

**Directly commissioned services – 2023/24 schedule 6 detailed requirements (mental health)**

<b>1</b>	<b>Local identification rules</b>	
1.1	When a healthcare provider utilises a local method of service identification (perhaps because a national method of identification does not exist) the business/identification rule is required to be documented and captured within schedule 2G of the contract. As a minimum all activity with a local price that can be evidenced via a commissioning data set should have an accompanying local business rule documented. Completion of this document will enable all commissioning functions to be clear on areas of commissioning responsibility as captured in supporting data flows.	All mental health services
<b>2</b>	<b>Reconciliation of invoices</b>	
2.1	The monthly aggregate contract monitoring (ACM, national requirement reported locally item 1) report must include those services contracted by the provider and <b>must</b> reconcile with the Mental Health Services Dataset (see section 4 below), and with the invoice presented by the provider. providers are expected to triangulate these data flows, and where reconciliation is not achieved, providers will be required to submit additional information and data to facilitate the validation of data and reconciliation of the invoice by the NHS England commissioning region/NHS-led provider collaborative. The NHS England commissioning region/NHS-led provider collaborative will not pay for any activity it is not able to validate.	All mental health services
2.2	All contracts are to be supported by activity reporting, including those which are block.	All mental health services
<b>3</b>	<b>Data submission timetable</b>	
3.1	Should the provider experience serious technical difficulties with any of these data flows and wish to advise of late data submissions, this must be communicated to the lead provider collaborative, the relevant NHS England commissioning region supplier manager and the location of usual receipt of provider data.	All mental health services
<b>4</b>	<b>Data flows via Mental Health Services Dataset</b>	
4.1	Providers of NHS-funded mental health services are mandated to submit Mental Health Services Dataset (MHSDS) submissions in accordance with the DCB0011 Information Standard.	All mental health services

	<p>It is a mandatory requirement that all providers of NHS commissioned mental health services (including children and young person’s mental health [CYPMHS] services provided by acute children’s hospitals) collect the MHSDS and submit that data to the Strategic Data Collection Service (SDCS) on a monthly basis in accordance with the <a href="#">timetable set by NHS Digital</a>.</p>	
4.2	<p>To identify specialised mental health activity in MHSDS, providers must submit the NHS England specialised commissioning region or provider collaborative Organisation Data Service (ODS) code and specialised mental health service category code in the relevant tables as outlined below. These codes are published in the <a href="#">Determining the responsible NHS-led provider collaborative file on NHS England directly commissioned services reporting website</a>.</p> <p>Service line category codes can be found in the mental health price activity matrix (MH PAM) template (schedule 2B) on the <a href="#">NHS England directly commissioned services reporting website</a></p> <p><b>Recording of NHS England specialised commissioning region or provider collaborative ODS code:</b></p> <ul style="list-style-type: none"> <li>• MHS101 service or team referral</li> <li>• MHS512 hospital provider spell commissioner assignment period</li> <li>• MHS201 care contact.</li> </ul> <p><b>Recording of specialised mental health service line category code:</b></p> <ul style="list-style-type: none"> <li>• MHS101 service or team referral</li> <li>• MHS502 ward stay</li> <li>• MHS201 care contact.</li> </ul>	All mental health services
4.3	<p>All MHSDS submissions should cover all services described in schedule 2B of this contract and may include:</p>	All mental health services

