

Dorset MH Delivery Plan

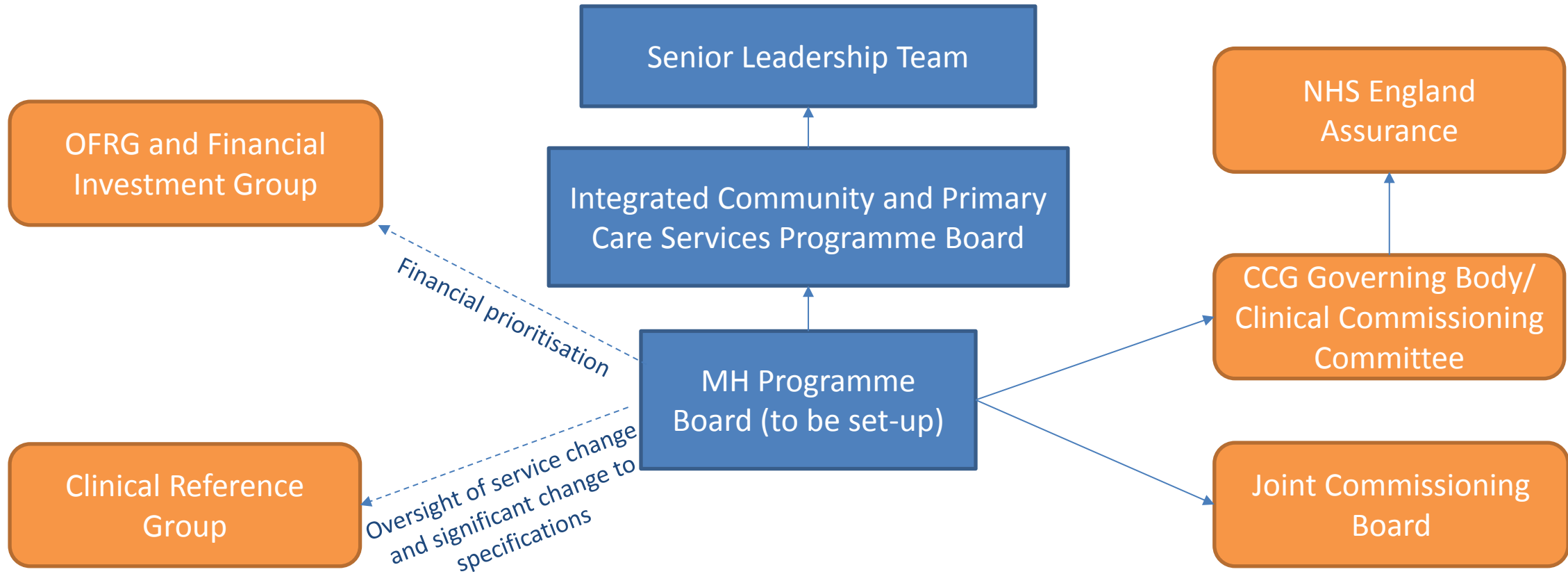
March 2018

Dorset's Vision

We are committed to tackling mental health with the same energy and priority as we have tackled physical illness in order to deliver parity of esteem in line with the Five Year Forward View (FYFV) for Mental Health as illustrated in the STP. Through our programme we aim to:

- Co-produce person-centred services and develop peer support further to enable people to be supported to recover
- Implement early intervention programmes to prevent the development of mental health problems
- Support as many people as possible to stay independent through integrated community services
- Improve support for people at times of crisis

Governance



CYP Programme

A Pan Dorset Emotional Well-being and Mental Health Strategy for Children and Young People is in place for 2016-20 and this is led by a local partnership between NHS Dorset CCG, Dorset County Council, Borough of Poole, Bournemouth Borough Council and Public Health Dorset. The initial Local Transformation Plan was delivered in 2015 and refreshed in October 2017.

