

CQUINS 2016/17

1. NHS Staff health and wellbeing (Option B selected)
 - a. 0.75% of CQUIN Scheme available

- 3 Improving the physical health for patients with severe mental illness (PSMI)
 - a. 0.25% of CQUIN Scheme available

The local CQUINS will be

1. Mental Health - 14 – Avoidable Mental Health Act Detentions
 - o 0.5% of CQUIN Scheme available

2. Learning disabilities – 5 Health Checks
 - o 0.5% of CQUIN Scheme available

- ~~3.~~ Transition
 - o 0.5% of CQUIN Scheme available

NHS Staff health and wellbeing

Note on CQUIN indicator

There are 3 parts to this CQUIN indicator:

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)	Value (£)
CQUIN 1a	Introduction of health and wellbeing initiatives Option B	33.3% of 0.75% (0.25%)	
CQUIN 1b	Healthy food for NHS staff, visitors and patients	33.3% of 0.75% (0.25%)	
CQUIN 1c	Improving the uptake of flu vaccinations for front line staff within Providers	33.3% of 0.75% (0.25%)	

1a. Introduction of Health and Wellbeing Initiatives

Indicator	
Indicator name	Introduction of health and wellbeing initiatives- Option B
Indicator weighting (% of CQUIN scheme available)	33.3% of 0.75% (0.25%)
Description of indicator	<p>Commissioners and Providers should choose between Option A or Option B</p> <p>The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.</p> <p>Providers should develop a plan and ensure the implementation against this plan. This plan will be subject to peer review (further guidance will be issue on the peer review aspect in the next 4-6 weeks). This should cover the following three areas;</p> <ul style="list-style-type: none"> a) Introducing a range of physical activity schemes for staff. Providers would be expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges. b) Improving access to physiotherapy services for staff. A fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues to ensure staff who are referred via GPs or Occupational Health can access it in a timely manner without delay; and c) Introducing a range of mental health initiatives for staff. Providers would be expected to offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training;
Numerator	N/A
Denominator	N/A

Indicator	
Rationale for inclusion	<p>Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment. As well as the economic benefits that could be achieved, evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and better clinical outcomes for patients.</p> <p>The <i>Five Year Forward View</i> made a commitment ‘to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy’. This CQUIN builds on this promise and the developments made across England during the past year through some of the work being undertaken within NHS England’s Healthy Workforce Programme to help promote health and wellbeing for NHS staff and improve the support that is available for them in order for them to remain healthy & well.</p> <p>A key part of improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required. The role of board and clinical leadership in creating an environment where health and wellbeing of staff is actively promoted and encouraged.</p>
Data source	Local implementation plan
Frequency of data collection	Quarter 1 – once Quarter 4 - once
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarter 1 – once Quarter 4 - once
Baseline period/date	N/A
Baseline value	N/A

Indicator	
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	Introducing the agreed initiatives as set out in their plan
Final indicator reporting date	Introducing the agreed initiatives as set out in their plan
Are there rules for any agreed in-year milestones that result in payment?	Yes see milestone requirements below.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	Providers should have developed a plan to introduce and actively promote the three initiatives that is peer reviewed and signed off.	July 2016	20% of the indicator weighting for part 1a
Quarter 4	Providers should have implemented their initiatives (as agreed in their signed off plan) and actively promoted these services to staff to encourage uptake of initiatives.	March 31 2017	80% of the indicator weighting for part 1a

Supporting Guidance and References

<https://www.nice.org.uk/guidance/ng13>

Supplementary guidance on the health and wellbeing initiatives will be provided during the next 4-6 weeks.

