

Meaningful uses of data

Stephen Foreman, Newcastle CYP IAPT Partnership
stephen.foreman@newcastle.gov.uk



How much?



How well?



Better off?

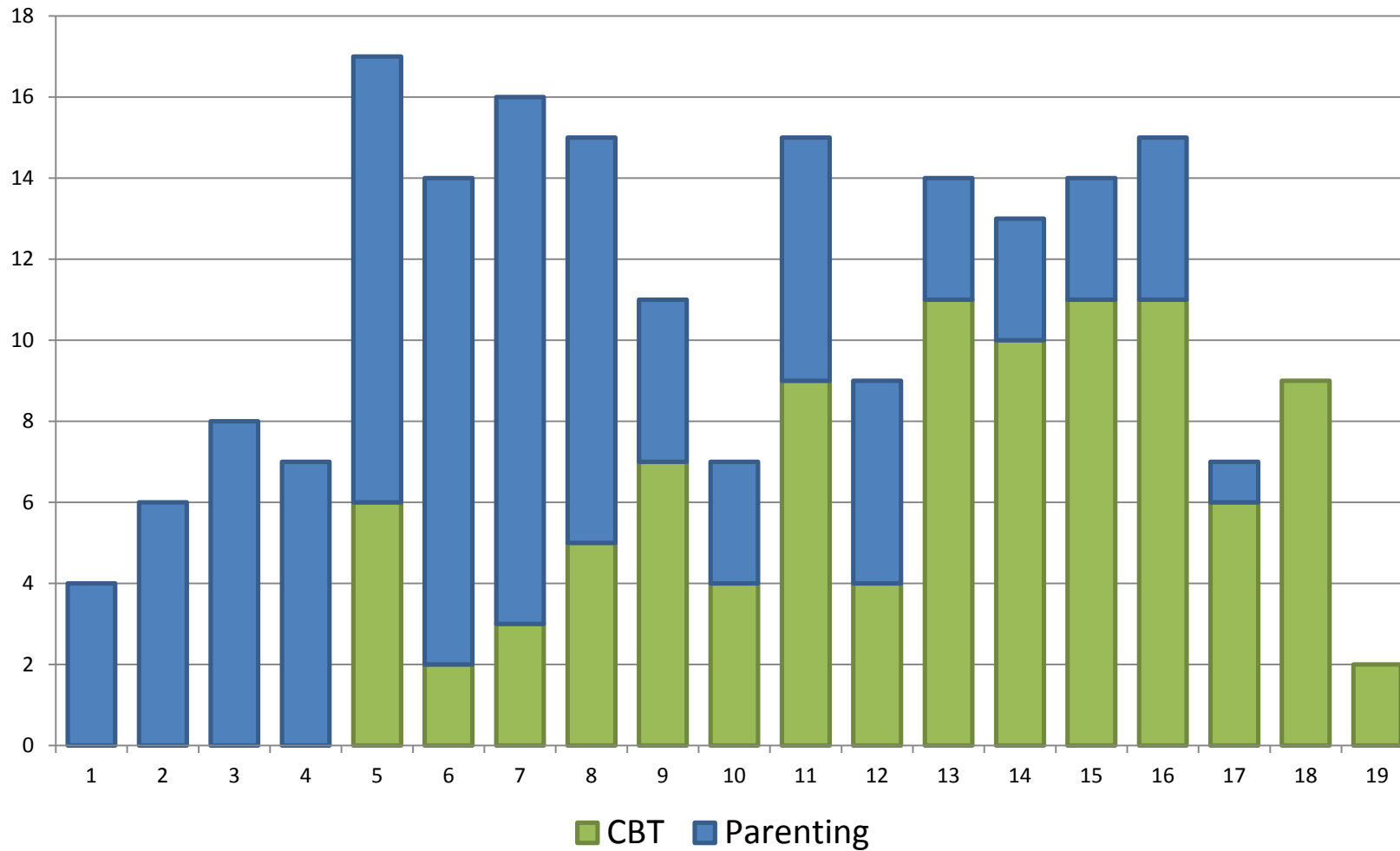
Are we presenting our data in a way that helps us consider those questions?