<http://www.dorsetccg.nhs.uk/Draft%20Dorset%20CYP%20Local%20Transformation%20Plan%2031%20October%202017.pdf>

Key Actions	
LTP monitored through the CYP steering group and refreshed and approved to demonstrate delivery against CYP work streams and update against emerging opportunities	By 31 October each year
Assess opportunity to become involved in the Green Paper pilots	2018/19
Roll-out increased resource to enable crisis support until 10pm 7 day a week through psychiatric liaison	April 2018/19
Undertake needs analysis across partners and gap analysis against the THRIVE model to identify areas of focus and co-produce a sustainable 24/7 crisis response for CYP	2018/19 ongoing

Core CAMHS Waiting Times

The Dorset service performs within the top quartile of providers as outlined in the national benchmarking report. It is delivering the target assessment waiting times and moving towards 90% treatment waiting time. Investment in PWPs in 2018/19 will create more clinical time to focus on reducing variation in waiting times to treatment. The service has rolled-out the use of 'Current View' to identify need and develop corresponding pathways to ensure resource is deployed to minimise variation

	Dec 17 (rounded)
Tier 3 Assessment Waiting Time (% within 4 week target)	96%
Tier 2 Assessment Waiting Time (% within 8 week target)	98%
Referral to Treatment Waiting Time (% within 16 week target)	86%

Dorset is fully signed up to the CYP IAPT programme and staff are sent on training at Reading University. Dorset HealthCare is embedding the CYP IAPT across CAMH services

Current	Key Action	Date
Significant transformation planning and changes undertaken in 2017/18 including: referral pathway guidance and transition approaches for <25	DHC to continue to implement transformation plan to meet access targets. Access targets to be commissioned against the THRIVE model	2018/19 and ongoing 2019/20 contract
There are significant challenges regarding recruitment and there are hot spots in Bournemouth and Christchurch.	Workforce modelling to include these challenges and work to assess other workforce models working with HEE	2018/19 ongoing
MH workforce plan	Initial draft Final submission	Delivered Dec 2017 End March 2018

CYP Access/ Expansion: 32%

Dorset is on track to deliver 30% access KPI in 2017/18 and is reporting this to NHS England. It is forecast to meet 2018/19 targets through the investment in PWP's in 2018/19 recurrently, expanding access to approximately 1000 further CYP

	16/17 Actual	17/18 Target	18/19 Target	19/20 Target	20/21 Target
Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community MH services in the reporting period*.	3873	3801	4036	4301	4440
Increase on 2016/17 in CYP receiving treatment (cumulative) (%) (42% increase, 1319 CYP overall between 16/17 and 20/21).	-	-72 (-1.9%)	163 (4.2%)	428 (11.1%)	567 (14.6%)
Total number of individual children and young people aged 0-18 with a diagnosable mental health condition**. (increase of 146 CYP or 1.16% between 16/17 and 20/21)	12557	12593	12630	12667	12667
Percentage of children and young people aged 0-18 with a diagnosable mental health condition receiving treatment from NHS funded community CAMH services.	30.8%	30.2%	32.0%	34.0%	35.1%

Action	Time scale
Invest in 7 PWP's to increase access to psychological support to additional c.1000 people per year: monitored through contract NB: These people are post and have been trained in 2017/18	2018/19 contract
Meet 32% access target (and potentially 2021 target) through above investment and LTP delivery of whole schools approach	2018/19: 32% 2019/20: 34% 2020/21: 35%
Assess opportunity to become a pilot site for Green paper recommendations	2018/19
National data reporting does not reflect DHC national data upload: A flaw in the code being used by NHS England was identified. The extraction is now comparable and DHC will continue to work with NHSE to ensure compliance	Completed

CYP Eating Disorders

Demonstrate progress in increasing access to services and progress towards the CYP ED standard

Additional recurrent investment of £376k was allocated through the CYP transformation plan in 2016/17 into the Dorset Healthcare ED service. This has enabled a new model of service provision to be developed in Dorset for young people (Dorset has an all age service) with an eating disorder and this is being shared across Wessex through the clinical network.