1b. Healthy food for NHS staff, visitors and patients

Indicator	
Indicator name	Healthy food for NHS staff, visitors and patients
Indicator weighting (% of CQUIN scheme available)	33.3% of 0.75% (0.25%)
Description of indicator	<p>Part a</p> <p>Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17, including:</p> <ul style="list-style-type: none"> a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)¹. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d. Ensuring that healthy options are available at any point including for those staff working night shifts. <p>CQUIN funds will be paid on delivering the four outcomes above. In many cases</p>

¹ The Nutrient Profiling Model can be used to differentiate these foods while encouraging the promotion of healthier alternatives.
<https://www.gov.uk/government/publications/the-nutrient-profiling-model>

	<p>providers will be able to achieve these objectives by renegotiating or adjusting existing contracts.</p> <p><u>Part b</u></p> <p>Providers will also be expected to submit national data collection returns by July based on existing contracts with food and drink suppliers. This will cover any contracts covering restaurants, cafés, shops, food trolleys and vending machines or any other outlet that serves food and drink.</p> <p>The data collected will include the following; the name of the franchise holder, food supplier, type of outlet, start and end dates of existing contracts, remaining length of time on existing contract, value of contract and any other relevant contract clauses. It should also include any available data on sales volumes of sugar sweetened beverages (SSBs).</p>
Numerator	N/A
Denominator	N/A
Rationale for inclusion	<p>PHE’s report “Sugar reduction – The evidence for action” published in October 2015 outlined the clear evidence behind focussing on improving the quality of food on offer across the country. Almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone currently costs the NHS £5.1bn every year. Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. Consumption of sugar and sugar sweetened drinks. It is important for the NHS to start leading the way on tackling some of these issues, starting with the food and drink that is provided & promoted in hospitals.</p>

<p>Data source</p>	<p>Quarter 1 The responses to the proposed questions below will form part of a national data collection. Providers will submit the responses via UNIFY following locally agreed sign off process by the commissioner.</p> <ol style="list-style-type: none"> 1) Name of franchise holder 2) Name of supplier or vendor(s) 3) Type of sales outlet (restaurant, café, vending, shop/store, trolley service) 4) Start date of existing supplier contract 5) End date of existing supplier contract 6) Remaining length of contract (time to expiration) with external supplier(s) 7) Total contract value 8) Value of contract for the financial year 2015/16 9) Profit share agreements that are in addition to the contract value (percentage of profit that is received by the NHS Provider from the supplier) 10) Free text box: Contract break clauses 11) Volume of Sugar Sweetened Beverages sold <p>Quarter 4</p> <ol style="list-style-type: none"> 1) Question: Have you changed your food supplier during 2016/17(Yes/ No) If yes who is your new food supplier?
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Frequency of data collection	End of Quarter 1- once only End of Quarter 4- once only
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	End of Quarter 1 End of Quarter 4
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	To be determined locally
Final indicator reporting date	As soon as possible after Q4 2016/17
Are there rules for any agreed in-year milestones that result in payment?	Yes see -milestones requirements below.

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	The collection of the 11 data points outlined in part b.) and the submission via unify	July 2016	20% of the indicator weighting for part b
Quarter 4	To be paid on delivering the four outcomes outlined in part a.)	March 31 2017	80% of the indicator weighting for part a

Rules for partial achievement

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
0 out of 4 changes introduced	No payment
1 out of 4 changes introduced	25% payment of milestone weighting part a.)
2 out of 4 changes introduced	50% payment of milestone weighting part a.)
3 out of 4 changes introduced	75% payment of milestone weighting part a.)
All 4 changes introduced	100% payment of milestone weighting part a.)

Supporting Guidance and References

<https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action>

1c. Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff

Indicator	
Indicator name	Improving the uptake of flu vaccinations for frontline clinical staff
Indicator weighting (% of CQUIN scheme available)	33.3% of 0.75% (0.25%)
Description of indicator	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%
Numerator	Number of front line healthcare workers (permanent staff and those on fixed contracts) who have received their flu vaccination by December 31 2016
Denominator	Total number of front line healthcare workers (permanently contracted staff and fixed term contracts)
Rationale for inclusion	<p>Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season- a much higher incidence than expected in the general population.</p> <p>Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.</p> <p>The green book recommends that healthcare workers directly involved in patient care are vaccinated annually. It is also encouraged by the General Medical Council and by the British Medical Association.</p>
Data source	Providers to submit cumulative data monthly over four months on the ImmForm website
Frequency of data collection	Monthly

Indicator	
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	December 2016
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	December 2016
Final indicator value (payment threshold)	A 75% uptake of the flu vaccination
Final indicator reporting date	As soon as possible after Q4 2016/17
Are there rules for any agreed in-year milestones that result in payment?	N/A
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes - see partial payment section

Rules for partial achievement

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
64% or less	No payment
65% - 74% uptake of flu vaccinations	50% payment
75% or above	100% payment

Supporting Guidance and References

Practical guidance and support for Providers will be provided by the beginning of March to help support them with the introduction of the initiatives & to help them promote uptake. However, NHS Employers already offer campaign advice for Providers.

