Training Needs Analysis Framework – embedded in section A
- CYP IAPT Training Curriculum document – embedded in Section A

Why change is required

Providers should consider the following in understanding why change is required in each service. The aim is to facilitate achievement of

- Improved patient outcomes across a range of service settings
- Increased participation – ensuring young people and parents/carers are actively involved in shared decision making throughout treatment as well as supporting service improvements
- Improved access to collaborative, evidence-based interventions and care with a focus on outcomes
- Regular monitoring of outcomes (goals, symptoms and experience of care) in collaboration with the young person and where appropriate parent/carer
- Increased co-production – both clinician and young person decide on the most appropriate measures to monitor their treatment.
- Meaningful and active engagement of young people in their treatment.
- To enable sustained provision of an appropriate therapeutic milieu in each Tier 4 setting
- Demonstrate delivery of formulation, care and treatment in accordance with the principles central to the IAPT approach
- Deliver therapeutic modalities that are useful in Tier 4 settings recognising the importance of group approaches and consistency in approach between staff.
- Reduce clinically unwarranted lengths of stay

Ideas to support implementation

Providers should

- Undertake baseline assessments including
 - Capability and capacity review for each service
 - modalities currently delivered and required in each service
 - treatment needs in each service based on HoNOSCA ratings
 - unmet need based on the formulation identified in CPA meetings
 - rate of incomplete CPA outcomes identified in CPA meetings in the quarter
 - Lengths of Stay in each service
- Identify pathway and treatment options that might be provided outside the service by improved access to existing treatment pathways
- Enable staff with unused treatment skills to expand practice

- Agree the 2-year audit programme to evidence understanding of change and impact of programme including
 - notable factors contributing to changes (clinically appropriate increases or reductions) in Length of Stay
 - staff skills, capabilities and capacity
 - improved patient outcomes

- Co-produce (i.e. with patients, families and carers) annual reports with recommendations
 - Demonstrating impact of change programme
 - evidence of improved service offer
 - action plan addressing recommendations for implementation in following year