	Specialised Service Code	Specialised Service Code Description	
	▢ NCBPS22E	ADULT EATING DISORDERS	
	▢ NCBPS22D	MENTAL HEALTH SERVICES FOR THE DEAF (ADULT)	
	▢ NCBPS22F	SEVERE OBSESSIVE COMPULSIVE DISORDER AND BODY DYSMORPHIC DISORDER (ADULT)	
	▢ NCBPS22H	SEVERE OBSESSIVE COMPULSIVE DISORDER AND BODY DYSMORPHIC DISORDER (CHILD)	
	▢ NCBPS22T	TIER 4 PERSONALITY DISORDERS	
	▢ NCBPS22U	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (HIGH)	
	▢ NCBPS22S	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (MEDIUM AND LOW)	
	▢ NCBPS23K	TIER 4 CYPMHS (GENERAL ADOLESCENT INC. EATING DISORDERS)	
	▢ NCBPS22C	TIER 4 CYPMHS (MEDIUM SECURE)	
	▢ NCBPS23L	TIER 4 CYPMHS (LOW SECURE)	
	▢ NCBPS23O	TIER 4 CYPMHS (PICU)	
	▢ NCBPS24E	TIER 4 CYPMHS (CHILDRENS SERVICES)	
	▢ NCBPS23U	TIER 4 CYPMHS (LD)	
	▢ NCBPS23V	TIER 4 CYPMHS (ASD)	
	▢ NCBPS24C	TIER 4 CYPMHS (FORENSIC)	
	▢ NCBPS22B	TIER 4 CYPMHS (DEAF CHILD)	
	▢ NCBPS22P	PERINATAL MENTAL HEALTH SERVICES	
	▢ NCBPS05E	ENVIRONMENTAL CONTROLS	
	▢ NCBPS05C	COMMUNICATION AIDS	
	▢ NCBPS08Y	NEUROPSYCHIATRY	
	▢ NCBPS42D	GENDER DYSPHORIA - NON-SURGICAL SERVICES	
	▢ NCBPS22A	GENDER IDENTITY DEVELOPMENT SERVICE - ADOLESCENTS	
	▢ NCBPS22O	OFFENDER PERSONALITY DISORDER	
4.4	Data submitted within the MHSDS must reconcile to activity and costs in the monthly aggregate contract monitoring report (ACM) (national requirements reported locally). Commissioners reserve the right to not pay for activity and costs in the monthly aggregate contract monitoring report that is not supported by and reconcilable to activity and costs from the MHSDS.		All mental health services
4.5	The activity currency and service descriptions within the MHSDS must match the currencies specified in the indicative activity plan (schedule 2, part B), and costs for all patient level datasets must be calculated using the local tariffs listed therein.		All mental health services
4.6	Patient level datasets must include all activity for which the provider is responsible, including for services where the provider has a lead provider arrangement and for services that the provider sub-contracts to another provider (NHS or independent). The provider is responsible for ensuring that providers under lead provider or sub-contract arrangements adhere to the format and timetable for patient level data described in this section.		All mental health services
4.7	All submissions should adhere to the MHSDS user guidance. Please see <a href="#">supportive guidance regarding MHSDS submissions specifically relating to restrictive interventions within appendix 2 of MHSDS user guidance.</a>		All mental health services
4.8	MHSDS version 5 allows submission of exceptional packages of care in the table MHS517. Providers of specialised mental health services are required to submit details of exceptional packages of care within the MHSDS, which have been agreed		All mental health services

	by the lead provider collaborative for in-scope services or the NHS England Specialised Commissioning team for retained services.	
4.9	If the provider fails to comply with the clauses 4.1 to 4.8 above, commissioners will follow procedures described in SC28.18 to SC28.23 of this contract.	All mental health services
<b>5</b>	<b>Local quality requirements (schedule 4 part C)</b>	
5.1	Please note that all reporting relating to quality requirements should be reported via the quarterly contract reporting template, located within the schedule 6 – Contract management, reporting and information requirements document (local requirements reported locally).	All mental health services
<b>6</b>	<b>Maintaining the National Case Management System, assuring transformation databases and Capacity Planning and Monitoring System</b>	
6.1	For services in scope, lead providers are responsible for ensuring case managers maintain and update the National Case Management System (NCMS) in line with the <a href="#">case management standard operating procedure</a> to support direct patient care.  To access the NCMS you need to have VPN which allows you to connect to NHS Network - please contact your local helpdesk for further information.	Lead Provider Collaborative
6.2	Lead providers are responsible for ensuring case managers involved in the Learning Disability and Autism Programme maintain the assuring transformation data collection in accordance with Information Standard (DCB2007).	Lead Provider Collaborative
6.3	For services in scope, lead providers are responsible for ensuring the Capacity Planning and Monitoring System (CPMS), specifically the strategic bed plan appropriate section of the system is updated/reviewed to help support planning, demand and capacity	Lead Provider Collaborative
6.4	Children and young person's mental health service (CYPMHS) bed availability and Mother and Baby Unit (MBU) WebBeds portal has now been replaced by a single system called Capacity Planning and Monitoring System (CPMS) for inpatient services. Other Inpatient services will start to use the Capacity Planning and Monitoring System, and the system will be enhanced to incorporate non-inpatient services and once developed will be rolled out.	All mental health services/ lead provider collaborative

