

Table 1: DRE Dashboard & Indicators Framework
September 2008

Area	Definition of indicator(s)	What the indicator means	What the expected direction of travel would be	Data source(s) and levels of coverage (national/local)	Feasibility and next steps	DRE Characteristic(s)
Access						
Early Intervention services (2.3)	1. Numbers of service users by ethnicity 2. DUP	1. We would expect rates of using services to reflect the ethnicity of local populations and their incidence of psychosis. 2. We would expect DUP to be no longer for ethnic minority groups	As services provide equal access we would expect this to influence the proportions of BME users to fully reflect their psychosis incidence. Overall an upward trend in the proportion of BME users is likely.	1. LDPR (Q4 2008-9) 2. Possibly datasets from services and related research (LEO, Worcester, EDEN, MiData, FERN) 3. MHMDS	1. One-off Q4 collection 2. Discuss with EIP leads and researchers 3. Link to MHMDS review progress	1,2,3,4,10
Home Treatment Services (2.3)	Numbers of people receiving home treatment in period in relation to ethnic diversity and mental health needs of local community	We would expect rates of using services to reflect the ethnicity of local populations and their incidence of severe mental illness/their inpatient admission rate	As services provide equal access we would expect this to influence the proportions of BME users to fully reflect their need for acute care for SMI. Overall an upward trend in the proportion of BME users is likely.	1. LDPR (Q4 2008-9) 2. Possibly the Karen Linde/Steve Onyett crisis "database" as a source.	1. One-off Q4 collection	2,3,10

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Assertive Outreach Services (2.3)	Numbers of people using services in relation to ethnic diversity and mental health needs of local community	We would expect rates of using services to reflect the ethnicity of local populations and their prevalence of psychosis/SMI.	As services provide equal access we would expect this to influence the proportions of BME users in AO to fully reflect their needs. Overall an upward trend in the proportion of BME users is likely.	1. LDPR (Q4 2008-9)	1. One-off Q4 collection	3
Access to psychological therapies (2.3)	Numbers of people using services in relation to ethnic diversity and mental health needs of local community. (Also, access for those with severe mental health – see <i>objective experience</i> below.)	1. Expect people in secondary services to be offered equal access to psychological therapies 2. Expect IAPT sites to provide equal access	Depends on baseline IAPT findings later in 08-09 <ul style="list-style-type: none"> Expect BME – relevant focus re CBT Expect visible BME voluntary sector presence as low intensity training providers 	1. HCC survey 2. Data from IAPT sites collected as part of programme 3. Up to date demography data for localities – possibly from LAs or Public Health Observatory 4. DRE clinical trailblazer (Hampshire IOW re BME/CBT manual)	Baseline data and tracking information from IAPT expansion sites Share and discuss dashboard with expansion sites	1, 2,3,4,7,10 11,12
Referral routes e.g. from GP or criminal justice routes or others (2.3)	Numbers coming from the different referral routes to be proportionate across ethnic groups.	People coming to secondary services via ‘preferred/better’ routes rather than more coercive ones	As other issues improve we would expect to see more equality of people coming from GP referrals.	HCC Count Me In census Autumn Assessment outcomes planning	Share and discuss dashboard with PCTs, SHAs to identify practicalities for performance management	1,2,3,4

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Access (continued)						
Admissions (2.3) & (2.4)	1. Admission rates (2.3) 2. Section rates (2.3) 3. Length of stay (2.4)	Current debate is that admissions and sections adversely used for some BME groups. This needs to link to further discussion in relation to meeting needs.	In the longer term we would expect that as other equality, trust and access issues are addressed admissions and sections would come more in line across ethnicities taking relative morbidities into account.	Count me In census Detailed MH trust analysis and action based on Count Me In census	Share and discuss dashboard with mental health trusts, SHA MH Commissioners, PCT MH Commissioners	1,2,3,4
Community Treatment (2.3)	Numbers of BME people subject to SCT	Enables analysis of impact on BME communities for incidence, effectiveness of intervention	Transfer of compulsion from hospital to community is a good thing. Would expect downward trend in numbers admitted to hospital	This is part of the PRP commissioned research on the new Act	Share and discuss dashboard with mental health legislation team to identify appropriate mechanisms, e.g. through training	1,2,3,4
GPs QOF data (2.4)	Increased use of ethnic monitoring	Enables more targeted use of resources, e.g., interpreting/translation	Increased use of data to involve communities and provide services	World Class Commissioning assurance framework	Further discussion with PCT MH commissioners	1,2,3,4

