Nottinghamshire Children and Young People's Community Services

Outcomes and Quality Framework

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The vision is to enable children and young people with acute and additional health needs, including disability and complex needs, to have their health needs met wherever they are. The services will support the child's life choices rather than restrict them and improve the quality of life for children and their families and carers.

This includes children and young people with the following overlapping needs:

- Life limiting and life threatening conditions and illness, including those requiring palliative and end of life care.
- Disabilities and complex conditions including those requiring continuing care and neonates.
- Long term conditions (this excludes the service/s delivered by condition specific Clinical Nurse Specialists based within Acute Trusts).
- Acute and short term conditions (requiring interventions over and above those provided by universal and primary care services, to avoid hospital admission and/or reduce length of stay).

The local outcomes and Quality Framework has been developed to reflect the Nottinghamshire Families' Statement of Expectations developed with young people and families in Phase 1 of the Nottinghamshire Integrated Children and Young People's Healthcare Programme.

The framework:

- Is based on the principle that effective outcomes will be achieved through a culture of shared values and learning, where continual improvement in the quality of work, service delivery and outcomes is everybody's business.
- Will enable goal setting and care delivery to be prioritised according to the needs of the child/young person and their family, rather than on activity targets.
- Describes minimum requirements and enables measurable progression/benchmarking over time which can be incentivised.
- Supports integration within and across organisation and service boundaries.

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The ICCYPH service and quality and outcomes framework is underpinned by the domains of NHS outcomes framework and five year ambitions for improving those outcomes and particularly relevant to children and young people the shared ambitions of the "Better health outcomes for children and young people: Our pledge" 2013 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf)

1. Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
2. Services, from pregnancy through to adolescence and beyond ,will be high quality, evidence based and safe, delivered at the right time, in the right place by a properly planned, educated and trained workforce.
3. Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
4. Services will be integrated and care will be co-ordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
5. There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.

	ICCYPH Service Outcome	NHS Outcome Domains	Applicable NHS 5-yr ambitions for improving outcomes
1	Parents/carers are able to put being a family first and healthcare provider/s second. They are confident that they have the skills to care and advocate for their child through a genuine partnership with health professionals. Implicit in this is children, young people and their parents/carers are empowered to be involved in all decisions and are informed and supported.	2. Enhancing quality of life for people with long term conditions. 4. Ensuring people have a positive experience of care	2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions 3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital. 6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
2	Children and young people will maximise their participation in statutory education.	2. Enhancing quality of life for people with long term conditions.	2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions 3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.

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	ICCYPH Service Outcome	NHS Outcome Domains	Applicable NHS 5-yr ambitions for improving outcomes
3	Children, young people and their parents/carers have easy access to quality up to date information in relation to their condition and its impact on everyday life.	4. Ensuring people have a positive experience of care	6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
4	Children, young people and their parents/carers have easy access to prescribed supplies and equipment.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm	
5	Everyone involved in supporting the child/young person are involved, empowered and are working towards a continually improving shared plan and seamless care delivery.	4. Ensuring people have a positive experience of care	6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
6	Every child/young person who needs care receives the care they need in a timely fashion.	1: Preventing people from dying prematurely	1: Securing additional years of life for the people of England with treatable mental and physical health conditions
7	Children, young people and their parents/carers have access to an appropriately trained, skilled and empathetic workforce who deliver care that meets the demand on the service.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm 4. Ensuring people have a positive experience of care	7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care 6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
8	Young people and their parents/carers are supported to navigate the transition from childhood to adulthood/adult services and to understand the wider (including legal) implications of this. Implicit in this is that the developmental ability of the young person is taken into account and the NHS Transition Philosophy is adopted.	4. Ensuring people have a positive experience of care 2. Enhancing quality of life for people with long term conditions.	6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community 2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions 3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.

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	ICCYPH Service Outcome	NHS Outcome Domains	Applicable NHS 5-yr ambitions for improving outcomes
9	As a result of empowerment of everyone involved in their care children, young people and their parents/carers experience positive changes.	4. Ensuring people have a positive experience of care 2. Enhancing quality of life for people with long term conditions.	6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community 2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including
10	Children and young people are admitted to hospital or stay in hospital only when it is unsafe or inappropriate to care for them in the community. Implicit in this is consideration of the child/young person and their parent/carers' choice.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm 3: Helping people to recover from episodes of ill health or following injury	7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care 3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
11	Children/young people are seen in age appropriate environments furnished and equipped to meet their needs, taking into account chronological and developmental age.	4. Ensuring people have a positive experience of care	6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.
12	The safety of the child/young person is paramount. This includes: a) Safeguarding b) Moving and handling c) Use of equipment d) Treatment and medications e) Psychological safety f) Relationships and Sexual Health g) Environment	5: Treating and caring for people in a safe environment and protecting them from avoidable harm	7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

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Each outcome will be measured via a number of indicators/outcome measures listed below, which evidence the ICCYPH services contribution to their achievement.