<b>7</b>	<b>Data submission to support children and young person's mental health service Capacity Planning and Monitoring System bed management</b>	
7.1	All providers of children and young person's mental health services (CYPMHS) (including those provided by acute children's hospitals) are mandated to review and update details of their bed availability to the nationally hosted portal (via the North of England Commissioning Support Unit) whenever a change in bed availability occurs. This is due to the high profile and demand for CYPMHS beds whilst aiming to reduce 12-hour breaches in emergency departments and the use of 136 suites. Providers will be monitored by the lead provider collaborative/NHS England regional teams and if providers consistently fail to update the daily bed position, the lead provider collaborative/NHS England may invoke a penalty in line with the contract clause.	Children and young person's mental health service providers
7.2	<a href="#">Access the portal and the registration guidance.</a> Prior to the portal being accessed there is a system pre-requisite for Internet Explorer version 9 and above, Chrome or Firefox to be locally installed.  View the <a href="#">user guidance to the Capacity Planning and Monitoring System.</a>	Children and young person's mental health service providers
7.3	The portal records the frequency with which it is accessed and updated. If the provider fails to comply with the clauses 7.1 and 7.2 above, commissioners will follow procedures described in SC28.14 to SC28.18 of this contract.	Children and young person's mental health service providers
<b>8</b>	<b>Additional children and young person's mental health service reporting requirements</b>	
8.1	All providers of children and young person's mental health services (CYPMHS) (including those provided by acute children's hospitals) are required to notify the young person's local authority education department when admitted regarding agreement on plans/funding for education provision.	Children and young person's mental health service providers
8.2	In line with the Children's Act and Mental Health Code of Practice, all providers of CYPMHS (including those provided by acute children's hospitals) are required to notify the young person's local authority when the admission period reaches 3 months or longer.	Children and young person's mental health service providers

<b>9</b>	<b>Information required by NHS England and NHS lead provider collaboratives</b>	
9.1	Case managers may request additional clinical information relating to patient pathways including access to assessment reports, comments on care planning, discharge plans, care programme approach (CPA) reports (including supporting clinical information), CPA dates and activity management plans as and when they are required. Providers are expected to agree to any reasonable request.	All mental health services
9.2	Children and young person's mental health service (CYPMHS) case managers will require access to CYPMHS inpatient national referral and assess to information that the provider is receiving. This will enable case managers to work collaboratively with local services, access assessors and CYPMHS inpatient services to facilitate efficient use of CYPMHS inpatient resources within the health system.	Children and young person's mental health service providers
<b>10</b>	<b>Data submission to support mother and baby unit Capacity Planning and Monitoring System, bed availability management</b>	
10.1	All providers of inpatient perinatal mental health services/mother and baby unit (MBU) are mandated to review and update their bed availability to the nationally hosted portal (via the North of England Commissioning Support Unit) whenever a change in bed availability occurs. This is a formalisation of current practice, which has been in place since the previous WebBeds portal was launched in 2017.	All mother and baby unit providers
10.2	<a href="#">Access the portal</a> . Providers should contact local commissioners if guidance is required, as they will be able to determine the most up to date contact information for support with the mother and baby unit (MBU) Capacity Planning and Monitoring System (CPMS) system portal.  The universal referral form, which MBUs are required to accept as standard and to utilise where onward referrals are made, can also be downloaded from the CPMS System portal.  <a href="#">View user guidance to the CPMS system</a> .	All mother and baby unit providers
<b>11</b>	<b>National programmes and quality dashboards</b>	
11.1	Providers must contribute to the national clinical audit and patient outcomes programmes (NCAPOPs) and to other national programmes where these are appropriate as described in Service Conditions SC26.	All mental health services

11.2	The quality dashboard must be completed on a quarterly basis in line with the specified timetable. Late submissions will not be accepted.	All mental health services
11.2.1	<a href="#">View details of the content of the dashboards.</a>	All mental health services
11.2.2	Quality dashboard submissions are via the web portal  Specialised Services quality dashboards submissions in 2023/24 will be made through Quality Calculating Reporting Service data collections tool accessed through the <a href="#">NHS applications webpage</a> . If assistance is required to register for this application, please contact <a href="mailto:gcrs@england.nhs.uk">gcrs@england.nhs.uk</a>	All mental health services
<b>12</b>	<b>Episodes reporting</b>	
12.1	Where episodes (appendix S6A14 24-hour episode notification form) fall into the categories set out in the national framework for reporting and learning from patient safety incidents response framework, the process set out in the national framework.	All mental health services
<b>13</b>	<b>Offender personality disorder pathway: quarterly templates and data returns</b>	
13.1	The offender personality disorder pathway is underpinned by a set of principles to which we expect all services along the pathway to adhere. It is important to be able to show that services are delivered to the highest quality possible with the given resources available, and there is a requirement to be able to demonstrate this to service users, staff, commissioners and the wider public. Quality assurance should be the process that gives people confidence that services are delivering their commission, and therefore set up to achieve high level and intermediate outcomes.	Providers part of offender personality disorder pathway
13.2	The quarterly (QQR) and annual (AQR) quality reporting templates relate to the reporting method for the framework. These templates should be used for contract meetings and will have pre-populated data tables sent on a quarterly basis. There are two versions – one for core services and one for intervention services. The staff development and data lost template (separate templates developed for core and intervention services) should be used when completing the relevant sections of the reporting template. Data returns should only be used by intervention services. These are sent to the North of England Commissioning Unit ( <a href="mailto:necsu.opd@nhs.net">necsu.opd@nhs.net</a> ) and this is what is needed to pre-populate the reporting templates with the appropriate data. The standard interventions data return should be used for all other than Intensive Intervention and Risk	Providers part of offender personality disorder pathway