The Dorset CYP activity has been meeting 100% of urgent treatment within one-week throughout the year apart from a single breach in November due to a significant spike in referrals. It has delivered 100% of routine referrals within 4 weeks apart from a slight dip (83%) in April 2017.

Action	Time scale
Maintain delivery 2020/21 access targets for CYP ED including ongoing review of demand and capacity through contract monitoring	2018/19 ongoing
Quality standards for community services reviewed to identify baseline of current status of the integrated service against them: Dorset service is all age and there are plans for two quality networks	Q2 2018/19
Become a member of the RCP quality network for community ED services.	Dependent on above action: estimate 2019/20
Provide clinical advice and guidance on delivery of the integrated services	2017/18 Q4 ongoing

CYP: Reduction in inappropriate OAP

Dorset HealthCare’s CAMHS Tier 4 unit – Pebble Lodge is fully accredited by the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC). The unit has 10 beds and provides 24-hour specialist care and treatment for behavioural emotional and severe mental health difficulties. As a regional unit DHC works across the South with local commissioners, other providers and local authorities to ensure that young people remain connected with their local services. All staff on the inpatient unit are trained to a high level in Dialectical Behaviour Therapy (DBT)

DHC continues to use a bed management system to maintain oversight of admissions to out of area provisions. Admissions to out of area settings equivalent to Pebble Lodge are low, currently standing at seven, and both the locality teams and bed manager maintain communication with the provider and family and aim to repatriate to a Dorset bed in a short time frame. Young people are more often moved out of Dorset into higher level provisions, DHC maintain oversight and communication – currently there are two clients OOA in PICU and three in secure.

Through a partnership between Dorset HealthCare (DHC) and the Dorset Mental Health Forum, DHC employs young peer specialists on the unit to support recovery. DHC supports families and carers who have young people receiving care and has a dedicated transition nurse to facilitate timely discharge and initial community engagement. Dorset’s community CAMH service and inpatient tier 4 service are both rated as good by the CQC.

Action	Timescale
Local provision already includes approaches to support step down from tier 4 facilities including day programmes and intensive community support through home treatment to enable effective discharge. Further work will be undertaken in to develop more effective partnership working with health and social care teams (across all levels of need and provision) to support families, which may impact upon the young person being able to return home or move to an appropriate level of residential care.	2018/19
As part of the NHS England initiative for new models of care, Dorset is in the process of developing a Wessex-wide inpatient bed management system. The function of this system will be: <ul style="list-style-type: none"> • Manage admissions, discharges and processes • Support inpatient/community providers • Oversight of patients and improved discharge management • Improved management of patients needing to ‘step up’ into inpatient provision and ‘step down’ from inpatient provision to community provision 	End 2018/19
A business case for a Dorset CAMHS PICU is in development, under the new models of care programme: this would enable more people to be able to access appropriate care closer to home, reducing OAPs and more timely discharge .	2018/19 ongoing

CYP: Workforce and data

Demonstrate improved capacity and capability in the CYP workforce and demonstrate the ability to produce robust local and national data flows

The system is working with HEE to develop an overarching MH workforce plan, which includes CYP and it is engaged in the HEE workshops for the South region. This is reported up through the Dorset Workforce Action Group.

Investment in the further development of peer support is detailed in the local transformation plan and pilots of digital options for counselling are being planned for 2018/19 onwards. Local Authorities are developing the whole schools approach, lining up with the proposed developments in the Green Paper and this is funded through the CYP transformation funding. Seven Psychological Wellbeing Practitioners have been trained and are in place to deliver interventions in 2018/19, increasing the workforces and capacity to support CYP.

