Developing a Children and Young People’s Mental Health and Wellbeing Outcomes Framework for BHR CCGs

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1. Introduction and Context

CORC was commissioned by Barking and Dagenham, Havering, and Redbridge CCGs (BHR) to develop, in partnership with North East London Foundation Trust (NELFT,) a mental health and wellbeing outcomes framework that can be adapted to cover all aspects of children’s mental health and wellbeing services including universal, targeted and specialised CAMHS. The framework will help to ensure all current and future services provided under the wellbeing hub are outcomes focused, holistic, and accessible and built around the needs of children, young people and their families.

The work took place between September and December 2016, and this report presents the frameworks that have been developed together with key learning and recommendations to aid implementation.

2. The Approach

In developing proposals for an outcome and measurement framework CORC initially reviewed the current approaches, frameworks and reports in use, and the strategic outcomes laid out in the CAMHS transformation plans of all 3 BHR CCGs (See Appendix 1).

The approach CORC proposed involved workshops and interviews with key stakeholders in NELFT to gather information about how data is currently being collected and used, and perspectives on what is working well and key issues to address. To effectively dovetail with implementation of THRIVE in BHR and manage the burden on NELFT staff, it was agreed that this would be achieved as part of i-THRIVE redesign workshops. Where necessary, and to engage the full range of stakeholders, we carried out additional interviews. Below is further information regarding these engagements:

<table>
<thead>
<tr>
<th>Workshop / Meeting</th>
<th>Date</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>i-THRIVE workshops - Havering CAMHS</td>
<td>30th September 2016</td>
<td>• Gained knowledge and understanding of the current reporting systems in place across NELFT</td>
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<tr>
<td></td>
<td>26th October 2016</td>
<td>• Established how well outcomes are already being measured.</td>
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<td></td>
<td>7th December 2016</td>
<td>• Consulted on over-arching outcomes and suite of measures</td>
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<tr>
<td>i-THRIVE workshops – Redbridge CAMHS</td>
<td>11th October 2016</td>
<td></td>
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<td></td>
<td>3rd November 2016</td>
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<td></td>
<td>1st December 2016</td>
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<tr>
<td>i-THRIVE workshops - Barking &amp; Dagenham CAMHS</td>
<td>15th November 2016</td>
<td></td>
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<tr>
<td></td>
<td>9th December 2016</td>
<td></td>
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<tr>
<td>Mapping &amp; Baselining Interviews – NELFT Performance, ICAN, and RiO teams</td>
<td>24th October 2016</td>
<td>• Gained knowledge and understanding of the current reporting systems and IT systems in place</td>
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<tr>
<td></td>
<td>18th November 2016</td>
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</tbody>
</table>

Table 1: Engagement Summary
Drawing on the CORC model of best practice, i-THRIVE Outcome Framework, and learning from previous CORC projects, we developed proposals which were discussed with the BHR CAMHS Transformation Commissioner on the 15th December 2016.

4. The Framework

The Basis for the Framework

It was agreed in developing the framework:

- That there was continued commitment to continue to work with the outcomes and objectives laid out in the transformation plans of all 3 BHR CCGs
- That BHR’s outcomes framework, and the associated indicators and measures would build on Future in Mind, the BHR transformation plans, and the i-THRIVE framework
- That this outcome framework would be embedded in performance management frameworks and contract specifications (over time as appropriate)
- That there is value in creating a forum to utilise the data collected for shared learning and quality improvement, separate to performance management settings.

BHR’s shared vision and outcomes

A common vision for the BHR CCGs was shared in the transformation plans, though with local variation to meet the different specific needs and priorities in each borough. The outcomes laid out by each CCG largely mirrored each other, and were consistent with THRIVE principles. By theming the individual outcomes (Appendix 1) we derived six over-arching outcomes for BHR, which are:

- **Outcome 1**: Children and young people with mental health difficulties are supported in the community
- **Outcome 2**: People within a child’s sphere of influence (parents, carers and professionals) are confident in responding to needs
- **Outcome 3**: Children, young people, their families and carers are resilient, equipped to handle life’s up and downs
- **Outcome 4**: Vulnerable children and young people are prioritised, and their care supports their specific needs
- **Outcome 5**: Children and young people are able to access support in a timely manner
- **Outcome 6**: Children, young people, their families and carers have a positive experience of support

The Draft Framework

The outline framework embedded below (Appendix 2) identifies measures that BHR may wish to monitor at three levels—

- **Outcome measures** – intended to provide a gauge of whether the over-arching outcomes are being achieved, and collective efforts are resulting in movements toward the vision. In this context, this might include measures of child and young person outcomes as a result of service intervention (routine outcome measures, or ROMs) and also other measures of outcome.