Are we using our data to help us understand our service?

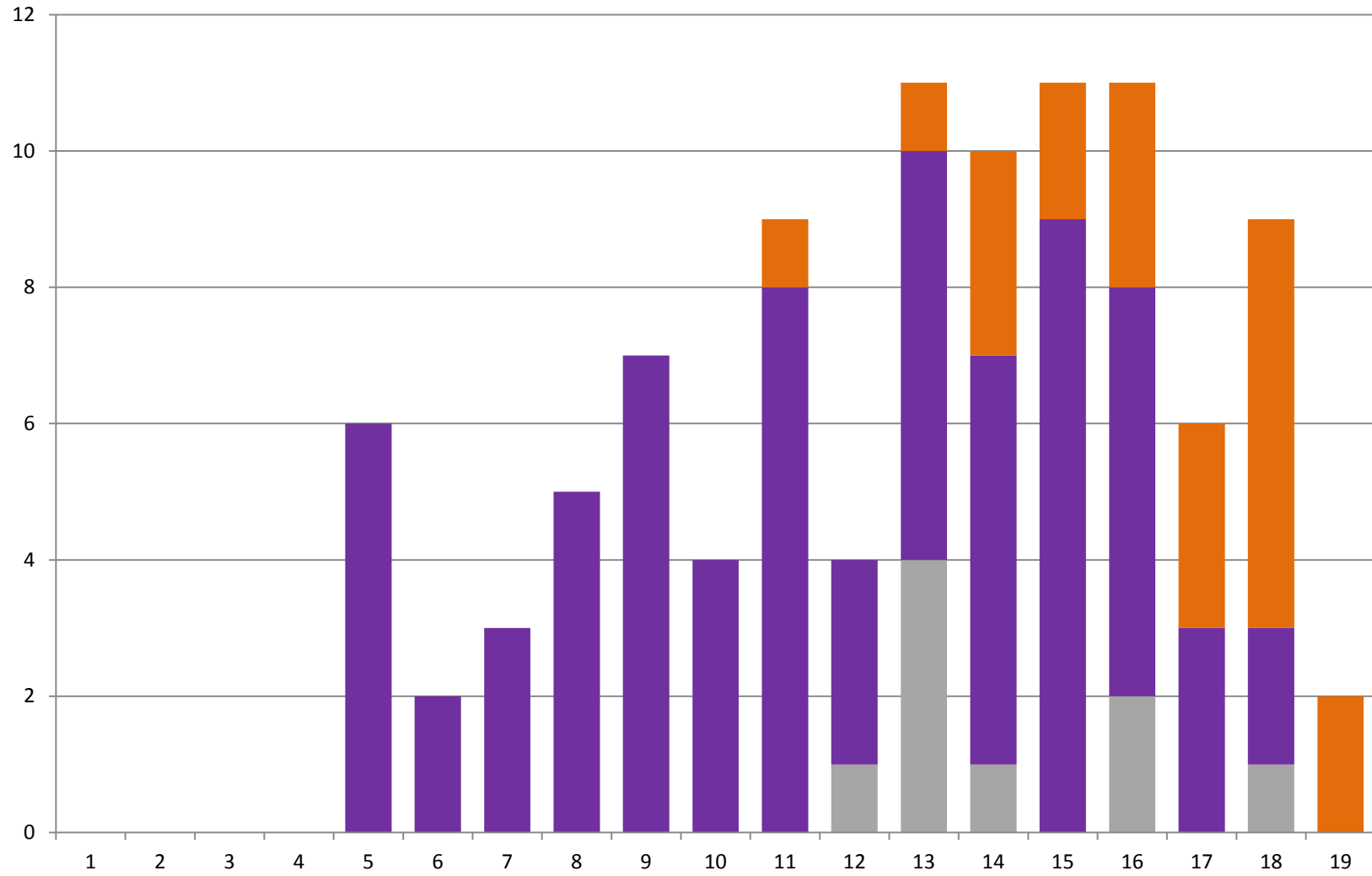
How much?