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Experience						
Objective experience (2.4)	Indicators of services offered and used – includes some issues of access above	Inequalities in services being offered should be eliminated, and choice increased.	Any inequalities in what is offered to be removed. Choice and culturally appropriate services may mean differences in service use.	Count Me In census and Patient Survey	Discuss with IAPT team re GP access and employment advisers	1,2,3,10,11,12
Prescribing (2.2)	Prescribing rates for anti-psychotics	Would expect rates of prescribing to reflect needs.	If significant disparities are found taking morbidity account, disparities should diminish over time	DRE commissioned research on prescribing in relation to BME communities, based on 10 trusts around the country. Report is due in Autumn.	Disseminate outcome of DRE Prescribing Audit (South London & Maudsley NHS Foundation Trust)	1,2,10,12
Seclusion (2.4)	Reduced rates of seclusion Proportionate use of seclusion	greater use of more appropriate treatment/proportionality in use of seclusion	Downward trend	Reports to trust boards	Share and discuss dashboard with mental health trusts & NHS Confederation	6
Prison MH care (2.2)	Better recording of ethnicity of BME prisoners	Enables identification of more appropriate forms of engagement	Better information about care pathways and how to effect change	Count Me In pilot prison projects DRE commissioned work on pathways	Share and disseminate information	9
Confidence/Satisfaction (2.3) & (2.4) re WCC	1. Overall expressed satisfaction 2. Do people feel treated with dignity? 3. Do people say they trust services? 4. Do people feel listened to?/Safe?	How people feel they are treated by the services.	We would expect equality in how people feel about how they treated, and, overall, satisfaction to increase for all groups over time.	1-4 HCC survey Repeat qualitative Count Me In census, WCC competencies 3, 5, 6	Share dashboard with HCC & PCT MH Commissioners & SHA MH Leads	1,2

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Outcomes for people						
Self-reported mental health (2.4) & (2.5)	How people report their health and recovery to be.	How people feel about their health	Greater confidence in services through making use of user narratives/recovery in service planning & provision	DRE Recovery Star pilot project (MH Providers Forum) DRE Black Wellness Initiative	Disseminate findings from DRE Star Recovery, Black Wellness Initiative	1,2,3,4, 8, 10
PSA targets on social inclusion (2.4)	1. Settled accommodation 2. In occupation	Are people having equal opportunities in terms of these important social inclusion criteria?	We would expect to see equality in outcome for the PSA targets		Link to data collection for PSAs through ethnicity coding	2,10
Suicides (2.3)	Number of suicides	A decline in suicides in services means safer services.	We would hope for overall reductions and no inequalities	Confidential Inquiry		9
Deaths in restraint (2.3)	Number of deaths	A decline in deaths in restraint in services means safer services.	We would hope for overall reductions and no inequalities	Confidential Inquiry		5,7
Deliberate Self Harm monitoring (2.3)	Patterns of self-harm and outcomes.	Enables identification of trends/incidence. Greater awareness of difference patterns of DSH in different groups	earlier intervention Reducing patterns of self harm	DSH multi-centre monitoring programme commissioned to run until end of Suicide Strategy. This can provide local data from 3 areas, of which ethnicity will be part.		10

