Understanding the CCG Improvement and Assessment Framework (CCG IAF) Mental Health Transformation Self-Assessment Indicators

Understanding the CCG Improvement and Assessment Framework (CCG IAF) Mental Health Transformation Self-Assessment Indicators

Version number: 1.3

First published: October 2016

Updated:

Prepared by: Operational Information for Commissioning, Operations & Information Directorate

Classification:

Contents

Introduction

Mental health problems are widespread, at times disabling, yet often hidden. People who would go to their GP with chest pains will suffer depression or anxiety in silence. One in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives, including new mothers, children, teenagers, adults and older people. Mental health problems represent the largest single cause of disability in the UK.

In spite of this, national data on mental health provision and outcomes are very limited and lag behind their equivalents for physical health. This lack of information affects the ability of the health and care system to monitor outcomes, track improvement and demonstrate efficiencies; and was a key theme highlighted within the Five Year Forward View for Mental Health, the national strategy for the NHS in England which was published by the independent Mental Health Taskforce in February 2016. It recommended that:

"*The Department of Health, HSCIC and MyNHS, working with NHS England, should improve transparency in data to promote choice, efficiency, access and quality in mental health care, ensuring that all NHS-commissioned mental health data are transparent (including where data quality is poor) to drive improvements in services.*

"The CCG Improvement and Assessment Framework should include a robust basket of indicators to provide a clear picture of the quality of commissioning for mental health. To complement this, NHS England should lead work on producing a Mental Health Five Year Forward View Dashboard by the summer of 2016 that identifies metrics for monitoring key performance and outcomes data that will allow us to hold national and local bodies to account for implementing this strategy. The Dashboard should include employment and settled housing outcomes for people with mental health problems."

Closing the gap in data collections and outcome measures for mental health will take time. Version one of the CCG Improvement and Assessment Framework includes five indicators for mental health, and the framework will be revised over time as new data become available. While indicators for improving access to psychological therapies and early intervention psychosis are already collected at a national level, comparable collections do not exist for children and young people's mental health, crisis care or out of area treatments. For this reason a number of transformational milestones have been identified for use in the CCG IAF in order to ensure prioritisation and focus on key activities in these areas, in advance of data-driven measures coming on stream in future years, through the Metal Health Services Data Set (MHSDS)

The purpose of this document is to support the interpretation of the CCG Improvement and Assessment Framework (CCG IAF) mental health self-assessment indicators in these areas, assisting Clinical Commissioning Groups and others to track progress toward delivery of local plans, national standards, and to deliver the Mental Health Five Year Forward View

Data for each of the indicators are taken from the CCG responses to the Mental Health Transformation Indicator Unify2 return and monthly finance returns that CCGs make to NHS England.

1 Children & Young People's Mental Health (CYPMH) – guidance on compliance with self-assessment indicators

1.1 Background and rationale

Three quarters of lifelong mental health disorders (excluding dementia) present by the age of 18. Improving the mental health and wellbeing support offered to children and young people is a key priority in the Five Year Forward View for Mental Health and Future in Mind. The ambition for CCGs and their partners over the next five years is to support the building of effective, evidence-based outcome-focused Child and Adolescent Mental Health Services (CAMHS), working in collaboration with children, young people and families. Delivering this national ambition requires local, system wide leadership and ownership, as well as the participation of children, young people and their families.

The children and young people mental health transformation programme is designed to:

- Support commissioners and providers to build on improvements made over the last four years in supporting children, young people and those who care for them to be more fully involved in their care and in the development and feedback to services;
- Support commissioners to develop integrated services with clear care pathways from early intervention to crisis and inpatient care;
- Support the introduction of new community eating disorder teams for children and young people;
- Support the delivery of collaborative commissioning models between CCGs and NHS England specialist commissioning;
- Support commissioners to develop the infrastructure to deliver services that can demonstrate outputs and outcomes, including recording and use of data and implementing waiting and access times;
- Work with Health Education England and other partners to support workforce planning;
- Work with other partners across the system to implement the vision set out in the Five Year Forward View for Mental Health and building on the strong foundations of Future in Mind which articulated a clear consensus about the way in which we can make it easier for children and young people to access high quality mental health care when they need it.