Some examples






Age of CYP on COMMIT - by theme



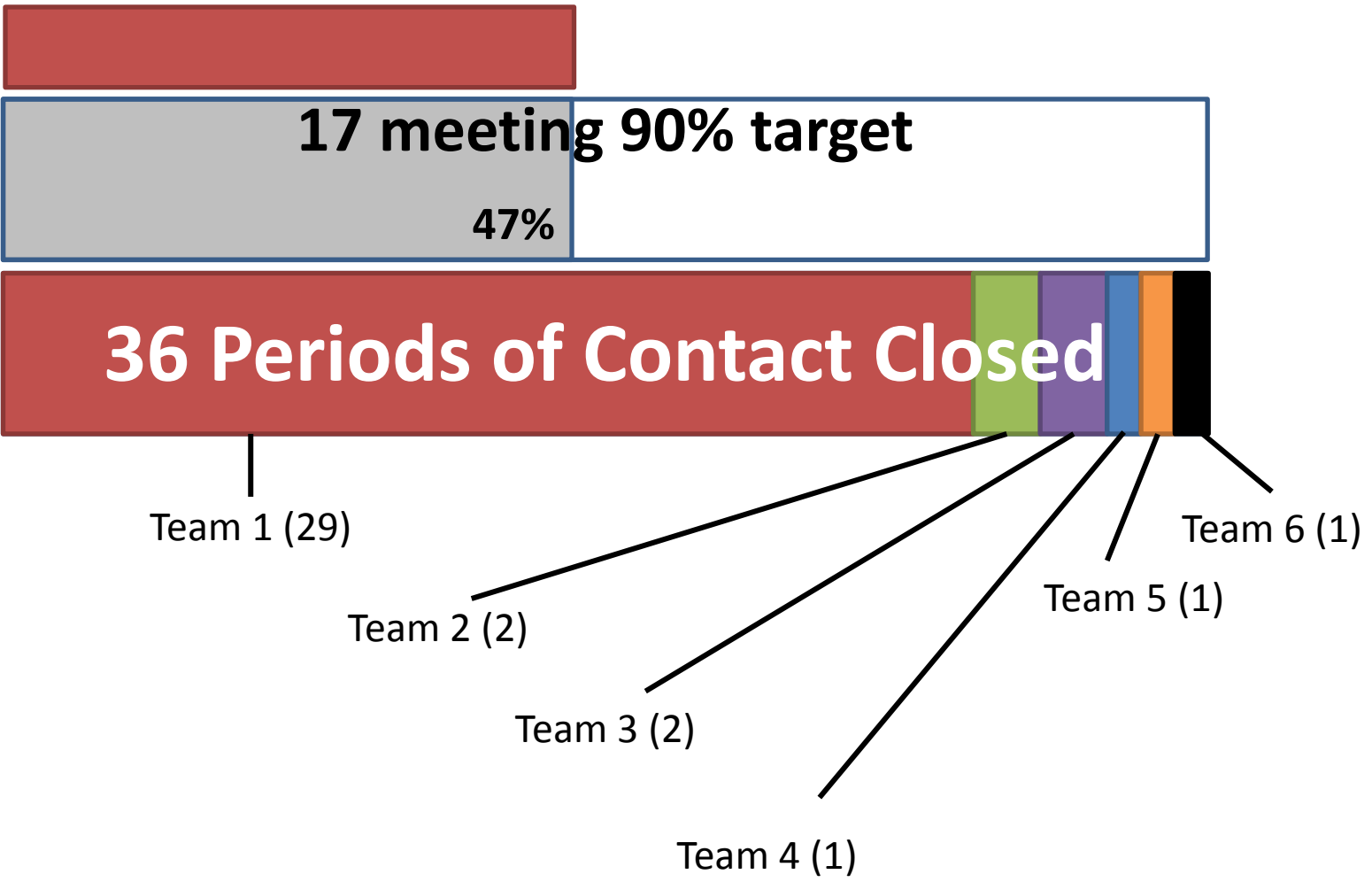
Age of CYP on COMMIT (CBT) - by agency