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Community Engagement						
CDWs (2.3) & (2.4) re 2	1. Numbers of CDWs 2. Their work and its impact	CDWs are there to build bridges between communities and services –to improve trust, confidence and outcomes	Targets met in terms of numbers. Increased awareness of CDWs as a resource – e.g. through improved induction processes	Routine data for numbers. Evaluation of CDWS will illuminate impact.	Share and discuss dashboard with PCTs	11,12
FIS (2.5)	Patterns of Community Engagement in FIS sites	Community engagement in FIS sites should help with trust, access and outcomes equality	We would expect high levels of CE in FIS sites.	Part of FIS evaluation already commissioned	Disseminate findings and link into SHA planning & performance management through SHA mental health leads	1,2,11
Community Engagement projects (2.5)	Numbers of projects and their impact	Community engagement projects are meant to increase evaluation capacity in communities, and enhance their engagement in local service planning and provision	We would expect good reports of impact from the CE projects Would expect CE learning to progress beyond DRE-specific sites	Data sources on numbers from UCLan. Data on impact	Disseminate findings and link into SHA planning & performance mechanisms; share and discuss with PCTs, mental health trusts, SHA mental health leads	1,2,8,11,12
EPIC sites (2.5)	Patterns of CE in EPIC sites	CE to improve local care pathways	Demonstrable use of CE learning into mainstream commissioning and provision	This a part of the already commissioned evaluation of EPIC sites	Disseminate findings and links into SHA planning and performance mechanisms; share and discuss with PCTs and mental health trusts	1,2,3,8,10,11,12

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Community Engagement (continued)						
3rd Sector involvement (2.5)	DRE Recovery Star Pilots Levels of involvement in DRE regionally	Learning from the voluntary sector	Incorporation of learning	Outcomes of DRE Recovery Star Pilots Local intelligence from RELs	Disseminate findings and link into SHA planning and performance mechanisms; share and discuss with PCTs and mental health trusts	1,2,3,8, 10, 11,12
More appropriate and responsive services (see also issues of access above)						
Workforce (2.3) & (2.4)	1. Ethnic diversity of workforce 2. Staff trained in cultural capability 3. Use of CDWs	A more culturally diverse and capable workforce should engage better with clients and in the longer term reduce inequality of sectioning	Increased numbers of staff undergoing RECC training Appropriate use of CDWs – strategically & operationally – e.g. comprehensive induction and development in place	1. Count me in 2. DRE information regionally and nationally 3. SHA performance management returns 4. Comprehensive induction plans in place for CDWs	Disseminate findings and link into SHA planning and performance mechanisms; share and discuss with PCTs, mental health trusts & SHA MH Leads	1,2,11, 12
Better use of information						
Better use of information (2.5)	Visible use of learning from DRE & other areas to inform planning, commissioning and delivery	Improved services based on better use of information	Increased satisfaction with services	HCC survey, World Class Commissioning assurance framework for PCTs, Count Me In, Learning from FIS, CE, Clinical Trailblazers	Share and discuss dashboard with PCTs SHAs	1,2,3,4, 11, 12

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6. DRE DASHBOARD - GLOSSARY

AO - Assertive outreach services

Assertive-outreach services support people in the community who find it hard to use more traditional mental health services. These services work more 'assertively' than normal community-support services, meeting people 'on their own patch', at times that are convenient to the clients, and investing a lot of time in building relationships with them.

Definition extracted from <http://www.together-uk.org>

Black Wellness Initiative

The Black Wellness Initiative (BWI) grew out of consultations in Derby UK in mid- to late- 2006. The BWI came about as a direct result of a group of people of Afrikan descent's expressed wish to take greater and direct control of planning and providing "talking therapies" to people of Afrikan descent who were using mental health care services. This group took part in a Wellness Recovery Action Programme (WRAP) and agreed to implement WRAP as a complimentary process to the statutory Care Programme Approach (CPA) used in the NHS Trusts.

Thus the BWI is a community entity that aspires to represent and model effective ethnocentric wellness approaches in planning and providing services. <http://www.blackwellness.co.uk>

BME - Black and Minority Ethnic

Refers to those in Mixed, Asian or Asian British, Black or Black British, Chinese and Other ethnic groups.

Definition retrieved from www.public.exorgroup.net

CE – Community Engagement

In the context of the Delivering Race Equality Programme, community engagement projects refer to a national programme of training for people in local communities to become community researchers. The work is led by the University of Central Lancashire. There are 80 DRE community engagement projects nationally.