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Ref	**Indicator/outcome measure**	**Evidence/data source**	**Freq-uency**	**Min**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1	The outcomes framework and indicators will be robust and meaningful and demonstrate the delivery of the services outcomes.	Annual plan with key milestones that includes engagement with commissioners, partners, CYPF.			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	Outcomes tools/measures are used to identify outcomes or goals for CYP and measure progress towards these. *(including use of condition/discipline specific measures)*	Number and percentage of children and young people who: • have outcomes/goals identified • demonstrate progress towards outcomes/goals • achieve outcomes/goals within the planned timeframe To be broken down by outcome measure/ condition/discipline as appropriate. Feedback from CYPF, number and % who agree with the following: • 'My support is designed to help me do the things that I want to in life'			Y	Y				Y	Y	Y				Y
3	For CYP on the service caseload and/or those who are discharged to the service, paediatric acute	Provider report of repeat paediatric ED attendances.			Y	Y			Y	Y	Y			Y		Y

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	attendances, admissions and length of stay are reduced where possible and appropriate.	Provider report of paediatric admissions. Provider report of length of stay. Number and % of families who have a plan in place to avoid unnecessary admissions.														
4	CYP with complex respiratory conditions have their needs managed in the community wherever possible	Number of avoidable admissions for acute respiratory episodes and infections.			Y	Y			Y	Y	Y			Y		Y
5	Up to date core information about CYPF will be recorded once and shared appropriately between professionals involved in their care..	Provider report or audit on use of information management and technology to support this indicator (in line with service specification) Provider sign up to Nottinghamshire Information sharing protocol Feedback from CYPF, number and % who agree that all professionals involved in the care of the child/young person has access to relevant core information so that they do not have to keep repeating it.			Y				Y	Y						Y

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6	CYPF hold person-centred care plans and the workforce supports them to develop, review and amend these.	No and % of CYP with a shared or integrated electronic care plan CYPF feedback: • Proportion of CYP who report that their history and care plan was known and used by all involved in their care • Proportion of CYP who feedback satisfaction with use of the integrated electronic care plan			Y				Y	Y						
7	CYP/parents/carers: a. Have choice about where and when interventions are delivered. b. Have preference, opinions, and priorities taken into account in decision-making. c. Are involved in agreeing, delivering and evaluating the CYPs own outcomes. d. Have care plans which are signed and agreed by all.	Number and percentage measured via multi-disciplinary/multi-agency audit: • Randomised audit of 50 care plans *(detail tbc)* health care records which have been completed within the preceding 6 months • Randomised audit of 50 contributions to EHCP assessments/ requests for information within the preceding 6 months. • Feedback from CYPF			Y	Y			Y			Y		Y	Y	Y

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8	Services are easily accessible including by CYP from a diverse range of backgrounds, reflecting local population ethnicity and diversity profiles.	Health equity audit on access to services is conducted by the provider and the findings are shared and acted upon. Implementation of You're Welcome quality criteria CYP feedback using the 15 steps challenge tool					Y	Y	Y					Y	Y	Y
9	Children, young people, parents and carers feel supported to manage their condition.	Number and % of children, young people, parents and carers, reflecting local population ethnicity and diversity profiles, feeling supported to manage their condition: • Who feel informed and have access to advice about their care or condition. • Who feel confident that their treatment or care plan is the best option to meet their needs. • Who feel they have a set of goals/outcomes relevant to them. • Materials are available and			Y	Y	Y		Y			Y		Y		Y

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		appropriate for a range of diverse backgrounds and circumstances. • Materials are appropriate to the developmental level, circumstances and communication need of the child, young adult and parents														
10	Self-management strategies are identified within care plans (where appropriate)	Number and percentage measured via: • Randomised audit of 50 care plans *(detail tbc)*) health care records which have been completed within the preceding 6 months and Feedback from CYPF , number and % who agree with the following statement: • We have control over our own care: care is delivered *with* us			Y	Y	Y		Y			Y		Y		Y
11	CYP are assessed and referred for appropriate equipment and once received regular review of equipment takes place.	Number of CYP who are: • Assessed and referred for equipment e.g. equipment, orthotics, wheelchairs • Due for review						Y								Y

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		• % review delivered on time														
12	CYPF are supported and trained to safely meet identified care needs.	Proportion of parents and carers (and CYP where appropriate) who report being confident in The interventions they are delivering • The equipment they are using • Moving and handling			Y							Y				Y
13	The needs of parents, carers and siblings are considered in the delivery of services.	Number and percentage of carer's assessments completed. Feedback from CYPF, reflecting local population ethnicity and diversity profiles, number and % who agree with the following: • 'We were supported to access community and family support organisations and activities'			Y							Y	Y			Y