- **Output measures**— these are measures of the progress of interventions or activity that are expected to contribute to achievement of the outcome, for example the number of people who have engaged in a parenting course. These can often be more cost-effectively and regularly measured. They are underpinned by a theory of change that explains the way in which they impact on the outcome, and with what populations.
Developing an Outcomes Framework for BHR

- **Process measures** – i-THRIVE will have an impact on the way in which services and activity are delivered. The theory of change associated with i-THRIVE posits delivering in a THRIVE-like way will help to move BHR towards achievement of its vision for child mental health. Measures associated with the process of THRIVE implementation - demonstrating whether ways of working are in place that enable THRIVE-like delivery - but not directly tied to activity are identified in the framework as process measures.

**A framework for the whole system**

The nature of the BHR transformation and the implementation of THRIVE relies heavily on partnership working across the whole system: CAMHS, Education, Social Care, Primary Care, and Community Voluntary Sector. So whilst CORC were only commissioned to deliver an outcomes framework for the CAMHS provider, NELFT, given the i-THRIVE transformation model being implemented we felt it appropriate to consider outcomes and measures that could be applied to the whole system. Thus, in the framework we have made an attempt to distinguish where we think an indicator would be applicable to NELFT, elements of the wider system, or both.

**A suite of outcome and feedback measures**

Based on CORC’s own experience, CYP IAPT, and THRIVE, we have suggested a suite of measures (Appendix 3) for use in work with children and young people. In line with THRIVE thinking there is a particular focus in the suite on tracking personalised goals alongside a standardised outcome measure, as well as capturing the young person or family’s experience of the service. The implementation of THRIVE in BHR involves the use of a measure of shared decision making, so this too has been included.

Having a suite of measures to choose from allows practitioners greater flexibility to choose a measure, which is most appropriate to the work that they and service users are engaged in. During the workshops, this idea was widely supported by CAMHS staff.

**Suggested Usage**

- The Goal Based Outcome tool to be used at the beginning of an intervention, then on a session by session basis, and finally at the end of the intervention.
- A measure of shared decision making to be used at the beginning of the intervention.
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- A minimum of one standardised patient recorded outcome measure (PROM) to be completed by the service user at the beginning and end of an intervention (or more frequently if practitioners feel appropriate).
- A minimum of one standardised clinician rated outcome measure to be used at the beginning and end of an intervention.
- The CHI-ESQ to be completed by the service user at the end of the intervention (or earlier if deemed appropriate).
- In addition to the above, we encourage the use of symptom tracking and experience measures throughout interventions where the practitioner judges this to be clinically meaningful and as part of a responsive, person centred support.

5. Key Considerations for Implementation

The implementation of this framework will involve some further development work in NELFT. Data shared with commissioners is currently biased towards activity and experience data. During the course of this project we identified that:

- NELFT is already collecting a range of Routine Outcome Measures (ROMs), including SDQ, GBOs, RCAfs, ORS, CGAS, HoNOSCA. The most commonly used measure is the SDQ, and there is a common perception amongst staff that they must use the SDQ with each service user because it is a Key Performance Indicator (KPI). Despite this not being factually correct, it is clear that many staff use the SDQ because they think they have to rather than because they think it is clinically useful. Indeed, many staff voiced that they thought the SDQ was often not useful.

- Although all 3 CAMHS teams are now a member of the South East CYP IAPT Collaborative and numerous staff members have been CYP IAPT trained, the use of ROMs is patchy. Those staff that are CYP IAPT trained report that they use ROMs with children and young people and that they are clinically useful. However, this is not mirrored by staff who have not attended the CYP IAPT training, who report that they have limited knowledge of ROMs. This suggests that the learning from the CYP IAPT training is yet to be cascaded throughout the wider teams.