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The Centre for Ethnicity & Health's (CEH) model of community engagement has been developed and tested over a series of projects undertaken by the CEH over the last five years. The model has been used mainly in work with Black and minority ethnic communities and largely around the issues surrounding drug use, mental health and regeneration. <http://www.uclan.ac.uk>

Clinical Trailblazer

In the context of the Delivering Race Equality Programme, clinical trailblazers refers to a national programme in which 20 organisations received funding to support innovation within clinical settings in relation to race equality and mental health issues. For further information go to www.mentalhealthequalities.org.uk

CBT - Cognitive Behaviour Therapy

A form of psychotherapy that emphasises the important role of thinking in how we feel and what we do. Definition taken from <http://www.nacbt.org>

CDWs – Community Development Workers

Within the context of DRE a CDW post is dedicated to bridging the relationship between diverse BME communities and mental health service providers. CDWs are operating from statutory and community settings including prisons, primary care trusts and BME community organisations.

Most CDWs have at least four roles:

- change agent (identification of gaps, developing innovative practice)
- service developer (promoting multi-agency approach, education and training)
- strengthening the capacity of BME communities, and
- supporting improved access to services, acting as a community resource and overcoming language and cultural barriers.

www.mentalhealthequalities.org.uk

Count Me In Census

The Count Me In census is a joint initiative between the Healthcare Commission (HCC), the Mental Health Act Commission (MHAC), the Care Services Improvement Partnership (CSIP) and the National Institute for Mental Health in England (NIMHE).

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The purpose of the census is to:

- obtain robust figures for all inpatients (those detained under the Mental Health Act and those admitted 'informally', that is, voluntarily) in mental health and learning disability hospitals and facilities in England and Wales
- encourage providers of such healthcare to put in place procedures for keeping accurate and comprehensive records of patients' ethnicity, and for using this information for ethnic monitoring
- provide information that will help providers of healthcare to take practical steps to achieve the Government's five-year plan, 'Delivering Race Equality in Mental Health Care'

The census is carried out in support of the Department of Health's five-year action plan for improving mental health services for black and minority ethnic communities published in 2005 'Delivering race equality in mental health care'. This sets out the Government's plan for achieving equality and tackling discrimination in mental health services in England for all people of black and minority ethnic status.

<http://www.healthcarecommission.org.uk/nationalfindings>

Crisis Resolution Home Treatment team

The Crisis Resolution and Home Treatment Team (CRHT) is an integrated mental health team aiming to provide a safe and effective home based assessment and treatment service, as an alternative to inpatient care, in conjunction with other service elements.

The service is available 24hrs a day, 365 days of the year for people registered with, [e.g.] a Stockton GP, with severe and/or enduring mental illness who are in crisis and in the absence of the CRHT would require admission. The key feature of the service is that it can provide a timely response and act as a gatekeeper to inpatient services.

The Home Treatment provision of the team provides an intensive community based treatment to people in acute phase of mental illness, thus diminishing the need for hospitalisation or facilitation of early discharge from hospital. <http://www.stockton.gov.uk>

See also, Home Treatment team (below)

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DRE Recovery Star

The Recovery Star is an outcomes measurement tool, which has been produced by Mental Health Providers Forum (MHPF). It identifies and visually represents the different dimensions of life that people may often want to focus on as part of that journey of recovery. Each of the ten dimensions mapped by the Recovery Star correspond to underlying steps on the ladder of change, which help to describe the stages of progression towards recovery.

The tool is designed to support individuals in understanding the stages of their journeys, and to help them to see and measure their progress towards greater wellbeing.

The DRE programme is financing a pilot programme which will consider how effectively the Recovery Star could be used with a range of BME communities with proposals to adapt the star to ensure it is more culturally appropriate.

www.mentalhealthequalities.org.uk

(Developed by Joy MacKeith and Sara Burns of Triangle Consulting with the Mental Health Providers Forum) <http://www.mhpf.org.uk>

DSH – Deliberate Self Harm

Deliberate self-harm is an acute, non-fatal act of self-harm carried out deliberately in the form of an acute episode of behaviour by an individual with variable motivation. <http://clinicalevidence.bmj.com>

DUP - Duration of untreated psychosis

A period during which Psychosis is left untreated.