1.2 Guidance on indicators

The transformation indicators identified for children and young people's mental health are intended to reflect the ambitions of the programme. The indicators focus on the extent to which the CCGs, working with partners, have updated and republished an assured local transformation plan (LTP) that includes baseline data to deliver system wide transformation in CYP mental health outcomes and has set agreed local trajectories for improvement towards 2020. There is also focus on the commissioning of eating disorder services, tier 3 and tier 4 CAMHS and workforce planning. These indicators will demonstrate the progress being made in planning and implementing the transformation of services for children and young people.

1) Has the CCG working with partners updated and re published the assured local transformation plan (LTP) from 2015/16 which includes baseline data?

Not compliant: The CCG working with partners has not published an updated LTP which has been signed off by the Health & Wellbeing Board (HWB), or the plan that has been published does not include updated baseline information or agreed trajectories for improvement towards 2020/21 in relation to investment, activity (number of children and young people referred and number of referrals accepted) and workforce data (as at 31st March 2016) for specialist CYP MH services commissioned (or provided) by the CCG and Local Authority.

Partially compliant: An updated LTP has been published and signed off by the HWB and includes updated baseline investment, activity (number of children and young people referred and number of referrals accepted) and workforce data (as above), and covers the time period up to 31st March 2017.

Fully compliant: An updated LTP has been published and signed off by the HWB and includes updated baseline investment, activity (number of children and young people referred and number of referrals accepted) and workforce data (as above), and sets an agreed local trajectory for improvement up to 2020/21 which covers planned additional investment, increased activity and workforce requirements.

2) Is the dedicated community eating disorder service commissioned by the CCG providing a service in line with the model recommended in the access and waiting time and commissioning guidance?

Not compliant: There is no agreed plan, or finance has not been identified, from the CCG to commission (as a single CCG or through a cluster with other CCGs) a community eating disorder team in line with the model recommended in the access and waiting time standard and commissioning guidance.

Partially compliant: A plan including trajectory and milestones has been agreed to enhance community eating disorder service for children and young people, in line with the model recommended in the access and waiting time standard and commissioning guidance, by 31 March 2017 but funding has not yet been fully committed.

Fully compliant: A plan to develop a community eating disorder service model in line with the model recommended in the access and waiting time standard and commissioning guidance, has been agreed, funding committed, and the plan is being implemented.

3) Is the Children and Young People's team commissioned by the CCG part of a quality assurance network?

Not compliant: The community eating disorder service commissioned by the CCG is not a member of the quality assurance network.

Fully compliant: The community eating disorder service commissioned by the CCG is a member of the quality assurance network.

4) Does the CCG have collaborative commissioning plans in place with NHS England for tier 3 and tier 4 CAMHS? (It is expected that all CCGs will have this in place by the end of December 2016)

Not compliant: The CCG does not have collaborative commissioning plans in place with NHS England for tier 3 and tier 4 CAMHS.

Partially compliant: The CCG together with Local Authority and other LTP partners (if appropriate) and NHS England have commenced working together but do not have plans with clear milestones and a trajectory for completion in place.

Fully compliant: The CCG, together with Local Authority and other LTP partners, (if appropriate), has collaborative commissioning plans in place with NHS England for community tier 3 and in-patient tier 4 CAMHS which will aim to reduce the number of children and young people who are unnecessarily admitted to in-patient care in whatever setting, including paediatric wards, adult mental health wards and CAMHS Tier 4, their length of stay and the distance from home that they are placed. The plans have clear milestones and trajectory for completion.

5) Has the CCG published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives?

Not compliant: the CCG has not published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives.

Partially compliant: the CCG has published joint agency workforce plans detailing how they will build capability through implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives; AND has commenced planning with Health Education England (HEE) to deliver – collectively with CCG and LA partners if appropriate – the additional and effective workforce required to deliver 70,000 additional CYP seen by mental health services nationally by 2020.

Fully compliant: the CCG has published joint agency workforce plans detailing how they will build capacity and capability through implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives AND has commenced planning with HEE to deliver – collectively with CCG and LA partners if appropriate – the additional and effective workforce required to deliver their local plans and which in turn will contribute towards the national commitment of at least 70,000 additional CYP seen by mental health services nationally by 2020. This includes detailed baseline workforce information as well as the additional staff required, including new roles.