- NELFT have developed an IT system, I-CAN, to support the collection of ROMs. It is capable of collecting all outcome measures included in the CYP-IAPT suite and providing instant feedback on scores to clinicians and service users. I-CAN training has been delivered in Barking and Dagenham, and Redbridge, but not yet in Havering. Some clinicians reported entering ROMs onto I-CAN directly but it appears that most ROMs are still collected on paper and entered into I-CAN by an administrator. Those who are using I-CAN reported problems with the systems and suggestions for improvements, but relayed that poor communication links with the I-CAN team prevent these issues from being addressed.

- Outcome data does not appear to be currently used to inform provision of services at Trust or team level. Reasons cited for this include: insufficient capacity, limited knowledge of how to interpret outcome data, and limitations of IT systems (RiO and I-CAN).

- Despite the sporadic use of ROMs across NELFT currently, staff generally recognised the need to use outcome and feedback measures. When we consulted with staff about the suggested suite of measures it was seen as being preferable to being limited to using a single measure. There was a genuine willingness amongst NELFT staff to embrace the routine use of outcome measures under the proviso that they are adequately supported to do so.
6. Recommendations

Appropriate Training in Working with Outcomes Measures and Outcomes Data

It will be important to ensure that all staff that will be using outcomes measures have the appropriate training and resources to feel confident using these tools in their practice. Feedback from children and young people stresses the importance of this. If practitioners do not feel fully supported and confident in the use and utility of these tools, they will not be empowered to incorporate them into their work in a way that is meaningful to the child or young person. Consequently, the data collected from these measures will not be representative of the progress and experience of service users.

Training needs of staff should be assessed, and it should be ensured that staff understand the importance of measuring children and young people’s outcomes, are aware of and familiar with available tools (both more general tools and/or tools that are particular for their field), and are confident in their ability to collaboratively set individual goals with children, young people and their families.

Training needs extend to those who will be reviewing the data at the service and commissioning level. The complex nature of the data being collected is such that the data will not provide concrete answers about whether services are performing positively/negatively at a glance. The data serves as an indicator and provides guidance of where to interrogate and discuss data further. It must be ensured that commissioners, service leads, and data analysts understand what the data can, and more importantly, cannot say about services and how they can responsibly discuss and make choices based on this and other data.

**Recommendations:**
- Protected time for staff to attend training on how to use outcome measures
- CYP IAPT trainees to cascade outcomes measure training to the wider team
- CAMHS staff to attend appropriate CORC training (see next section)
- Staff to be trained in the use of InterGRATE and CollaboRATE by i-THRIVE

Leadership

Robust leadership is needed to support the practical implementation of the framework and also to provide the necessary motivation, vision and change mandate at all levels of the system. This requires understanding and buy-in to the model as well as clear lines of accountability around data flow and implementation timescales.

In the workshops, it was evident that staff were unaware of how outcome data was being used at an organisational and CCG level and there was anxiety about the way it might be used to manage individual performance.

Optimally, staff should feel empowered and safe to discuss outcome data from their caseload, (rather than feeling under pressure to achieve good outcomes which may lead to gaming behaviours). At all levels, there should be clarity and transparency about how the data will be used and realistic expectations about what can be expected from the data (see CORC’s report on the CYP IAPT outcome data). Discussing outcomes in supervision, team and organisation meetings should be business as usual.

**Recommendations:**
- Regular fora for providers and commissioners to review outcome data
- Service leads and commissioners to attend appropriate CORC training (see next section)
- Service leads to access appropriate training through CYP IAPT
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• Each CAMHS team to review outcomes practice using CORC Best Practice framework (see next section)

Participation of Children and Young People

In the original project plan, we suggested that we consult with children and young people prior to developing an outcomes framework. The practicalities of the project have meant that we have been able to do this within agreed timeframes. It would be very useful to hear from service users about their experience of using outcome and feedback measures, and the learning from this could contribute to further development of the suggested suite of measures and the guidance about how they are used in practice.

Recommendation: The i-THRIVE team are planning on consulting with children and young people to inform the service redesign. As the development of the outcomes framework is in alignment with the THRIVE transformation, the burden on service users could be reduced if rather than running additional sessions, these sessions covered outcomes too.

Practical Considerations

There were numerous practical considerations that were flagged during the workshops that will be key to address in order for the framework to be implemented successfully. For successful implementation these practical elements must be addressed, and partnered with buy-in and confidence of staff on the ground in using outcomes and embedding this framework in their practice.