Early Intervention Services

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Early intervention means detection and treatment of psychosis during the critical early phase of illness. Delays cause unnecessary distress, increase the risk of relapse and are potentially harmful for the person, their family and friends. Early treatment has been shown to improve the long-term course of psychosis.

The National Early Intervention Programme is a three year partnership initiative building on a history of ten years collaborative working on Early Intervention facilitated by IRIS (Initiative to Reduce the Impact of Schizophrenia). The programme was launched in September 2004, to support the development of the many new Early Intervention in Psychosis services envisaged by mental health policy (NHS Plan 2000) and supported by the Mental Health Policy Implementation Guide 2001 and the Department of Health Early Intervention Recovery Plan (February 2006). <http://www.csip-plus.org.uk/RowanDocs/EIupdateOct2006.pdf>

The DRE programme is funding an area of work which is developing an economic evaluation of EI services in relation to BME communities.

EDEN

The National EDEN project has useful data. This data set can contribute to the following areas: rural/urban; BME; offenders; younger persons. Data are collected for a 12-month period on individuals accepted in early intervention services. All measures (demographic indicators, symptoms, pre-morbid functioning, pathways to care, functioning, treatment and compliance, recovery and relapse, substance use, violence, deliberate self-harm, health-related quality of life measured by the EuroQol) are collected at baseline (within 2 months of a client being accepted into the service), and after 6 and 12 months. Once coded, data are entered across the country onto PsyGrid, a secure database. Some of the data (relapse and recovery, and treatment documentation) is continuous, and the majority of indicators are collected at specific time points. Qualitative data are also collected within this project from interviews with carers, service users and EI team managers, often through focus groups. These data are also being coded for analysis. Age range included is 16-35 years. A major part of the data set will be available in 2008. The sample at baseline will be c.700 or 800. (There were 400 in July 2007.) See www.pcpoh.bham.ac.uk/primarycare/research/mental_health/Eden.htm

EDIE

The EDIE study started in 2000, and includes 50 high-risk patients recruited from primary care. Information includes PANSS, SCID, GHQ and GAF. See www.psych-sci.manchester.ac.uk/edie2/

EPIC - Enhancing Pathways into Care

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Within the Delivering Race Equality programme, EPIC refers to the Enhancing Pathways into Care pilot programme which aims to demonstrate how pathways to mental health care for black and minority ethnic (BME) groups can be improved. It takes the form of policy implementation, consultancy and service development for the appropriate and responsive services element of the Delivering Race Equality action plan.

The EPIC project focuses on pathways to care in four NHS mental health trusts. We will demonstrate how these can be modified by informed statutory sector practitioners working in effective and balanced partnerships with non-statutory sector practitioners.

For further information see: <http://www.wolfson.qmul.ac.uk/psychiatry/epic/>

FERN

The First Episode Research Network is only just beginning to collect data. The Network collects information on the duration of untreated psychosis (DUP), pathways to care, pre-morbid functioning, personal information and PANSS assessments. See www.fernonline.org

FIS – Focused Implementation Sites

There are 18 Focused Implementation Sites (FIS) within the DRE programme. These have been described as “hothouses of reform”, where special attention is paid to developing innovation to improve mental health services for BME communities. www.mentalhealthequalities.org.uk

HCC – Healthcare Commission

The Healthcare Commission is the independent watchdog for healthcare in England. HCC promotes continuous improvement in the services provided by the NHS and independent healthcare organisations. <http://www.healthcarecommission.org.uk/homepage.cfm>

HCC Survey- Healthcare Commission National Patient Survey

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The NHS national patient survey has been established as a result of the Government's commitment to ensuring that patients and the public have a real say in how NHS services are planned and developed. Getting feedback from patients and listening to their views and priorities is vital for improving services.