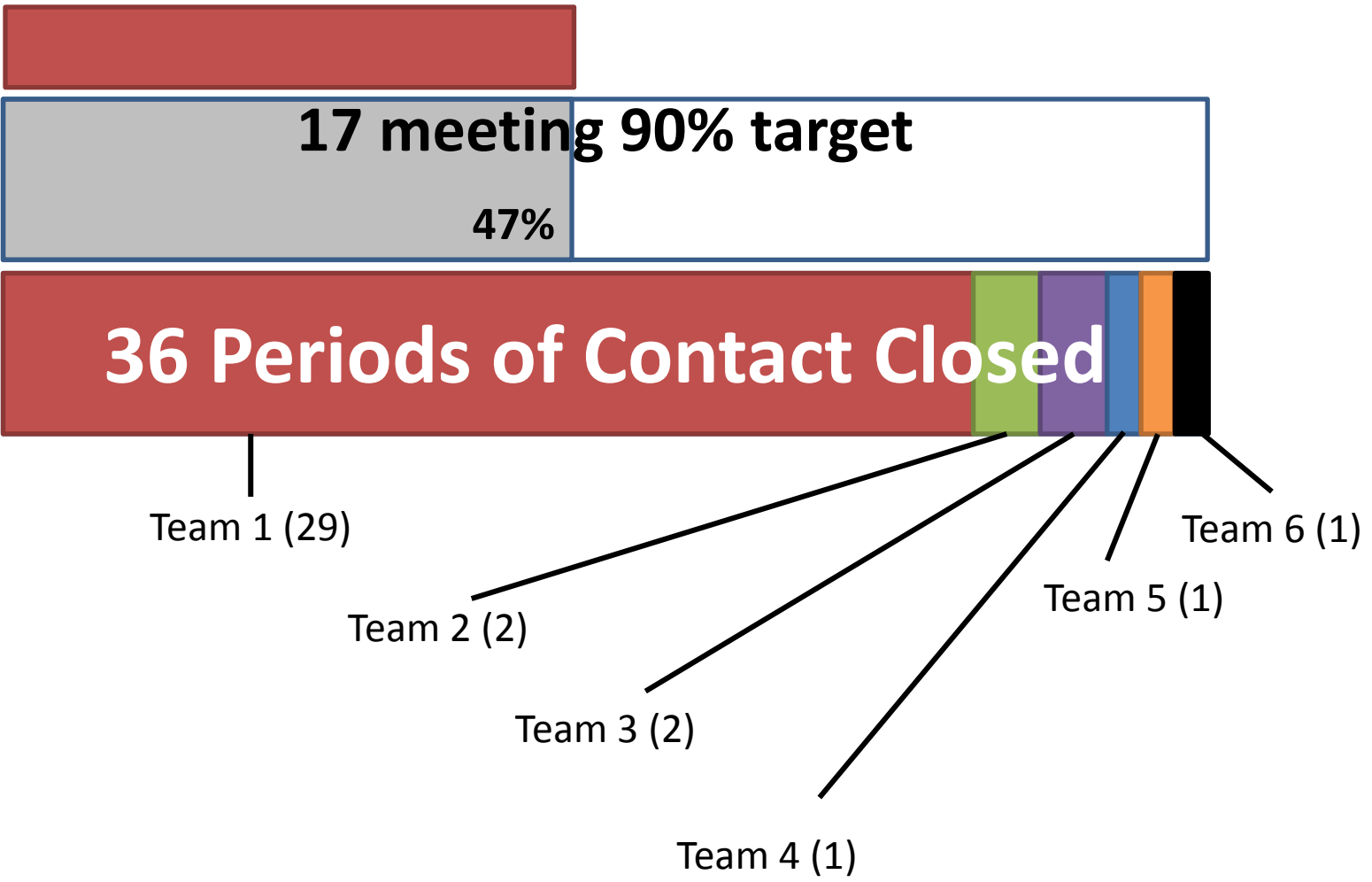
Summary of Demographic Data and Service-Level Data Completeness Quarter 4, 2014-15 (1 January 2015 – 31 March 2015)