<http://www.nhsemployers.org/campaigns/flu-fighter/nhs-flu-fighter>

Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)

Note on CQUIN indicator

There are 2 parts to this CQUIN indicator:

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)	Value (£)
CQUIN 3a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses	80% of 0.25% (0.20%)	
CQUIN 3b	Communication with General Practitioners	20% of 0.25% (0.05%)	

3a. Cardio Metabolic assessment and treatment for patients with psychoses

Indicator	
Indicator name	Cardio metabolic assessment and treatment for patients with psychoses
Indicator weighting (% of CQUIN scheme available)	80% of 0.25% (0.20%)
Description of indicator	<p>To demonstrate Cardio metabolic Assessment and Treatment for Patients with Psychoses in the following areas:</p> <ul style="list-style-type: none"> a) Inpatient Wards b) Early Intervention Psychosis Services c) Community Mental Health Services (Patients on CPA)
Numerator	<p>a) Inpatients and Early Intervention Psychosis Services</p> <p>Number of patients in defined audit sample who have both:</p> <ul style="list-style-type: none"> i. a completed assessment for each of the cardio-metabolic parameters with results documented in the patient's records ii. a record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool. <p>b) Patients on CPA in Community Mental Health Services</p> <p>Number of patients in defined audit sample who have both:</p>

Indicator	
	<ul style="list-style-type: none"> i. a completed assessment for each of the cardio-metabolic parameters with results recorded in the patient's records i. ii. a record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool.
Denominator	<p>a) Inpatients and Early Intervention Psychosis Services</p> <p><u>Inpatients</u> Number of patients in defined national audit sample – (the sample must be limited to patients who have been admitted to the ward for at least 7 days. Inpatients with an admission of less than 7 days are excluded)</p> <p><u>Early Intervention Psychosis Services</u> Number of patients in defined national audit sample – (the sample must be limited to patients who have been on the team caseload for a minimum of 6 months)</p> <p>b) Patients on CPA in Community Mental Health Services Number of patients on CPA in defined national audit sample – (the sample must be limited to patients who have been on the team caseload for a minimum of 12 months)</p>
Rationale for inclusion	<p>This CQUIN builds on the developments made across England on improving physical health care for people with severe mental illness (SMI) in order to reduce premature mortality in this patient group. It gives providers an opportunity to continue building on progress made over the past two years and ensure systems are in place to embed learning and sustain good practice.</p> <p>The aim is to ensure that patients with SMI have comprehensive cardio metabolic risk assessments, have access to the necessary treatments/interventions and the results are recorded in the patient's record and shared appropriately with the patient and the treating clinical teams.</p> <p>Patients with SMI for the purpose of this CQUIN are all patients with psychoses, including schizophrenia (see additional notes below), in all types of inpatient units and community settings commissioned from all sectors.</p>

Indicator	
	<p>The cardio metabolic parameters based on the Lester Tool for this CQUIN are as follows:</p> <ul style="list-style-type: none"> • Smoking status; • Lifestyle (including exercise, diet alcohol and drugs); • Body Mass Index; • Blood pressure; • Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate); • Blood lipids.
Data source	Internal provider sample submitted to National Audit provider for the CQUIN.
Frequency of data collection	Data for national audit expected to be collected and submitted to national audit provider during Quarter 3 of 2016/17 – results to be available in Quarter 4
Organisation responsible for data collection	MH Provider
Frequency of reporting to commissioner	Results of national audit expected to be available for Quarter 4 for reporting to commissioners (April 2017). Additional direct reporting to commissioners locally in Quarters 2, 3 and 4.
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Quarter 4, 2016/17
Final indicator value (payment threshold)	<ul style="list-style-type: none"> a) Inpatients – 90% b) Early Intervention Psychosis Services – 90% c) Community Mental Health Services (Patients on CPA) - 65%

