



Mindworks Surrey CYPS-LD Service improvements

Reflections & subsequent actions from their 2022 audit about service-user feedback

Author: Rachel Scott, Assistant Psychologist, Tavistock & Portman Clinical Programme Team

This implementation story outlines the Mindworks Surrey Children and Young People’s Learning Disability (CYPS-LD) Service as **outcomes informed** and describes how their offer aligns with the THRIVE Framework for System Change (Wolpert et al., 2019). **Surveen Randhawa**, Assistant Psychologist, describes how their CYPS-LD service has utilised learnings and implemented THRIVE-like ways of working in their service following their ‘service-user feedback’ audit.

Service Background

The CYPS-LD Service is part of Surrey and Borders Partnership NHS Trust, part of Mindworks Surrey. The service aims to improve the wellbeing of children and young people (CYP) of preschool age through to 18 years old with a learning disability, by providing specialist assessment and interventions. They also offer consultation, training, and liaison with the CYP’s multi-agency network. The service’s multidisciplinary team at the time of the audit, included nurses, clinical psychologists, drama and/or music therapists, psychiatrists and primary mental health workers (administrators).

Audit Context

Outcome measures can be used to evaluate current context and guide towards implementing improvements and tracking progress. Their audit analysing the Chi-ESQ’s of the CYPS-LD Service previous service-users anonymous self-report measure, did exactly that, whilst also providing accountability and transparency of service, in line with CORC recommendations (CORC, 2022).

Data for the audit was from ‘Chi-ESQ’s’ (Children’s Experience of Service Questionnaire’) during: **May 2019 - April 2022**. Data collection was completed in: **April 2022** by **Isabella Sturdy, Tara Noorbakhsh, Bhavisha Thaker** and **Laura Cooke**. Audit report was completed in: **August 2022** by **Isabella Sturdy**, Honorary Assistant Psychologist at the time of writing.

The audit report aimed to outline how CYP and families experience the service’s quality of care and demonstrate the complexity, challenges, and differences in supporting this unique patient population. The report also offered interpretations to allow for service improvement recommendations to be considered by senior management within the CYPS LD Service and CYPS generally.

Audit Content

The audit’s content contained analyses upon 12 quantitative ‘Likert-scale answer’ questions and 3 qualitative open-ended questions from the Chi-ESQ data collection.

The first 12 questions’ answers were presented as bar charts and on some questions, quote examples from the answers on the other 3 questions were used to support findings from the bar charts.

For demonstrating findings from the 3 qualitative open-ended questions’ answers, thematic analysis (Braun & Clarke, 2006) was used as part of the process in identifying patterns in responses. For each of the 3 questions, thematic analyses deduced main themes that can be found in the green bubbles (repetitions removed).



Service’s Use of Outcome Measures

Overarching Structures	<ul style="list-style-type: none"> All outcome measures are recorded System1 and communicated via email using PAS numbers. Admin support clinical staff by prompting them to ensure outcomes measures are being recorded to plan. Supervisors and supervisees to ensure outcome measures are discussed in supervision. 			
Sussex Behaviour Grids (SBG)	Initial SBG information gathered before assessment and completed at assessment.	Within 2-3 sessions, the SBG is completed again for the same behaviours.	Further follow up SBGs are completed at any review stage, change point or if the clinician is stuck. <small>Minimum of 1 every 6 months.</small>	Final follow up SBG completed before / at point of closure (depending on what’s appropriate).
Further SBG	If new behaviours are present and are greater priority, complete new initial SBG for these and follow ups as above.			
Goal Based Outcomes (GBO)*	GBOs are completed and rated with the CYPF at initial assessment.	GBOs can be re-rated with the CYPF throughout the course of support offered – especially at times of review, change or if the clinician is stuck.	GBOs are now re-rated with the CYPF at closure.	
Experience of Service Questionnaire (ESQ)	Chi-ESQ and Mindworks ESQ minimum dataset* questionnaire are given to CYPF to complete before / at / after point of closure (depending on what’s appropriate).			