Indicator	Newcastle	Trend (%) from Q3	All Wave 3
Children with at least 3 events where treatment has ended	86		
↳ Children with paired normed outcome information	64 (74.4%)	 5 / 45.5%	31.9%
↳ Children with paired goal information	78 (90.7%)	 10 / 90.9%	13.1%
↳ Children with at least one G/C/SRS or SFQ completed	43 (50%)	 8 / 72.7%	16.3%
↳ Children with at least one ESQ completed	56 (65.1%)	 2 / 18.2%	19.2%
↳ Children with either symptom or general outcomes and educational information	54 (62.8%)	 0	16.8%

Quarter 4 (Jan – March 2015)



Quarter 4 (Jan – March 2015)



Quarter 4 (Jan – March 2015)



All Questionnaires							
Filters							
Show: 100 results							
Event date	Event Time	Event Type	Title	Questionnaire version	Score	View	Edit
Results 1 - 12 of 12.							
16/10/2014	09:30	Face-to-face	Session Feedback Questionnaire (SFQ)	GN - Generic	20.0		
06/11/2014	09:30	Face-to-face	Session Feedback Questionnaire (SFQ)	GN - Generic	19.0		
13/11/2014	09:30	Face-to-face	Session Feedback Questionnaire (SFQ)	GN - Generic	14.0		
20/11/2014	09:30	Face-to-face	Session Feedback Questionnaire (SFQ)	GN - Generic	18.0		
09/10/2014	09:30	Face-to-face	Strengths and Difficulties Questionnaire (SDQ) - Assessment	PA - Parent/carer	51.0		
09/10/2014	09:30	Face-to-face	Education, Employment and Training (EET)	CL - Clinician			
04/12/2014	09:30	Face-to-face	Session Feedback Questionnaire (SFQ)	GN - Generic	18.0		
04/12/2014	09:30	Face-to-face	Experience of Service Questionnaire (ESQ)	PA - Parent/carer	36.0		
04/12/2014	09:30	Face-to-face	Strengths and Difficulties Questionnaire (SDQ) - Follow Up	PA - Parent/carer	53.0		
28/01/2015	09:30	Face-to-face	Session Feedback Questionnaire (SFQ)	GN - Generic			
28/01/2015	09:30	Face-to-face	Current View	CL - Clinician			
28/01/2015	09:30	Face-to-face	Strengths and Difficulties Questionnaire (SDQ) - Assessment	PA - Parent/carer	40.0		
Results 1 - 12 of 12.							

M 1

M 1

2

M 2

POC1: Sep14-Jan15, Group Parenting; **POC2:** Jan15-, Group Parenting

Need to make sure:

Same ROM, Same person, EET recorded in Current View, all questionnaires for same period of contact, completed ROMs

Routine outcome measures with clinical norms

451 Strengths & Difficulties Questionnaire (SDQ)

80 RCADS (Revised Child Anxiety and Depression Scale)

S/WEMWBS (Short /Warwick-Edinburgh Mental Well-being Scale)

YP CORE

CORE-10

118 SCORE-15

EDE – Q/A (Eating Disorder Examination)

199 ORS (Outcome Ratings Scale)

1 Depression (How are things: depression/low mood)

1 Generalized anxiety (How are things: Generalized anxiety)

Kessler 10

1 OCD (How are things: Compelled to do or think; Obsessive)

ODDp (Behavioural difficulties)

1 Panic (How are things: Panic)

1 Separation anxiety (How are things: Separation anxiety)

1 Social anxiety (How are things: Social anxiety)

4 GAD-7 (anxiety)

IES (How are things: Disturbed by a traumatic event)

MAMSc (Behavioural difficulties)