Indicator	
<p>Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)</p>	<p>Quarter 4 audit results demonstrate that for 90% of inpatients, 90% of Early Intervention Psychosis services and 65% of Community Mental Health Services audited, the provider has undertaken an assessment of each of the cardio metabolic parameters below, with the results recorded in the patient's records/care plan/discharge documentation as appropriate, together with a record of associated interventions where indicated (eg smoking cessation programme, lifestyle interventions, medication review, treatment according to NICE guidelines and /or onward referral to another clinician for assessment, diagnosis and treatment)</p> <p>The parameters are:</p> <ul style="list-style-type: none"> • Smoking status; • Lifestyle (including exercise, diet alcohol and drugs); • Body Mass Index; • Blood pressure; • Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate); • Blood lipids.
<p>Final indicator reporting date</p>	<p>30 April 2017</p>
<p>Are there rules for any agreed in-year milestones that result in payment?</p>	<p>Yes- see below</p>
<p>Are there any rules for partial achievement of the indicator at the final indicator period/date?</p>	<p>Yes- see below</p>
<p>EXIT Route</p>	<p>To become part of the quality requirements in 2017/18 and monitored through the quality schedule</p>

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
<p>Quarter 1</p>	<p>Inpatient Wards and Early Intervention Psychosis Services</p> <ul style="list-style-type: none"> i. Ensure ongoing training programme for clinicians on improving physical health care for patients with SMI (assessed locally by commissioners) ii. Evidence of successful implementation of electronic healthcare records data collection of physical health assessment and measurable outcomes (assessed locally by commissioners) iii. Evidence of routine systematic feedback on performance to clinical teams (assessed locally by commissioners) <p>Community Mental Health Services (Patients on CPA)</p> <ul style="list-style-type: none"> iv. Establish physical health training plan for community mental health clinicians (assessed locally by commissioners) v. Identification/development of clear pathways for interventions and signposting for all cardio-metabolic risk factors: <ul style="list-style-type: none"> • Smoking cessation • Lifestyle (including exercise, diet alcohol and drugs) • Obesity 	<p>31 July 2016</p>	<p>20% of indicator weighting for part 3a</p>

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<ul style="list-style-type: none"> • Hypertension • Diabetes • High cholesterol (assessed locally by commissioners)		
Quarter 2	Completed pathways in place and disseminated to all clinical teams (assessed locally by commissioners)	October 2016	10% of indicator weighting for part 3a
Quarter 3	Clinical staff training plan fully implemented (assessed locally by commissioners)	31 January 2017	10% of indicator weighting for part 3a
Quarter 4	Results of national audit across both inpatients and Early Intervention Psychosis Services (see sliding scales below for payment details). Community Mental Health Services - (see sliding scales below for payment details).	April 2017	60% of indicator weighting for part 3a in all, made up of: 30% 30%

Rules for partial achievement

Inpatients and Early Intervention Psychosis Services

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
49.9% or less	No payment
50.0% to 69.9%	25% payment
70.0% to 79.9%	50% payment
80.0% to 89.9%	75% payment
90.0% or above	100% payment

Community Mental Health Services

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
34.9% or less	No payment
35.0% to 44.9%	25% payment
45.0% to 54.9%	50% payment
55.0% to 64.9%	75% payment
65.0% or above	100% payment

Supporting Guidance and References

- **ICD 10 codes:** For the purposes of the CQUIN, patients who have a diagnosis of psychosis, including schizophrenia and bipolar affective disorder with the relevant ICD-10 diagnostic codes will be included in the national audit: F10.5, F11.5, F12.5, F13.5, F14.5, F15.5, F16.5, F19.5, F20-29, F30.2, F31.2, F31.5, F32.3 and F33.3
- **Lester tool:** <http://www.rcpsych.ac.uk/pdf/eversion%20NICE%20Endorsed%20Lester%20UK%20adaptation%20.pdf>