Key: *New



What are the audit conclusions and new THRIVE-like ways of working?

- CYPF valued the service for the support offered across the needs-based groupings.
- The service mostly already coincided with SABP values and principles of the THRIVE Framework for System Change (Wolpert et al., 2019).
- Allocated clinicians were easy and accessible to contact and offered proactive and varied advice.
- Convenient times and locations for appointments, including home visits.
- Effective multiagency working with good communication across the Alliance and wider networks, but not consistent.

❖ **Consistency of communication** has improved as relationships and more regular handovers have improved with Children with Disabilities team (social care), Community team for People with LD and the Access and Advice Team.

❖ Some LD Service CYP are **now** entered and supported on the **Dynamic Support Register**:
DSR is for any CYP with LD or ASC whose family home or placement is at risk of breaking down.
→ A whole day Care Education and Treatment Review (CETR), which Surrey Heartlands chairs and the multidisciplinary 'team-around-child' meeting with an expert by experience on the panel decide on the CYP's RAG rating and agree upon a subsequent action plan to support community placements to be more appropriate to CYP's needs which reduces hospital admissions in the short- and long-term.

- Waiting times were frequently described as preventing access to the service at first but this was not all's experience.

❖ **Capacity** for CYP to attend music therapy has more than doubled due to further music therapist recruitment and a play therapist has also been recruited.

To support CYP waiting and CYP getting support.

❖ **Behaviour Clinics** as a new time-focused piece of work (in West AND East Surrey) for those with low-medium risk:

- **Phone call** to parents/carers using SBG
- **Home visit** to observe the CYP
- **Clinic Assessment** with parents/carers in semi-structured interview
- **School phone call** to speak to teacher to understand school context / presentation
- **Report** – positive behaviour support plan
- **Appointment with parents/carers** to share the report with them in clinic
- **Follow up review call** 4-6 weeks later to repeat SBG and discharge

(If presentation has escalated which is rare → the CYP may wait for full-service support or be referred to music or play therapy sessions or wait for nurse/psychiatry input within the service)

- Documentation to be completed prior to assessment was felt by some to be demanding.

❖ Documentation and required outcome measures have been reformatted to essential information and appointment letters made clearer.

- Training needed on care planning and multiagency working with reference to the THRIVE Framework (Wolpert et al., 2019), particularly for the CYPF the service aims to serve, who often present with complex presentations.

❖ Staff have begun to book on to THRIVE trainings and this is ongoing.

Enhancing alignment with which THRIVE principles?

Accessibility, needs-led, by reducing stigma and by valuing partnership working.

What learnings have come from audit?

“Better explanation of the process and why these questionnaires are done.”

- Outcomes informed also means involving the CYPF in the rationale and meaning-making process.

“Honestly, I can't fault the service. Helped with all issues, kept in contact. Great follow up.”

- Continue to focus on being needs-led, communicative and accessible.

“Generally happy with the support received, I do worry about once discharged if the support totally stops, we will go back to square one with behaviour.”

- Dynamic Support Register has helped bridge this Risk Support gap.
- CYPF-LD Service Staff to be trained in the following THRIVE modules:
'Shared-decision making with i-THRIVE Grids', 'Managing difficult endings' and 'Risk Support'.

“I can't praise the team enough. The only negative I feel is the waiting time to receive first point of contact. Once you're on the list the whole service is fantastic.”

- The CYPF LD-Service Behaviour Clinic has been designed specifically to support those on the waiting list.

Future directions

An audit upon responses received since the Chi-ESQ and Mindworks ESQ minimum dataset questions became the **combined experience feedback form** would hopefully provide evidence to support the service's efforts in improving CYPF's service experience based on the 2022 audit and in their effort to further align to the THRIVE principles.

September 2023