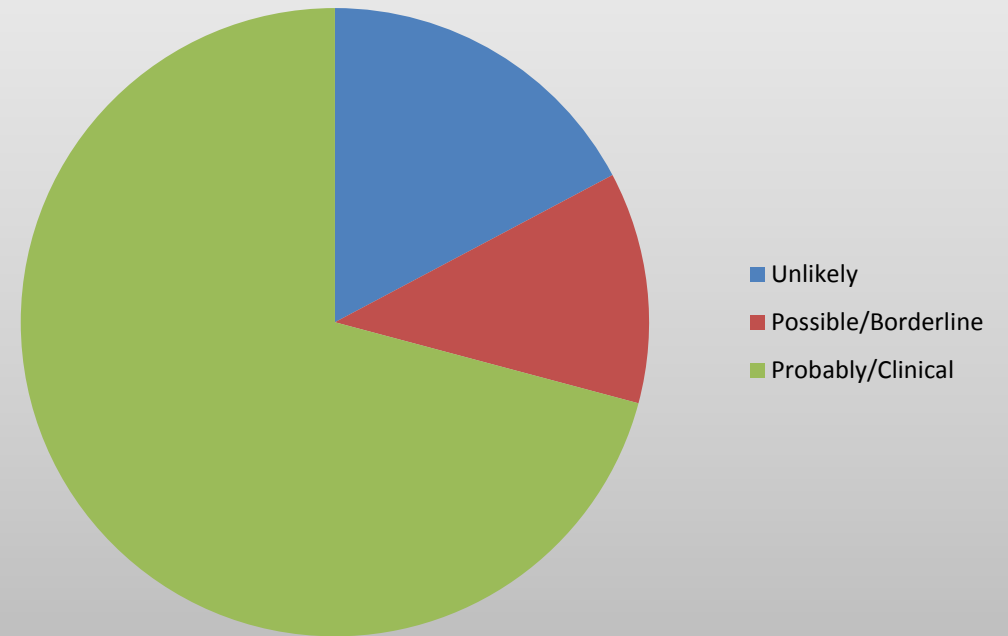
4 PHQ-9 (Depression)

Experience of Service

117 ESQ (Experience of Service)

153 SESQ (Service Feedback)

SDQ Clinical Bandings (Parent Version)



How well?