3b. Communication with General Practitioners

Indicator	
Indicator name	Communication with General Practitioners
Indicator weighting (% of CQUIN scheme available)	20% of 0.25% (0.05%)
Description of indicator	90% of patients to have either an updated CPA ie a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed.
Numerator	The number of patients in the audit sample for whom the provider has provided to the GP an up-to-date copy of the patient's care plan/CPA review letter or a discharge summary which sets out details of all of the following: <ol style="list-style-type: none"> i. NHS number ii. All primary and secondary mental and physical health diagnoses iii. Medications prescribed and recommendations (may include duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing or changing medication) iv. Ongoing monitoring and/or treatment needs for cardio-metabolic risk factors identified

Indicator	
	v. Care Plan or discharge plan
Denominator	A sample of a minimum of 100 patients who are subject to the CPA –and who have been under the care of the provider for at least 12 months at the time of the audit.
Rationale for inclusion	Appropriate sharing of information between practitioners about diagnosed physical and mental health conditions is essential for safe practice. The rationale for this CQUIN is to ensure essential information needed for safe and effective care of patients who are also seen by secondary care mental health services is communicated to primary care professionals.
Data source	Internal audit undertaken by providers
Frequency of data collection	One audit in Quarter 2
Organisation responsible for data collection	MH provider
Frequency of reporting to commissioner	Results of local audit required to be reported to local commissioners in Quarter 3
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Audit undertaken in Q2, July – September 2016.
Final indicator value (payment threshold)	90.0%
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	<p>Quarter 2 audit demonstrates that, for 90% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient’s care plan/CPA review letter or a discharge summary which sets out details of all of the following:</p> <ul style="list-style-type: none"> i. NHS number ii. All primary and secondary mental and physical health diagnoses iii. Medications prescribed and recommendations (may include duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing or changing medication)

Indicator	
	iv. Ongoing monitoring and/or treatment needs for cardio-metabolic risk factors identified v. Care Plan or discharge plan
Final indicator reporting date	January 2017
Are there rules for any agreed in-year milestones that result in payment?	N/A
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes – see below
EXIT Route	To be determined locally

Rules for partial achievement

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
49.9% or less	No payment
50.0% to 69.9%	25% payment
70.0% to 79.9%	50% payment
80.0% to 89.9%	75% payment
90.0% or above	100% payment

Avoidable Mental Health Act Detentions

Indicator	
Indicator name	Safely Reducing Avoidable Repeat Detentions under the Mental Health Act
Indicator weighting (% of CQUIN scheme available)	0.5%
Description of indicator	<p>Providers will be assessed against quarterly implementation of governance-focused indicators which are:</p> <ol style="list-style-type: none"> 1. Routine reporting on and review of the use of the Mental Health Act, in order to identify those detained with the most frequency 2. Retrospective root-cause analysis of the 50 most frequently detained service users 3. Focus groups with detained service users and their supporters, to seek recommendations on safe and appropriate alternatives to care 4. Enhanced care reviews of service users repeatedly detained.
Numerator	Not applicable as the scheme is based on achievement of milestones
Denominator	Not applicable as the scheme is based on achievement of milestones
Rationale for inclusion	The aim of this CQUIN scheme is to safely reduce the level of repeat detentions made under the Mental Health Act (MHA) 1983. Providers will achieve this by implementing governance arrangements and protocols to enable better understanding of demographics of those subject to repeat detentions, and the reasons for those repeat detentions
Data source	Provider reports
Frequency of data collection	Quarterly
Organisation responsible for data collection	Provider to submit board-level report outlining progress towards implementation
Frequency of reporting to commissioner	Quarterly

Indicator	
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Quarterly reward schedule in line with agreed milestones
Final indicator value (payment threshold)	N/A
Final indicator reporting date	Quarterly reward schedule in line with agreed milestones
Are there rules for any agreed in-year milestones that result in payment?	Yes
Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A
EXIT Route	To be monitored through Crisis Care Concordat 2017/18