Burden: There was concern from some NELFT staff that the addition of new measurement tools will introduce undue burden on staff. Wherever possible, CORC has endeavoured to align recommendations for data in this framework to what is already being collected and flowed on the ground; however, it is recommended that this be taken into consideration for implementation. This may involve extra staff to manage the administrative burden, or extensively reviewing and updating processes to cease collection of unnecessary data in order to accommodate the new data being collected.

Recommendation: Redbridge CAMHS proposed that they undertake a time and motion study to ascertain how long assessments and the associated administrative tasks take to complete. This may be taken forward in conjunction with the i-THRIVE team in 2017. Learning and recommendations arising from this should be transferred to all three areas to inform the over-arching BHR outcome framework.

IT Systems: IT infrastructure is a common challenge in implementing the collection and reporting of outcome measures, and this is true of NELFT too. I-CAN should be able to capture most of the outcome measures suggested in the framework, but this will need to be verified. Consideration will need to be given to how NELFT can capture the CollaboRATE and InterGRATE measures, which will be used as part of the implementation of THRIVE.

Various issues were described by staff who had used I-CAN and it will be important for these to be taken account of in the ongoing development of the system. It was felt that communication between the I-CAN team and CAMHS teams could be much improved and that it would be helpful if there could be more frequent face-to-face time to discuss issues.

The RiO system may need some development in order to collect some of the data mentioned in the outcome framework e.g. THRIVE groupings, advice and signposting outcomes. During the workshops it was evident that the data collected on RiO is not always representative of the data that is being collected locally. For instance, during the workshops, the service managers contested that data on referral types collected from RiO was inaccurate, and that they held more accurate data locally in spreadsheets.
In 2017, Havering and Redbridge CAMHS are being co-located with other children’s services in their borough. This involves a move toward more agile working and a move away from using paper records. Consideration will need to be given to how this could impact the use of ROMs with service users as paper currently the main way of administering them. I-CAN may provide a mechanism for direct input of ROMs, which may negate the need for paper in most instances, but the infrastructure will be needed to support this e.g. Wifi access at NELFT sites, 4g access if staff are working remotely, tablets used in sessions so services users can input ROMs. It would be useful if services users were involved in developments so they can help shape the experience of CAMHS going forward.

**Recommendations:**

- NELFT to review the measures in the framework and highlight where there may be issues with data collection on RiO and I-CAN
- Regular fora for I-CAN/RiO teams and CAMHS teams to discuss issues and future developments of these systems
- NELFT to review of infrastructure that will support the use of outcome measures in clinical practice with CAMHS staff.

**Involvement of Wider System**

Achieving the outcomes outlined in the BHR transformation plans involves contributions from a range of agencies (beyond NELFT) and therefore the outcome measurement framework should seek to capture their progress towards achieving these as well. Therefore there are some key questions to be addressed:

- What other agencies need to be engaged to achieve outcomes, shape the outcome framework, provide information for it, and meaningfully monitor it?
- What are the most appropriate existing structures for engaging partners in taking this forward?

It is likely that different fora will be appropriate for the differing purposes of monitoring the overall delivery of the Outcome Framework, THRIVE implementation, Quality Improvement and contract monitoring. In determining how to move forward BHR CCGs might consider:

- How outcome data is best integrated into oversight of Transformation Plan delivery and THRIVE implementation, including for example the frequency with which different types of data are reviewed by different fora.
- What needs to be put in place to support the reviewing of data as a routine part of strategic oversight, monitoring plan implementation, quality improvement, contract monitoring and service delivery.
- The feedback loops that need to be put in place to ensure there is active dialogue - downwards to individual organisations, and outwards to service users - about how the borough is progressing towards achieving key outcomes, and to address any issues that arise from data analysis.

Key to this will be the kind of culture partners are seeking to promote across the BHR region, and the means through which transparent and accountable leadership can be manifest. For example, the regularity with which key indicators are reviewed in the different organisations working in partnership to achieve local priorities.

**7. Next Steps**

CORC can support NELFT and BHR CCGs with the implementation of the outcomes framework in a number of ways:
Training
As a member of CORC, NELFT can access free places on each of the following CORC training events in London. Details on how to book are here.

- **Embedding best practice in use of outcome and feedback measures.** Suitable for clinicians, service leads – 13th March 2017
  ‘Introducing questionnaire-based outcome and feedback measures in children and young people’s mental health and wellbeing. By the end of the course participants will understand the rationale for using this kind of outcome measure and will feel informed and confident in choosing and using measures and interpreting response data.’