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		• 'We understand the process, we know who is involved and we know what is expected of all professionals within what timescales' (PREM from NNPCF)														
14	CYPF have a positive experience as possible at end of life.	Audit of a random sample of end of life care plans. Family feedback (at a time that is appropriate for the family): • Bereaved carer's views on the quality of care in the last 3 months of life (e.g. choice of place of care, standards of care)			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
15	CYPF are supported at the time of transition.	Number and % of families who have a transition plan in place from age 14. Number and % of families who have their transition plan reviewed and frequency of review. CYPF positive feedback on their experience of transition (at an appropriate time for the individual).			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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16	GP Practices have a linked/named ICCYPH worker with whom they have planned or regular contact.	Number and % of GP practices that have an identified named/linked worker. Feedback from stakeholders e.g. web survey: • Number and % of GP practices who know who their named/linked worker is. • Number and % of GP practices that have planned and/or regular contact with their linked/named ICCYPH worker. • Number and % of GP practices who report that ICCYPH services are co-ordinated, efficient and provide a timely response.						Y	Y	Y		Y	Y	Y		Y
17	CYPF have named workers.	Number and percentage of case load who have a named worker. CYPF feedback: Number and percentage of patients and carers who report that they know who the first point of contact or named worker was for all aspects of their care.			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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18	The relevant local authority are notified of CYP with special educational needs or disabilities (SEND).	Number and percentage of all CYP with identified SEND that are notified to local authority.		100%	Y	Y			Y	Y					Y	Y
19	CYP are supported to participate in education	Number and % of half days missed by pupils at Special Schools due to overall absence Feedback from special school staff that health input is delivered in a way that supports participation in educational activities e.g. golden hours			Y	Y		Y							Y	Y
20	CYPs emotional, mental health and wellbeing needs are identified and supported.	Number and % of CYP whose emotional, mental health and wellbeing needs are: • Identified • Supported • Improved/maintained following intervention *Measured by appropriate validated outcome tool/measures (including CYP perspective)*				Y	Y			Y	Y					Y
21	CYPF are supported to live healthier lifestyles	Number and percentage of patients appropriately given advice and			Y	Y	Y				Y		Y			Y

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		information, brief interventions or referrals/signposting relating to healthy lifestyles (such as physical activity, healthy eating, smoking cessation/substance misuse, relationships and sexual health). CYPF feedback reflecting the above, including that they have been: • Offered information, advice and support on healthy lifestyles and behaviours. • That they understand the choices they can make to achieve a healthier lifestyle. • They have been supported to make positive changes and/or have increased confidence in making specific lifestyle choices.														
22	There is a proactive and systematic approach to continual improvement with a workforce empowered to suggest and test ideas.	Evidence of • Ideas put forward and tested using validated quality improvement tools and methods e.g. Plan, Do Study, Act (PDSA) cycle • Implementation of change in practice							Y		Y		Y			Y

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		• Sharing of learning • Feedback to workforce and CYPF • Feedback from workforce that they are empowered and involved in continual improvement.														
23	Service user feedback is collected, analysed and used to inform service development.	Provider summary report on participation activity including: • Detail of focus groups, forums, public and CYPF participation in all aspect of service delivery • The proportion of patient complaints upheld resolved or acted upon satisfactorily • Demonstration of actions implemented in response to feedback e.g. physical evidence, change in practices/procedures, training and service development. • Evidence of working with commissioners and partners.							Y		Y		Y			Y
24	There is a reduction in the number of adverse experiences for CYPF.	Proportion of CYPF reporting adverse events or complications whilst under							Y		Y		Y			Y

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		the care of ICCYPH service. Proportion of serious incident reports submitted within required timescales and to an acceptable standard Evidence of • Implementation of actions • Sharing of lessons learnt • Feedback to workforce CYPF from investigations of incidents Clinical audit programme which evidences learning from national and local audits. Evaluation of the patient safety culture of the organisation														
25	Referral, assessment and care delivery commences within identified timescales, including prioritisation based on clinical need where appropriate.	Number and percentage of referrals acknowledged within one working day of receipt of referral Number and percentage of face to face assessments that take place: • Within two calendar weeks of								Y						Y

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		receipt of referral. • Within 24 hours receipt of referral. Number and percentage of total referrals that are repeat referrals for the same child or young person within 12 months														
26	Review of 'Did Not Attends' (DNAs)	DNAs: • Number of DNAs (with reasons) • DNAs as percentage of total appointments								Y						Y
27	Where referrals of CYP are declined at point of referral CYPF are supported to access alternative services or support.	Number and percentage of referrals of CYP that are: • Declined at point of referral • Supported to access alternative service/s or support.								Y						
28	Where referrals of CYP are discharged at point of assessment CYPF are supported to access alternative services or support.	Number and percentage of referrals of CYP that are: • Discharged at point of assessment • Supported to access alternative service/s or support.								Y						

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