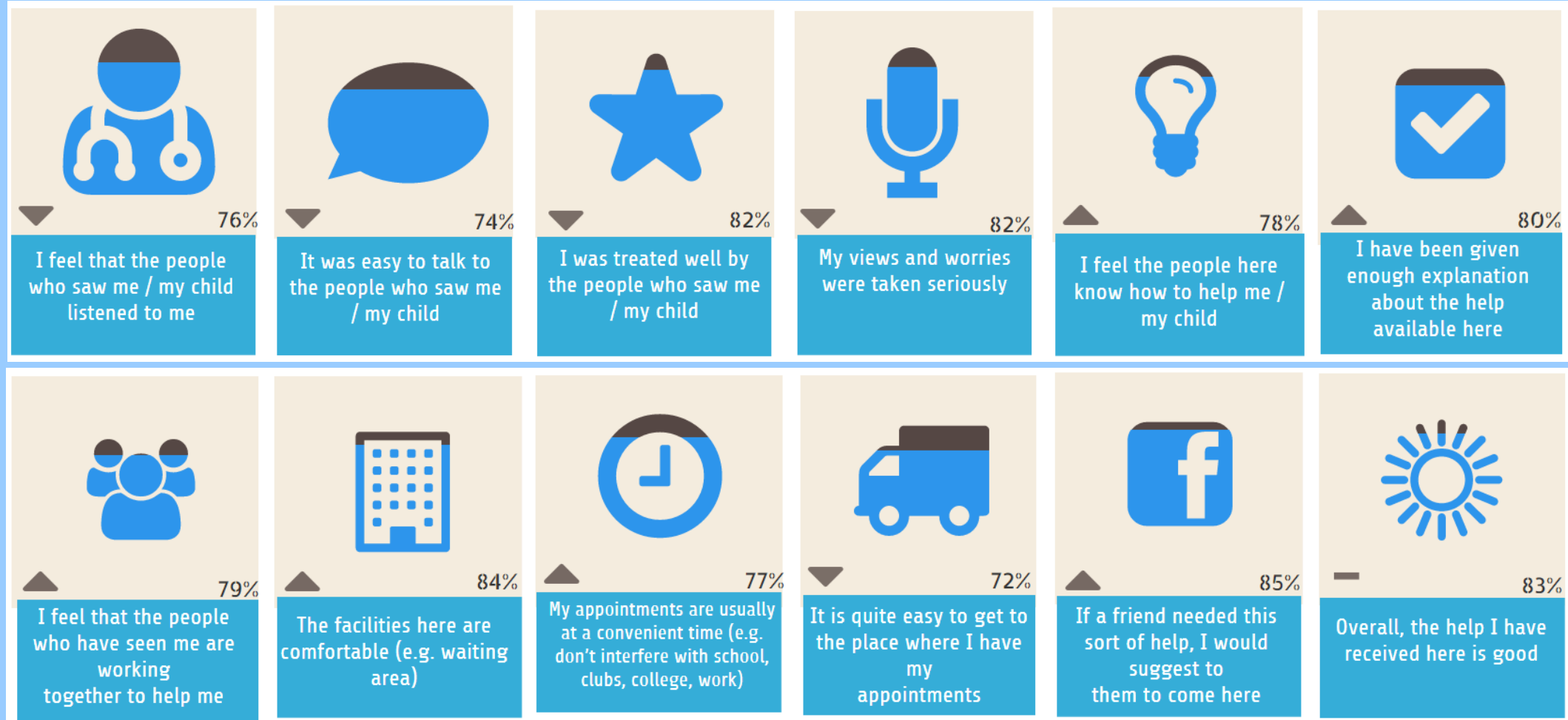
Some examples

Collaborative Dashboard (2014) - Page 2

- ▶ Better completion rate for Contextual/ EET factors breakdown (from current view) than rest of CYP IAPT (50% vs 36%). Lower by 5%+ on:
 - ▶ Attainment difficulties (25% vs 35%)
 - ▶ Attendance difficulties (17% vs 26%)
- ▶ Higher by 5%+ on:
 - ▶ School issues (56% vs 48%)
- ▶ For Newcastle:
 - ▶ Parental SDQ total difficulties at start: higher than average
 - ▶ Child SDQ total difficulties at start in line with average
 - ▶ RCADS T-Score at start of treatment average
 - ▶ Higher than average % of cases recorded as self-referrals

Newcastle CYP IAPT EXPERIENCE OF SERVICE

The graphics below summarise the feedback of parents and children about services which are part of Newcastle CYP IAPT



Information relates to 117 completed CHI ESQ questionnaires in 2014/15. Percentage relates to proportion who answered "certainly true". Arrow indicates whether higher or lower than national figures (for 2014 Parental ESQ from collaborative dashboard).

Is anyone better off?

Some examples

Strength & Difficulty Questionnaires (SDQ)

There were 100 paired SDQs completed representing 83 separate CYPs.

The SDQs were completed by either the Father, Mother or the CYP. The majority of SDQs were completed by the Mother.

SDQ Completed by			
CYPS	FATHER	MOTHER	TOTAL
17	14	69	100

Most individuals completed questionnaires on 2 separate occasions but there were 4 individuals who completed 3 SDQs over the period.

Number of SDQs completed by an individual		
2 SDQs	3 SDQs	TOTAL
96	4	100

Strength & Difficulty Questionnaires (SDQ)

The SDQs scores correspond with a threshold of *clinical*, *borderline* or *normal*.

	First SDQ	%	Follow up SDQ	%
Clinical	62	64.6%	39	40.6%
Borderline	11	11.5%	21	21.9%
Normal	23	24.0%	36	37.5%
TOTAL	96		96	

Of those who completed 2 SDQs, the majority recorded a score which fell within the 'clinical' threshold. The follow up scores are much more evenly distributed between the 3 categories.