6) Is the CCG forecast to have increased its spend on Mental Health Services for Children and Young People by at least their allocation of baseline funding for 2016/17 compared to 2015/16, including appropriate use of the resources allocated from the Autumn Statement 2014 and Spring Budget 2015?

Not compliant: the CCGs planned spend on Children and Young People's (CYP) mental health services in 2016/17 is less than the CCGs actual spend on CYP mental health services in 2015/16 (excluding in year funding for 2015/16) + the CCGs share of additional funding for CYP mental health services included in 2016/17 baseline allocations.

Fully compliant: the CCGs planned spend on Children and Young People's (CYP) mental health services in 2016/17 is greater than or equal to the CCGs actual spend on CYP mental health services in 2015/16 (excluding in year funding for 2015/16) + the CCGs share of additional funding for CYP mental health services included in 2016/17 baseline allocations.

2 Crisis Care – guidance on compliance with self-assessment indicators

2.1 Background and rationale

Crisis care is improving following the signing of the Crisis Care Concordat, but there is still a long way to go to match standards in urgent and emergency care for physical health needs. Only 14 per cent of adults experiencing a crisis feel they are provided with the right response and just over one third (36 per cent) feel respected by staff when they attend A&E. Fewer than half (48 per cent) of children and young people's services have a crisis intervention team. Thousands of people in crisis end up in a police cell rather than a suitable health-based place of safety.

In view of this, delivering a '7 day NHS for mental health' is now a priority for NHS England. Backed by funding following the 2015 Spending Review, NHS England is setting the following priorities for crisis and acute mental health care:

- By 2020/21, a 24/7 community-based mental health crisis response will be available in all areas across England, with Crisis Resolution and Home Treatment Teams (CRHTTs) adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission;
- By 2020/21 all age mental health liaison will be available in all acute hospitals. For adults (including older adults) at least 50% will be operating at the core 24 standard as a minimum, with the rest making progress towards 24/7 provision - and equivalent models of community crisis response and acute hospital liaison will be developed for children and young people;
- By 2020/21, people will no longer have to travel out of area inappropriately for non-specialist acute inpatient mental health care;
- From April 2017, children and young people will no longer be detained in police cells as a Place of Safety, and they will be used only in exceptional circumstances for adults.

2.2 Guidance on indicators

The indicators below are intended to assess the five year transformation that will be needed to achieve these ambitions across the country. We are aware that in 2016/17, the majority of CCGs are unlikely to have high scores for these ambitions. Our aim is to see considerable improvement in these areas over the five years to 2020/21.

The indicators are a mixture of assessing whether CCGs have agreed plans with providers to achieve these ambitions, and an assessment of current provision. There are three overarching crisis indicators: mental health liaison in acute hospitals, crisis resolution and home treatment in the community and s.136 and places of safety – each indicator comprising five sub-questions.

2.2.1 Mental health liaison

Emergency departments and in-patient wards in acute hospitals should have in place an on-site 24/7 liaison mental health service providing prompt specialist assessment, triage and intervention as appropriate and working across the full

age range. The adult (including older age adults) component of the service should be staffed to deliver as a minimum the 'Core 24'[1] service specification.

a) Are the CCG and provider implementing an agreed and funded service development and improvement plan to ensure that the adult component of the local acute hospital liaison mental health service is staffed to deliver, as a minimum, the 'Core 24' service specification by 20/21?

Not compliant: The CCG does not have a service development and improvement plan (SDIP) in place to move to the core 24 level of provision as a minimum by 2020/21; OR An SDIP is in place to enhance the current level of provision (but does not extend to core 24 level of provision), but the finance has not yet been committed.

Partially compliant: An SDIP, which includes trajectories and milestones has been agreed with the intention of meeting the core 24 level of provision as a minimum by 2020/21, but finance has not yet been fully committed; OR An SDIP including trajectories and milestones is in place, with finance committed, to enhance provision of mental health liaison from current levels of provision, but the plan does not yet extend to meeting the core 24 level of service provision.