	Management Service and medication to manage sexual arousal services of which there are alternative spreadsheets.	
<b>14</b>	<b>Data sharing agreements for offender personality disorder pathway</b>	
14.1	Providers of specialised mental health services are required, upon request, to produce evidence that where supporting pathways of care within an offender personality disorder pathway program that all relevant and required data sharing agreements are in place with all stakeholders.	Providers part of offender personality disorder pathway
<b>15</b>	<b>Staff audits</b>	
15.1	Providers of specialised mental health services are required, upon request, to participate in staffing audits in conjunction with the lead provider collaborative/NHS England commissioning region, to provide assurance that staff levels and skill-mix are safe and appropriate to the services being provided.	All mental health services
15.2	Providers of specialised mental health services are required to report against staffing mandatory training compliance in accordance with S6A10 appendix 2023-24 mental health quarterly key performance indicator reporting.	All mental health services
<b>16</b>	<b>Information governance and audit</b>	
16.1	All patient identifiable information exchanged electronically must be transmitted in a safe and secure manner as set out in <a href="#">the secure email standard (DCB1596)</a> , which includes nhs.net accounts.	All mental health services
16.2	The NHS England regional team may be required to release information originally supplied by providers under the Freedom of Information Act or to support parliamentary questions, Ombudsman enquiries etc. In responding to such requests, the NHS England regional team will adhere to patient confidentiality and will not release commercially sensitive information, as set out in General Conditions (GC21.18).	All mental health services
<b>17</b>	<b>Counting, currencies and coding</b>	
17.1	Providers must comply with all national guidance relating to the reporting of healthcare activities included in but not limited to the following: <ul style="list-style-type: none"> <li>• <a href="#">the NHS data dictionary</a></li> <li>• <a href="#">information standards and collections notices</a></li> <li>• mandatory requirement to record patients NHS number as described in Service Conditions SC23.4. Failure to comply with SC23.4 will result in</li> </ul>	All mental health services



	<p>withholding payment as described in SC28.18 to SC28.23</p> <ul style="list-style-type: none"> <li>• national clinical database protocols and standards for all national clinical databases or registries specified in the Identification Rules</li> <li>• National Institute for Health and Care Excellence guidance (NICE) and Technology Appraisal</li> <li>• specialised services clinical circulars.</li> </ul>	
17.2	All national data quality guidance applies equally to aggregate contract monitoring, Mental Health Services Dataset and local data.	All mental health services
17.3	<p>The currencies reported in each contract monitoring report supplied by the provider must mirror the detail originally provided in the <a href="#">Mental health price activity matrix (MH PAM) template (schedule 2B)</a>.</p> <p>Where differences are noted, these will be captured within the monthly data challenge process. Where a reported currency for a service has changed, this is required to be recorded as a contract variation so that an audit trail can be maintained.</p>	All mental health services
17.4	The provider is required to adopt best practice with regards to clinical coding and where relevant utilise additional guidance issued via clinical coding briefings from the NHS Digital. Where this results in a change of practice, advance notice of the change is required and maintenance of cost neutrality in accordance with Service Conditions (SC28.6 to 28.15)	All mental health services
17.5	On an annual basis the provider is required to share a copy of the trust clinical coding audit report as part of the annual counting and coding stock take (required by the end of September)	All mental health services
17.6	For the purposes of coding, unless otherwise stated, the National Tariff Service definition of a child (<19 years) is used.	All mental health services
<b>18</b>	<b>Data Flows to the Secondary Uses Service (where relevant)</b>	
18.1	Where a mental health or acute healthcare provider provides specialised mental health services, the mental health activity is to be reported within the Mental Health Services Dataset (see details above). The mental health activity is not expected to be duplicated within a commissioning dataset submitted to Secondary Uses Service or to the Psychiatric Census.	All mental health services

<b>19</b>	<b>Safeguarding</b>	
19.1	A summary report of all safeguarding alerts, including outcomes, is to be reported to the lead commissioner on a quarterly basis as part of contract monitoring meetings. For high level safeguarding alerts, these will be reported to the lead commissioner as soon as possible after the event.	All mental health services
<b>20</b>	<b>Section 47/49 monies</b>	
20.1	When patients are transferred to hospital from legal custody under Section 47/49 of the Mental Health Act 1983, they are not entitled to any Department for Work and Pensions benefit payments. The Department of Health pays a weekly allowance to each patient. When patients are transferred to hospital under this section this should be clearly indicated in S6A16 appendix ward budget form. It is also important to inform Patients Finance when a patient's section changes from a Section 47/49 as information given to the Department of Health must be accurate and the patient may be eligible to claim benefits.	Adult secure providers