Strength & Difficulty Questionnaires (SDQ)

+ / - in scores of 1st and 2nd SDQ

DECREASE	64	66.7%
INCREASE	28	29.2%
SAME	4	4.2%
Total	96	

Comparing the scores from the 2 SDQs, most showed a decrease, which corresponds to the drop in numbers for those considered 'clinical' at the point of the first SDQ.

Newcastle Children & Young People's Improving Access to Psychological Therapies (CYP IAPT)

TO DO LIST

353 cases were open in quarter

The average age was 12

The most common age was 15

56% were male

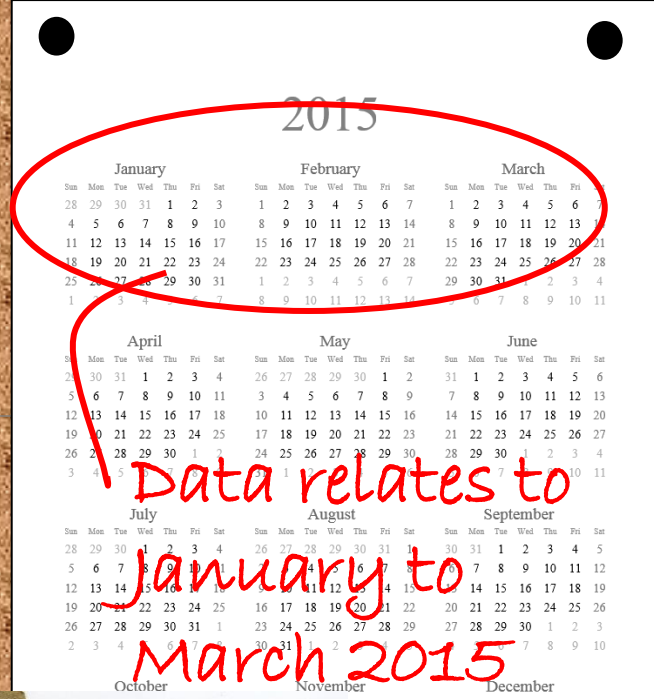
89% had White British ethnicity



55% of children and young people were recorded for parenting programmes

The next most frequent service recorded was for NTW (24%)

CYP IAPT in Newcastle
A partnership involving Barnardos, Children North East, Kalmer Counselling, NCC, NTW, NUTH, Streetwise



Data relates to January to March 2015

HEALTH CHECK

Where goals were recorded, in 61% of cases there was progress throughout the intervention

Where there were paired SDQs: 70% were in clinical band. 1/4 of those moved bands at end

60% have at least 1 of these outcome measures

SDQ 83%
RCADS 14%
CORS/ORS 51%

51% had EET recorded on current view

18% of closures were DNA/Declined



Our local challenge – and opportunity

Challenge of MHSDS

Ongoing partnership but without data requirement

Collaborative Commissioning and multi-agency Transformation Plan

Current Arrangements

Partners enter relevant information onto COMMIT system.

Quarterly authorisation for data to be taken for CYP IAPT reporting.

Quarterly reports on national information against key metrics and regional dashboards



Allows for local / national benchmarking



Rich collection of data for analysis



Helps with 'citywide' picture



Administrative burden



Hard to disaggregate partnership data



Focus on data quality rather than outcomes

Future Arrangements

CYP IAPT Data Collection replaced by MHSDS from Jan 2016 – for all NHS funded CAMHS providers.

Only NTW from Newcastle Partnership required to flow information as part of MHSDS

Do we still want to be able to get a citywide view of needs and outcomes around CYP mental health services?

Do we want to be able to benchmark – against what or who?

What are we missing at the moment?

What are the significant issues we want to understand?

Considerations

Does it need to be transferable?

How do we ensure consistency with what we have to report / provide anyway?

How do we ensure the data is combined in such a way as to be meaningful?

How do we ensure the administrative and analytical burden is not disproportionate?

Do we want each service to report against key metrics quarterly (aligned to MHSDS)?

What data, information and intelligence do you have that you could use more meaningfully?

Is it presented in a format that is useful?