Fully compliant: An SDIP including trajectories and milestones is in place, with finance committed, for the mental health liaison service to be achieving core 24 service levels as a minimum by 2020/21; OR The mental health liaison service already meets the minimum-standard core 24 level of service provision and the CCG intends to continue with the existing level of provision, or to increase the level of provision to achieve the 'Comprehensive' service model.

b) Are the CCG and provider implementing an agreed and funded service development and improvement plan for a dedicated mental health crisis and liaison response for children and young people presenting to Emergency Departments, in wards and community settings which includes provision for a response across extended hours? (This may be provided as a specific CYP crisis team, life course/all ages provision or/and a multi-agency response)

Not compliant: There is no agreed plan or finance has not been identified to improve provision of mental health crisis and liaison response for children and young people from the current level of provision.

Partially compliant: A plan including trajectory and milestones has been agreed to enhance provision of crisis and liaison response for children and young people in acute hospitals and in community settings by 31 March 2017, but funding has not yet been fully committed. The plan includes clinical and economic evaluation of the service.

Fully compliant: A plan to develop and evaluate a model of crisis care for children and young people who present in the community and in acute hospital settings has been agreed, funding committed and is being implemented in 2016/17. The plan includes trajectory, milestones and clinical and economic evaluation of the service.

NB – 1a and 1b above refer to having a plan to improve mental health liaison services. 1c, 1d and 1e below are about the current operation of the mental health liaison service for adults.

[1] Guidance on establishing a 24/7 'core 24' service can be found here. http://mentalhealthpartnerships.com/resource/model-service-specifications-for-liaison-psychiatry-services/

c) Is the liaison service commissioned to provide an on-site 24/7 service? (adults)

Not compliant: The service is not compliant for this indicator if it is commissioned to operate at reduced hours (i.e. less than 24/7).

Where the acute hospital has access to 24/7 mental health crisis assessment via a separate team (e.g. an in-reach service providing by a crisis resolution and home treatment team), this should be considered **not compliant**. The CCG should be assessed as compliant for this indicator only where there is a dedicated, commissioned 24/7 mental health liaison service based in the acute hospital.

Fully compliant: Where there is a 24/7 Emergency Department, the CCG will be compliant if the acute hospital has a fully staffed 24/7 on-site mental health liaison service that is funded recurrently.

d) Is the liaison service commissioned to provide a one-hour response time following an Emergency Department referral and 24-hour response time following a ward referral? (adults)

Not compliant: The CCG is unable to demonstrate that the liaison service meets these response times.

Partially compliant: If the CCG does not commission a 24/7 service, but can demonstrate that liaison teams are providing a 1 hour response to emergency departments and 24 hour response to wards, within its hours of operation, then the CCG should be scored as partially compliant.

Fully compliant: The CCG has data to demonstrate that the mental health liaison team routinely responds to referrals within 1 hour in emergency departments and within 24 hours following referral from wards. The 1 hour response time for liaison teams in emergency departments is usually necessary to meet the wider 4-hour Emergency Department waiting time target. There may be some exceptions to where it is clinically appropriate to delay the response. The CCG can be fully compliant only if the service is operating on a 24/7 basis.

e) Is the commissioned liaison service routinely collecting outcome measures in line with the RCPsych standards for adults (FROM-LP)?

Not Compliant: The CCG is unable to demonstrate that the liaison service routinely collects and monitors patient outcomes.

Fully compliant: The CCG should be scored as compliant if the liaison service routinely collects and monitors patient outcomes. RCPsych's Liaison Faculty has published a framework for outcome measures (FROM-LP) to support consistent measurement of outcomes in liaison services nationally.

2.2.2 Crisis resolution and home treatment teams (adults)

Crisis resolution and home treatment teams (CRHTTs) commissioned by the CCG should be able to provide a 24/7 gatekeeping function for acute MH beds and a 24/7 intensive home-based alternative to admission in line with

recognised best practice[2] (as previously highlighted as part of the 2015/16 system resilience group assurance).

a) Are the CCG and provider implementing an agreed and funded service development and improvement plan to ensure the CRHTT is operating effectively and in line with recognised best practice?

Not compliant: The CCG and provider do not have an agreed service development and improvement plan for the CRHTT.