All NHS trusts in England are legally required to carry out local surveys asking patients their views on their recent health care experiences. One main purpose of these surveys is to provide organisations with detailed patient feedback on standards of service and care in order to help set priorities for delivering a better service for patients. <http://www.nhssurveys.org>

(Factsheet) -http://www.nhssurveys.org/Filestore/documents/factsheet_1_text_revised_oct_07_final.pdf

Home Treatment Services

Most of the people helped by Home Treatment teams have serious mental health problems and have reached crisis point, others may be facing a life crisis or battling with drugs.

A typical team includes:

- Community Psychiatric Nurses (CPNs)
- Social workers
- Occupational Therapists (OTs)
- Doctors
- Psychologists
- Support time and recovery (STR) workers

The team assesses what help a person needs and provides treatment, usually at a person's home. The aim is to keep people from hospital and safe and well.

Referrals can be made from Community Mental Health Teams (CMHT), the Mental Health Initial Assessment Team, or an in-patient ward. Only if a person has previously used the Home Treatment Team can they contact the team directly.

IAPT – Improving access to psychological therapies

The Improving Access to Psychological Therapies (IAPT) programme seeks to deliver on the Government's 2005 General Election manifesto commitment to provide improved access to psychological therapies for people who require the help of mental health services. It also responds to service user's requests for more personalised services based around their individual needs. <http://www.mhchoice.csip.org.uk/psychological-therapies/psychological-therapies.html>

LA – Local Authority

Over 20,000 elected councillors represent local communities and local people on the 410 local authorities of England and Wales. Employing over two million people, these local councils undertake an estimated 700 different functions.

Local government employs 2.1 million people in England and 164,000 in Wales and is one of the largest employers in England and Wales. Education, leisure and social services are just some of the areas to which people are employed within local authorities. An estimated 400 occupations and thousands of different job titles exist - for example, officers work in environmental health, planning, surveying, legal work, accountancy, IT, personnel, policy and research. <http://www.local.gov.uk>

LDPR

Local Delivery Plan Returns. These are quarterly returns made by PCTs to the Knowledge & Information function in DH. Historically they were set up to monitor progress against centrally set targets for example on crisis resolution service activity. The range of information collected is currently being reviewed.

LEO

The Lambeth Early Onset study includes data on first-episode psychosis patients. The data set includes information on demographic characteristics, employment, education, self-harm and suicide attempts, violence and criminal activity, medication and adherence, service receipt, substance use. See www.iop.kcl.ac.uk/departments/?locator=355&project=10116

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MHMDS - Mental Health Minimum data set

The Mental Health Minimum Data Set (MHMDS) is a nationally defined framework of data covering NHS specialist mental health services for adults and older people. The data is regularly submitted by all NHS providers of secondary mental health services for adults and older people. <http://www.ic.nhs.uk>

MiData

New routine data collection for early intervention services in London. Includes a range of clinical and social measures collected within a month of initial EI assessment and every 12 months thereafter. Follow-up will include service use data. See <http://www.google.co.uk/search?hl=en&q=MiData&meta=>

NHS Confederation

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. The confederation represents over 95% of NHS organisations as well as a growing number of independent healthcare providers. <http://www.nhsconfed.org/about/index.cfm>

QOF data – Quality Outcomes Framework

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004. QOF awards surgeries achievement points for:

- managing some of the most common chronic diseases e.g. asthma, diabetes
- how well the practice is organised
- how patients view their experience at the surgery
- the amount of extra services offered such as child health and maternity services

<http://www.ic.nhs.uk/services/qof>

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SCT – Supervised Community Treatment

[Supervised Community Treatment](#) (section 17A) was introduced by the Mental Health Act 2007. It allows a patient, sectioned under the Mental Health Act 1983 as amended in the Mental Health Act 2007, to be treated in the community, with powers to require compliance with a treatment regime, and powers of recall back to hospital for treatment if necessary.

http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/s/supervised_community_treatment.asp?shownav=0

WCC – World Class Commissioning

World Class Commissioning is a key driver for improving how services are planned and provided to local communities. It is based on strengthening partnerships between health and social care agencies (PCTs and LAs) through joint strategic needs assessments (JSNAs). WCC sets out 11 competencies of which PCTs will need to take account when commissioning services.

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