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	Routine governance reports on the use of the MH act in all communities were reported and reviewed to identify those who had been detained 1-3. 4-6. 7-10 above 10 times in a 2 year period:	End Q1 (30/07/2016)	25%
Quarter 2	Root cause Analysis Retrospective review of the top 50 who had been frequently detained: through CQC care pathway review methodology of individual semi structured interviews, undertaken by SU researchers, to identify the root causes of the mental ill health, help seeking behaviours in crisis and	End Q2 (31/10/2016)	25%

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	elective care, the pathway into care, the interventions offered and person, and their families attitudes to current models of healthcare provision and recommendations for change.		
Quarter 3	Focus groups of 10 service users who had been detained, and their families, supporters and community leaders (where appropriate) to seek their recommendations on safe (for the person and for their community) appropriate alternatives to care, where these were felt appropriate.	End Q3 (31/01/2017)	25%
Quarter 4	Enhanced care review of 10 of those who had been repeatedly detained, to assess and plan safe feasible alternatives to prevent avoidable detentions. It is very likely that these reviews and responsive least restrictive care plans will require inputs from the patient and family, multi-disciplinary and multi-agency that can best respond to the identified biopsychosocial needs. .	End Q4 + 4 weeks (30/04/2017)	25%

Rules for Partial Achievement at Final Indicator Period/ Date

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value

Supporting Guidance and References

In future years or, to stretch performance in Year 1, the CQUIN could additionally include:

- achievement of the National best practice standards of assessment under the Mental Health Act
- achievement in peer accreditation network for best standards achievement

Evidence on rate of detentions

The February 2014 monthly summary of the Mental Health Minimum Dataset included a special feature on detention rates based on 2012-13 data, an extract of the summary is pasted below:

<http://www.hscic.gov.uk/catalogue/PUB14125>

- The rate of detention was 74.8 people per 100,000 of the population, or approximately one person in 1,300 people.
- The rate of short term orders was 40.2 people per 100,000 of the population, or approximately one in 2,500 people.
- The rate of detention was highest for the 75 and over age group at 99.0 people per 100,000 of the population, the highest for any adult age group.
- The rate of short term orders was highest for the 25-34 year age group at 58.1 people per 100,000 of the population.
- The rate of detention for people from the Black and Black British ethnic group, 250.3 people per 100,000 of the population, was around 3 times higher than for the White ethnic group (62.9 per 100,000 of the population).
- 13.4 per cent of people who were subject to a detention were detained more than once in the year.
- 16.8 per cent of people who were subject to a short term order had more than one short term order in the year

References and further reading

Overview of the Mental Health Act (1983) by Mind:

<http://www.mind.org.uk/information-support/legal-rights/mental-health-act/?gclid=CJDSpaz-8ccCFUyNGwod25IAuA#.VfRcVKHTX4h>

Health Checks

Indicator	
Indicator name	Increased signposting of annual health checks by Community Learning Disability Teams (CLDT) for people with learning disabilities
Indicator weighting (% of CQUIN scheme available)	0.5%
Description of indicator	Percentages of eligible people on the Community Learning Disability Team's caseload who are provided with health check promotional information.
Numerator	Number of eligible people seen by the CLDT provided with health check promotional information.
Denominator	Number of eligible people on the CLDT caseload
Rationale for inclusion	<p>People with a learning disability experience significantly poorer health and access to health care and treatment.</p> <p>GP Practices provide Annual Health Checks for adults with learning disabilities. Routine health checks lead to the early identification of health issues and support early treatment, improving outcomes and quality of life. This CQUIN encourages community providers to increase awareness and promote take-up of these checks to their caseload.</p>
Data source	CLDT report
Frequency of data collection	Quarterly
Organisation responsible for data collection	XXX provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Q1 2016-17
Baseline value	Q1 2016-17

Indicator	
Final indicator period/date (on which payment is based)	2016/17
Final indicator value (payment threshold)	To be agreed locally
Final indicator reporting date	30 days after Q4
Are there rules for any agreed in-year milestones that result in payment?	Yes – see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	no
EXIT Route	To be monitored via the quality schedule 2017/18