Partially compliant: The CCG and provider have agreed a service development and improvement plan including trajectories and milestones to ensure the CRHTT is operating with fidelity to recommended practice, but finance has not yet been fully committed.

Fully compliant: The CCG and provider have agreed a service development and improvement plan including milestones and trajectories to ensure the CRHTT is operating with high fidelity to recommended best practice, and finance has been fully committed; OR the CCG is able to demonstrate that the CRHTT is already operating in line with recommended practice.

b) Is the CRHTT commissioned to respond quickly to new referrals, providing a 24/7 gatekeeping function for acute inpatient beds, assessing all people face to face within four hours of referral?

Not compliant: The CCG is not able to demonstrate that the CRHTT meets either of the above criteria.

Partially compliant: If the CCG can demonstrate both of the above criteria (face to face gatekeeping for all patients / rapid response) within the CRHTT's hours of operation, but the CRHTT does not operate on a 24/7 basis, then it should be assessed as partially compliant.

Fully compliant: The CCG is able to demonstrate that the CRHTT provides face to face assessment for all people[3] before they are admitted to inpatient care; AND the CCG is able to demonstrate that the CRHTT is making progress towards assessing all people within 4 hours of the referral being made. The CCG can be assessed as fully compliant only if the CRHTT is able to visit people at home when needed, 24 hours a day 7 days a week.

c) Is the CRHTT staffed adequately, with caseloads in line with recommended practice?

Not compliant: The CCG has not yet conducted a baseline audit as set out above, or the baseline audit and review of the CRHTT has been completed but an agreed and funded plan is not yet being implemented to address the gaps that have been identified.

Fully compliant: The CCG has conducted a baseline audit and review of the CRHTT to assess staffing levels and caseloads – and the CCG and provider agree that the CRHTT is adequately resourced to carry out its functions in line with recommended practice, or an agreed and funded plan is being implemented to address the gaps that have been identified.

---

[2] The UCL Core study sets out the recommended practice for the functions crisis resolution home treatment teams should be implementing *http://www.ucl.ac.uk/core-study*

[3] Assessments may be carried out jointly between specialist mental health services in order to prevent people having to undergo multiple assessments or avoid delay during a crisis.

d) Is the commissioned CRHTT offering intensive home treatment in line with recommended practice? (For example, by routinely visiting people at least twice a day the first three days of home treatment, providing twice daily visits when required thereafter, and routinely offering visits that allow enough time to prioritise therapeutic relationships and help with social and practical problems)

Not compliant: The CCG has not started a baseline audit as set out above; OR a baseline audit and review has been completed but the CCG and provider are not yet implementing an agreed and funded plan to address the gaps identified.

Fully compliant: The CCG has conducted a baseline audit and review of the CRHTT to assess whether it is offering intensive home treatment that provides a genuine alternative to acute inpatient care in line with recommended practice and, having done so, the CCG and provider agree (and can demonstrate) that the CRHTT is providing intensive, therapeutic, home treatment, or is implementing an agreed and funded plan to ensure that it is able to do so.

e) Does the commissioned CRHTT routinely collect and monitor clinician and patient reported outcomes, as well as feedback from people who use the service?

Not compliant: The CCG is unable to demonstrate that the CRHTT routinely collects and monitors clinician and patient reported outcomes measures.

Partially compliant: The CCG can demonstrate that the CRHTT collects some clinician and patient reported outcomes data, but it does not yet do so as a routine part of clinical practice.

Fully compliant: The CCG can demonstrate that the CRHTT routinely measures clinician and patient reported outcome measures as well as feedback from people who use the service, and uses this data as a routine part of clinical practice to continuously improve the service.

2.2.3 Places of safety

Plans should be in place to eliminate the use of police cells as a place of safety following detention under Section 135 & 136 of the Mental Health Act for children and young people and to ensure that they are used only exceptionally for adults from April 2017 (all ages)

a) Does the CCG (individually or collaboratively with other CCGs) commission 24/7 accessible health-based places of safety which operate in such a way that people of any age do not have to undergo a Mental Health Act section 136 (s136) assessment in police custody?

Not compliant: People detained under s136 in the CCG's geographical footprint are still regularly taken to police custody for assessment with little or no improvement in the last 6 months.

