

Appendix 1 – Key Performance Indicators

Southend, Essex, and Thurrock Commissioning Collaborative

Emotional Wellbeing and Mental Health Service For Children and Young People

Key Performance Indicators



West Essex Clinical Commissioning Group
Mid Essex Clinical Commissioning Group
North East Essex Clinical Commissioning Group
Southend Clinical Commissioning Group
Castle Point and Rochford Clinical Commissioning Group
Basildon and Brentwood Clinical Commissioning Group
Thurrock Clinical Commissioning Group



Key Performance Indicators for Emotional Wellbeing and Mental Health Services

The Key Performance Indicators (KPIs) within this document must be read in conjunction with the Service Specification for Emotional Wellbeing and Mental Health Services in Southend, Essex and Thurrock. It outlines the standards to be achieved, indicators and measurements, thresholds, and methods of data collection and will contribute to the achievement of the specific outcomes that are to be delivered from this service as outlined in Section 1.8 of the Service Specification and the following overarching outcomes:

NHS Outcomes Framework Domains & Indicators

| | |
|-----------------|---|
| Domain 1 | Preventing people from dying prematurely |
| Domain 2 | Enhancing quality of life for people with long-term conditions |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury |
| Domain 4 | Ensuring people have a positive experience of care |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm |

No Health without Mental Health

| |
|--|
| <ul style="list-style-type: none">• More people will have good mental health |
| <ul style="list-style-type: none">• More people with mental health problems will recover |
| <ul style="list-style-type: none">• More people with mental health problems will have good physical health |
| <ul style="list-style-type: none">• More people will have a positive experience of care and support |
| <ul style="list-style-type: none">• Fewer people will suffer avoidable harm |
| <ul style="list-style-type: none">• Fewer people will experience stigma and discrimination |

Notes:The following are the proposed Key Performance Indicators

The KPIs and measures draw on and reflect the CAMHS National Data Set, CORC, and Children and Young Peoples Improving Access to Psychological Therapies (IAPT). The measures will be further developed and revised to reflect any future progress in these areas. (www.cypiapt.org and www.corc.uk.net). The KPIs set out below are to be reported in addition to regular activity and quality reporting and together will form the performance and quality schedules for the contract.

Table 1: Key Performance indicators

| Outcome and standard | Indicator/Measurement | Threshold | Method of data collection | Comments |
|--|--|--|---|---|
| <p>Outcome Improved emotional wellbeing, emotional intelligence, resilience and self-esteem for children young people, their families and carers</p> <p>Standard Of the service users on their caseload, staff monitor clinical outcomes, risk, and side effects at regular intervals using CYP-IAPT validated outcome tools as appropriate and relevant. Sessional outcomes monitoring to be phased in over the course of the contract.</p> | <p>KPI 1: Number and % of service users who have improved their validated outcome measurement score between commencement of treatment, and at 6 months (or case closure if before 6 months)</p> | <p>Improvements in outcomes: baseline to be collected in year one, with targets for completion of outcomes measures and improvements in outcomes to be agreed for years 2 and 3 (and onwards if the contract is extended to reflect year on year maintenance/improvement on the baseline.</p> | <p>6 monthly by locality Annual CORC report</p> | <p>Outcome measurement tools must be CYP-IAPT approved and include a service user-completed measurement and a clinician-completed measurement.</p> <p>Information to be available by locality and targets and thresholds to be set by locality.</p> |
| <p>Standard Increased numbers of CYP families and carers reporting satisfaction with services received – Experience of Service Questionnaire (ESQ) Friends & Family Test questions to be included as well.</p> | <p>KPI 2: Number and % of service users reporting satisfaction with services received</p> | <p>Improvements in satisfaction:</p> <p>Baseline to be set in year 1</p> <p>Targets to be set for years 2, 3 and onwards based on improving on the baseline: expectation that service user satisfaction will increase as the new model is fully implemented.</p> | <p>Quarterly report – user feedback</p> | <p>We want as many CYP/families to be completing these as possible but more compliant/satisfied clients are more likely to complete</p> |