- **Interpreting outcome data in children and young people’s mental health.** Suitable for service leads, data analysts – 22nd February 2017
  ‘Supporting practitioners, managers and business/ data managers working in children and young people’s mental health and wellbeing settings to understand what constitutes best practice in the use of outcome and feedback measures. Participants will understand how to embed this through local routines, processes and approaches and develop action plans to apply learning to their own organisational context.’

- **Ethics and data management.** Suitable for data managers – 18th July 2017
  ‘An introduction to the ethical considerations in using routinely collected person-level data for service improvement, management and research. The course will also give participants an understanding of approaches to anonymising and storing data for these purposes.’

- **Measures in a commissioning context.** Suitable for service leads, data analysts, and commissioners– 18th May 2017
  ‘Looking at how routine outcome measurement informs commissioning for children and young people’s mental health and wellbeing across different stages of the commissioning cycle. The course explores issues and approaches associated with developing outcome and measurement frameworks, setting realistic targets and making meaningful use of limited, partial or flawed data.’

**CORC Best Practice and Accreditation Framework**
CORC have developed a framework for the best practice in the use of outcome and feedback tools (See Appendix 4), which is freely available to CORC member organisations. The framework takes a whole system approach, there are 16 criteria across 4 themes: leadership and management, staff development, infrastructure and information management, and service user involvement. Completing the self-review would allow NELFT to measure where they are now in regard to their outcome practices and provide a road map of what needs to be improved in order to reach CORC accreditation standard.

**CORC Report**
As part of their annual membership, NELFT can have their outcome data analysed by CORC. A review of the data could be facilitated by CORC as part of the on-site visit below.

**On-site Visit**
CORC membership entitles NELFT to 1 day’s on-site visit. There are various ways that this day could be used:
- Delivery of training packages as mentioned above
- Bespoke training based on NELFT’s particular needs
- Facilitated review of NELFT’s annual CORC report
- Facilitated self-review of outcome and feedback measure practice using CORC Best Practice Framework
Additional bespoke support can also be provided at a cost. Contact Sally.Marriott@annafreud.org for more information on any of the above.

Appendices

Appendix 1: Outcomes from BHR Transformation Plans

Appendix 2: Suggested BHR Outcomes Framework

Appendix 3: Suggested Suite of Outcome Measures
## Appendix 4: Overview of CORC Best Practice Framework

| LEADERSHIP AND MANAGEMENT | Stage achieved | Summary of Self-Assessment | | STAFF DEVELOPMENT | Stage achieved | Summary of Self-Assessment |
|---------------------------|----------------|-----------------------------|---------------------------|---------------------------|-----------------------------|
|                           |                | Areas of Strength | Areas for Development | Understanding of different data sources (including measures) |                |                         |
| Organisational vision     | □  □  □  □     |                         |                          | Use of measures           | □  □  □  □     |                         |
| Organisational commitment to collection and collation | □  □  □  □     |                         |                          | Training and Continued Professional Development (CPD) | □  □  □  □     |                         |
| Organisational commitment to interpretation and use | □  □  □  □     |                         |                          | Review of measures and feedback in supervision | □  □  □  □     |                         |
| Organisational culture supportive of use and learning | □  □  □  □     |                         |                          |                          | □  □  □  □     |                         |

| INFRASTRUCTURE AND INFORMATION MANAGEMENT | Stage achieved | Summary of Self-Assessment | | SERVICE USER EXPERIENCE | Stage achieved | Summary of Self-Assessment |
|------------------------------------------|----------------|-----------------------------|---------------------------|--------------------------|-----------------------------|
|                                          |                | Areas of Strength | Areas for Development | Service user’s understanding of measures |                |                         |
| Enabling use of data in direct practice with clients | □  □  □  □     |                         |                          | Communication with service users about measures | □  □  □  □     |                         |
| Enabling use of data at practitioner level | □  □  □  □     |                         |                          | Collaborative setting of goals and choice of measures | □  □  □  □     |                         |
| Enabling use of data at team level       | □  □  □  □     |                         |                          | Service user’s feedback on support | □  □  □  □     |                         |
| Enabling use of data at service level    | □  □  □  □     |                         |                          |                          | □  □  □  □     |                         |