Partially compliant: People detained under s136 in the CCG's geographical footprint are still taken to police custody for assessment, though there has been clear improvement in the last 6 months which is likely to continue.

Fully compliant: Nobody of any age detained under s136 in the CCG's geographical footprint has been taken to police custody for assessment within the last quarter and there is confidence within the CCG and local partner organisations that this is likely to continue.

b) Does the CCG actively use provider, police and local authority data to monitor and understand the demand for health-based places of safety, as well as outcomes for s136 detainees?

Not compliant: The CCG does not monitor any s136 data from local providers of health-based places of safety, the police or local authorities.

Partially compliant: The CCG monitors some s136 data from either local providers of health-based places of safety, the police, or local authorities but not from all 3 sources, and/or irregularly.

Fully compliant: The CCG uses data from local providers of health-based places of safety, the police AND local authorities to understand both demand on health-based places of safety, as well as the outcomes for s136 detainees (such as, for example, ongoing detention under a different section of the Mental Health Act, informal admission, discharged home etc.).

c) Is the CCG party/signatory to a joint s136 protocol with other local partners as per the Mental Health Act Code of Practice, which is regularly reviewed with a clear action plan to address any concerns?

Not compliant: The CCG is not party/signatory to a joint s136 protocol with other local partners as per the Mental Health Act Code of Practice.

Fully compliant: The CCG is formally a party/signatory to a joint, multi-agency s136 protocol with other local partners as per the Mental Health Act Code of Practice and the protocol is regularly reviewed with a clear action plan to address any concerns agreed and put in place.

d) Do senior CCG representatives instigate a joint incident review whenever someone detained under s136 within its geographical footprint is refused access to a health-based place of safety and/or taken to police custody?

Not compliant: Senior CCG representatives do not instigate a joint incident review whenever someone detained under s136 within its geographical footprint is refused access to a health-based place of safety and/or taken to police custody.

Fully compliant: Senior CCG representatives instigate a joint incident review involving local partners whenever someone detained under s136 within its geographical footprint is refused access to a health-based place of safety (e.g. on account of age, intoxication, area of residency) and/or taken to police custody in order to understand reasons, learn lessons around practice and provision, and instigate change if necessary.

e) Does the CCG (individually or jointly e.g. with a Police & Crime Commissioner) commission services from a provider which gives police officers urgent access to mental health specialist clinical advice?

Not compliant: The CCG does not commission any services from a provider which give police officers urgent access to mental health specialist clinical advice.

Fully compliant: The CCG, perhaps jointly, commissions services from a provider which give police officers urgent access to mental health specialist clinical advice and information from patient records, such as through a 'street triage' or 999 control room triage model, NHS 111 or an existing crisis line/other Single Point of Access for public service professionals to use.

3 Out of Area Placements (OAPs) – guidance on compliance with self-assessment indicators

3.1 Background and rationale

Earlier this year, the Commission to review Acute Adult Psychiatric Care found a significant problem with acutely unwell individuals having to travel long distances to be admitted for inpatient mental health care. Out of area placements (OAPs) result in people being separated from their families, carers and wider support networks and can significantly disrupt their continuity of care. This can leave people feeling isolated and delay recovery, often resulting in them spending longer as inpatients than they would have done if admitted locally, and considerably increase their risk of suicide. In addition to the negative impact on patient experience and clinical outcomes, out of area placements usually incur significant financial costs. Where areas have successfully reduced or eliminated out area placements, they have been able to demonstrate substantial financial savings that can be reinvested back into the mental health system, resulting in reduced length of stay and better access to acute care.

To address the issue of OAPs, there is now a national ambition to substantially reduce all types of out of area placements, with a particular focus on eliminating inappropriate OAPs for adults requiring acute inpatient care by 2020-21. Substantial engagement has been undertaken to develop a definition of an acute out of area placement, which has recently been published by the Department of Health.

Reducing out of area placements requires commissioners and providers to work together closely to address the local mental health system as a whole. This is why the indicators chosen for the CCGIAF include a focus on planning. There is currently extensive local variation regarding numbers of OAPs and recent work to improve data collection from Mental Health providers will allow this variation to be better understood going forwards. The CCGIAF will provide a useful context for understanding this additional data and an important means of tracking local performance against the ambition to eliminate OAPs.