| Outcome and Standard | Indicator/Measurement | Threshold | Method of data collection | Comments |
|---|---|---|---|--|
| <p>Outcome Children young people parents/carers receive easier access to services with a timely response to their needs</p> <p>Standard Service users receive intervention within nationally agreed consultant led timescales</p> <p>Service users receive intervention without delays (maximum time of 18 weeks from referral to treatment – non Consultant)</p> | <p>KPI 3: Referral to treatment waiting times by locality:</p> <ul style="list-style-type: none"> • Within 6 weeks • 6 to 12 weeks • 12 to 18 weeks <p>18+ weeks</p> <p>KPI 4: Referral to assessment waiting times for new cases by locality:</p> <ul style="list-style-type: none"> • 0 <= 4 weeks • 4 to <=8 weeks • 8 to <= 12 weeks • 12 + weeks | <p>National target (95% within 18 weeks)</p> <p>To identify baseline in year 1</p> <p>Year on year % target for maintenance/improvement to be agreed for years 2 and 3 (and onwards if applicable)</p> | <p>Monthly activity report</p> <p>Monthly activity report</p> | <p>National target</p> <p>Agree local target based on length of wait for new cases (measured at point of assessment i.e. all assessments during the month)</p> <p>Monitor the number of CYP seen within local target</p> |
| <p>Standard Young people with emergency (crisis) MH needs receive specialist mental health assessments promptly and within nationally agreed timescales</p> | <p>KPI 5: Total number of crisis assessments undertaken in A+E for each locality, including out of hours</p> <ul style="list-style-type: none"> • No. and % of those presenting assessed within 4 hours of referral | <p>100%</p> | <p>Monthly activity report</p> | <p>National A+E target within 4 hours. Timeline to start from the time MH receive the request from A+E staff to attend.</p> <p>If the child is admitted to a paediatric ward due to medical circumstances such as OD or self harm, then assessment within 24hrs would be considered more appropriate in accordance with NICE guidance.</p> |
| <p>Standard If service users ‘do not attend’ or stop attending appointments before formal arrangements for this are made there are procedures in place to facilitate return to service, including outreach, use of digital technologies where appropriate</p> | <p>KPI 6: DNA rate in each locality, measured through aggregate of:</p> <p>Total No. and % of 1st appointments DNA’s by service user</p> <p>Total No and % of subsequent appointments DNA’s by service user</p> | <p>Year 1: baseline data to be provided</p> <p>Years 2 and onwards: targets to be set per locality to demonstrate maintenance/improvement on year 1 and work towards/improve on national average (depending on baseline position)</p> | <p>Monthly activity report</p> | |

Link to payment and service improvement incentives

The proposed payment mechanism structure is:

| Period | Year 1 | Year 2 | Year 3 | Subsequent |
|--|---------------------------------------|-------------------------------------|-------------------------------------|--|
| | Period to 31 st March 2016 | Year to 31 st March 2017 | Year to 31 st March 2018 | Subsequent periods inc contract extensions |
| Block Price | 97.5% | 95% | 94% | 94% |
| Contract price for achievement of key performance indicators or as a result of & CQUIN/Quality (*NB: year 3 to be the <i>higher</i> of 6% or to reflect any future national CQUIN values set for CAMHS , to reflect any potential future increases to CQUIN) | 2.5% | 5% | 6%* | 6%* |

The conditions are:

- 1) A proportion of the total contract value will be withheld and paid quarterly (with an annual adjustment to reflect overall annual performance) if the provider meets the Key Performance Indicators as set out below. The proportion of the contract value linked to performance will increase as the contract matures.
- 2) As set out above, the performance payment will be within and not additional to the budget envelope.
- 3) The performance payments detailed are a local incentive scheme that replaces the national cquin scheme. Should national cquins that are applicable to this contract be mandated, these will be incorporated within the overall % payment as detailed above and not in addition. This would result in the % allocated to the local KPI being reduced.
- 4) During the life of the contract period, should the % value of the national CQUIN be set at a level in excess of the % value set for the local incentive scheme, then the higher of the % rates would apply.
- 5) KPIs performance payment will be measured against new cases entering the service on or after the first day of the new service being in operation. It is therefore expected that robust performance data will be collected and provided to commissioners (broken down into historic and new cases)
- 6) Performance payment will be scaled, within a margin that performance should be within 90% of meeting the target. E.g. if 90% of cases meet DNA targets set for year 2, 90% of the 1% set aside would be paid. If 85% of cases met DNA targets, the full 1% would be withheld for the quarter as this would be considered unacceptably low performance.
- 7) To achieve the performance payment, the KPIs linked to performance must be met within each locality as suggested below. The localities are: Southend, Thurrock, Castlepoint & Rochford CCG, West Essex CCG, Mid Essex CCG, North East Essex CCG, Basildon & Brentwood CCG

| | KPI | % linked to performance payment | Conditions for each locality |
|----------------------------|--|---------------------------------|---|
| Year 1 (indicative) | Provision of Baseline Data | 2.5% | <p>Baseline data to support the quality and performance framework must be provided for each locality including:</p> <ul style="list-style-type: none"> • RTT waiting times (Consultant and Non-Consultant led) • RTA waiting times for new cases • DNA rate for first appointments • DNA rate for subsequent appointments • Provision of all information set out in the activity and performance schedule (see attached schedule) <p>The information collected will inform the baseline for the 16/17 financial year performance management where an improvement over the baseline will be measured. By the 15th of February, forecast data should be available (subject to NHS planning guidance).</p> |
| Year 2 (indicative) | <p>Stretch target on RTA and/or RTT times</p> <p>Stretch target for DNA for first appointments and subsequent appointments</p> <p>% showing improvements in MH</p> | <p>1%</p> <p>1%</p> <p>1.5%</p> | <p>Target, based on baseline data collected within year 1, must be reached in each locality in order to achieve payment.</p> <p>Target must be reached in each locality in order to achieve payment and there should be no deterioration in any locality from the baseline established in period one</p> <p>Target must be reached in each locality in order to achieve payment. C&YP IAPT approved outcomes measurement tools to be agreed during mobilisation (and include a service user completed measurement and a clinician completed measurement)</p> |

| | | | |
|----------------------------|---|------|--|
| | outcomes Service user satisfaction and service improvement | 1.5% | CQUIN/service improvement incentive to be agreed to improve management of demand and access to high quality service based on user and stakeholder feedback. Mechanism to be agreed during mobilisation period in line with agreed milestones in a transition plan. Increased numbers of C&YP families and carers reporting satisfaction with services received – Experience of Service Questionnaire (ESQ) Friends & Family Test questions to be included as well. |
| Year 3 (indicative) | Stretch target on RTA and/or RTT times | 1% | Target, based on baseline data collected within year 1, must be reached in each locality in order to achieve payment. |
| | Stretch target for DNA for first appointments and subsequent appointments | 1% | Target must be reached in each locality in order to achieve payment and there should be no deterioration in any locality from the baseline established in period one |
| | % showing improvements in MH outcomes | 2% | Target must be reached in each locality in order to achieve payment. C&YP IAPT approved outcomes measurement tools to be agreed during mobilisation (and include a service user completed measurement and a clinician completed measurement) |
| | Service user satisfaction and service improvement | 2% | CQUIN/service improvement incentive to be agreed to improve management of demand and access to high quality service based on user and stakeholder feedback. Mechanism to be agreed during mobilisation period in line with agreed milestones in a transition plan. Increased numbers of C&YP families and carers reporting satisfaction with services received – Experience of Service Questionnaire |

| | | | |
|----------------------|-----------|--|--|
| | | | (ESQ) Friends & Family Test questions to be included as well. C&YP IAPT sessional monitoring tools should be used. |
| Years 4 and 5 | As year 3 | | |