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	Establish baseline/ agree plan and trajectory with commissioners	End of Q1	25%
Quarter 2	Update against plan and trajectories	End of Q2	25%
Quarter 3	Update against plan and trajectories	End of Q3	25%
Quarter 4	Final report to include <ul style="list-style-type: none"> • update progress against plan 	End of Q4	25%

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<ul style="list-style-type: none"> • progress against trajectories • Evaluation • recommendations 		

Rules for Partial Achievement at Final Indicator Period/ Date

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value

Local CQUIN: Transition WUTH / WCT/CWP	
Indicator number	
Indicator name	Transition from children`s services for WUTH and Wirral Community NHS Trust and Cheshire & Wirral Partnership NHS Trust (CWP) to Adult Health Services
Description of indicator	<p>For Wirral University Trust Hospital (WUTH), Wirral Community NHS Trust and Cheshire & Wirral Partnership NHS Trust to work together to develop and agree a seamless process for transition of young people between children`s health and adult health in line with current legislation and guidance .</p> <p>Including transition of those individually on WUTH, CWP and Wirral Community NHS Trust caseloads with</p> <ul style="list-style-type: none"> • complex Health and Social Care needs • mental /physical health learning disabilities needing complex comprehensive services and care • long term conditions • mental health and Learning Disability. <p>In addition any children and young people for whom there are safeguarding concerns.</p> <p>The review and evaluation to also include plans and recommendations for management of the transfer of care /transition for patients discharged from out of area providers e.g. Alder Hey.</p>
Numerator	N/A
Denominator	N/A
Rationale for inclusion	<p>This CQUIN is based on elements of the model service specification for transition published by NHS England in 2015 within which a range of research is quoted to support the service development work set out in this CQUIN.</p> <p>A range of legislation and guidance is available which defines a child and details the age in which they should be transitioning to adult services dependant on their health and social needs.</p>
Data source	Audit data & report, protocol, guidelines, implementation plan.
Frequency of data collection	Quarterly
Organisation responsible for data collection	WUTH, CWP and WCT
Frequency of reporting to commissioner	Quarterly
Baseline period/date	N/A
Baseline value	N/A

Wirral Clinical Commissioning Group

Final indicator period/date (on which payment is based)	Quarter Four		
Final indicator value (payment threshold)	N/A		
Final indicator reporting date	30 th April 2017		
Are there rules for any agreed in-year milestones that result in payment?	Quarter 1	<p>With facilitation support from Wirral CCG, form a working group(s) with 3 main work streams detailed below.</p> <ol style="list-style-type: none"> 1. Management of legacy patients from WUTH to community setting /care packages 2. Physical nursing care management of under 18 year olds in the community and the involvement of primary care , SN's and HV's 3. 14 – 25 year old transition for patients with complex continuing health care needs <p>To include key partners (children's & adult services) who will agree definitions and develop an integrated pathway for the transition from children's to adult services</p>	25% of total value of CQUIN available
	Quarter 2	<p>Develop a project plan with key milestones, timescales and trajectories which will need to be agreed with commissioners</p> <p>Deliver against trajectories as agreed with commissioners.</p>	25% of total value of CQUIN available
	Quarter 3	<p>Deliver against trajectories as agreed with commissioners at the end of the second quarter.</p>	25% of total value of CQUIN available
	Quarter 4	<p>Deliver against trajectories as agreed with commissioners at the end of the third quarter. Final report with key achievements and recommendations</p>	25% of total value of CQUIN available
Are there any rules for partial achievement of the indicator at the final indicator period/date?		No	
Criteria for achievement for each organisation	<p>CWP/WUTH and WCT will be partners in developing and agreeing with Commissioners the project plan with key milestones, timescales and trajectories. The project plan will identify which providers have responsibility for delivering each aspect of the plan.</p> <p>CWP/WUTH and WCT representatives will be expected to attend the CQUIN Transition Group Meetings and actively participate.</p>		
Exit Route	It is expected that Transition will also be the subject for a CQUIN in 2017/18		