3.2 Guidance on indicators

The indicators below reflect the requirement for plans to be in place to reduce the usage of out of area placements for adult mental health inpatient care.

1) Has the CCG established a process to monitor mental health out of area placements by bed type, which includes (at individual patient level):

- ***i. how many out of area placements are made***
- ***ii. The reasons for out of area placements***
- ***iii. the duration of out of area placements***
- ***iv. the cost of out of area placements?***

Not compliant: The CCG has not established a process to monitor adult mental health out of area placements by bed type and by placement provider.

Partially compliant: The CCG has established a process to monitor adult mental health out of area placements by bed type but its local data collection does not cover all four of the components listed.

Fully compliant: The CCG is regularly collecting data which allows it to monitor adult mental health out of area placements by all bed types and by placement provider covering all four of the components listed.

2) Does the CCG have a plan in place to reduce the use of all types of mental health out of area placements with a specific focus on placements for mental health acute beds during 2016/17?

Not compliant: The CCG has no plan in place to reduce mental health out of area placements.

Partially compliant: The CCG does have a plan in place to reduce the use of acute mental health bed out of area placements in 2016/17 but not for all bed types (for MH inpatient bed-types that fall within CCG commissioning responsibilities).

Fully compliant: The CCG has a plan in place to reduce the use of acute mental health bed out of area placements in 2016/17 and to eliminate them by 2020/21, and a plan to reduce the use of out of area placements for all other bed types (for MH inpatient bed-types that fall within CCG commissioning responsibilities).

3) Can the CCG demonstrate that it is on track to deliver a reduction in the use of acute mental health bed out of area placements by quarter 4 2016/17?

Not compliant: The CCG cannot demonstrate that it is on track to deliver a reduction in the use of acute mental health bed out of area placements by Q4 2016/17.

Fully compliant: The CCG can demonstrate that it is on track to deliver a reduction in the use of acute mental health bed out of area placements by Q4 2016/17, or that it has zero OATs.

4 Scoring Methodology

4.1 Rationale

An overall score is calculated for each indicator to allow for an overall assessment of performance to be made for each of the transformation indicators and to enable CCGs to compare their progress against their peers.

4.2 Scoring methodology for Children and Young People's Mental Health (CYPMH)

The responses to each question is given an individual score and these are added together to give a total score for each indicator. The scores for each response are given in the table below.

Question	Fully Compliant Score	Partially Compliant Score	Not Compliant Score
1	0.6	0.3	0
2	0.6	0.3	0
3	0.6		0
4	0.6	0.3	0
5	0.6	0.3	0
6	3		0

The total possible score for this indicator is 6. The percentage of the total possible score available is also calculated for each CCG as:

Percentage Compliance = 100 x CCGs Score / Total available score

4.3 Scoring methodology for Crisis Care

The responses to each question is given an individual score and these are added together to give a total score for each indicator. The scores for each response are given in the table below.

Question	Fully Compliant Score	Partially Compliant Score	Not Compliant Score
1a	0.75	0.375	0
1b	0.75	0.375	0
1c	0.75		0
1d	0.75	0.375	0
1e	0.75		0
2a	1.5	0.75	0
2b	1.5	0.75	0
2c	1.5		0
2d	1.5		0
2e	1.5	0.75	0
3a	0.75	0.375	0
3b	0.75	0.375	0
3c	0.75		0
3d	0.75		0
3e	0.75		0

The total possible score for this indicator is 15. The percentage of the total possible score available is also calculated for each CCG as:

Percentage Compliance = 100 x CCGs Score / Total available score

4.4 Scoring methodology for Out of Area Placements (OAPs)

The responses to each question is given an individual score and these are added together to give a total score for each indicator. The scores for each response are given in the table below.

Question	Fully Compliant Score	Partially Compliant Score	Not Compliant Score
1	0.75	0.375	0
2	0.75	0.375	0
3	1.5		0

The total possible score for this indicator is 3. The percentage of the total possible score available is also calculated for each CCG as:

Percentage Compliance = 100 x CCGs Score / Total available score