Dorset is fully signed up to the CYP IAPT programme and staff are sent on training at Reading University

Dorset has highlighted data issues between national feeds and local data submissions. NHS England have arranged specific workshops to look into these issues further as a result of this being highlighted in a number of areas. Dorset data specialists are attending these workshops to work with NHS England to develop a solution to these issues

Perinatal

Increase access to evidence based specialist perinatal mental health care. In 2018/19 9000 women nationally will have access to evidence based specialist PN care, working in partnership across the community and inpatient pathways. Services will engage with PNMH networks to support best practice

Dorset has approximately 7000 births per year and this accounts for 1% of births in England and Wales. Additional investment was made into the community service in 2016/17 to enable it to become Pan-Dorset.

Dorset has a NICE compliant Community Service and an inpatient service that has had approval from NHS England to expand from 5 to 8 beds. These services have integrated pathways in the provider trust.

A bid is being submitted to NHS England on 9 March to support the mandated expansion to 5% of Dorset’s birth rate.

Year	Increase in women seen	Total
2017/18	(increased by 108 following expansion in 2016)	248
2018/19	102 (Subject to wave 2 funding)	350 (5% of birth rates)
2019/2020	35	385
2020/2021	35	420 (6% of birth rates)
Total Increase of women seen 172 by 2021		

Action	Time scale
Ensure continuing integration of PNMH in the development and roll out of the Better Births	2018/19/20
Continue to develop and enhance the specialist perinatal skills of the perinatal MDT	March 2019
To provide training to a small specialist group within the PNMH service to have enhanced skills in assessing relational risk between mum and baby and father and baby.	March 2019
Review and update of the integrated pathway as necessary	March 2020
Continue to engage with the Wessex and National perinatal clinical networks	2018/19 ongoing
Bid for Wave 2 non-recurrent funding for expansion of the service in 2018/19	9 March 2018
A business case for continuation of funding to be developed for the Finance Investment Group in 2018/19 prioritisation round	Dec 2018/ Jan2019
Monitoring of KPI	Ongoing through contract scorecard and lead PMH commissioner in CCG

Perinatal: integration and training

The service is integrated across a number of pathways:

- Midwives, obstetrician and PNMH consultant run joint clinics
- PNMH Health Visitors Champions are supervised by the specialist PNMH service manager – (HV completed PNMH champion training)
- Dorset PMNH team is an **integrated** Community and inpatient service
- GP Champions in PNMH for Dorset have been established through Wessex SCN

Training is supported and people are released to access this:

- All nurses did the NBO (Newborn behaviour observation system) training in 2017/18
- All staff complete the National PNMH training (Winchester): Bi annually – new staff complete it when they first start, biannually thereafter
- Annual training; updated to be aligned to the national Perinatal CCQI service standards for inpatient and community services (ref 6.2)

Programme IAPT

Increasing access to psychological therapies, so that at least 16.8% of people with common mental health conditions access psychological therapies in 2017/18, increasing to 19% in 2018/19.

All areas commissioning IAPT-LTC

Service meeting 50% recovery rate

75% of people access treatment within 6 weeks and 95% within 18 weeks

Dorset is on track to deliver the 16.8% access standard in 2017/18 and the financial case for ongoing expansion to 19% is currently going through the ACS' financial prioritisation process that will be finalised in March 2018.

Dorset is a member of the IAPT LTC wave 2 programme and this has been recognised nationally and being a well run project. Two thirds of the IAPT expansion is projected to come from people with a long-term condition. Initial focus has been on diabetes. The specification and scorecards have been updated to reflect the LTC service and monitoring requirements

Dorset is meeting the core standards

Action	Timescale
Financial approval received to deliver 19%	Confirmed
Continuance of expansion in line with expansion plan <ul style="list-style-type: none">• Identification of and roll out plan for following LTCs: COPD, pain, CHD and MUS• Recruitment and workforce retention strategy (in line with workforce plan)• Monitoring through contract	2018/19 ongoing
Evaluation of Wave 2 LTC	February 2019
Assessment of funding shift and proposals for enactment	February 2019
Continue to meet core standards and maintain reporting through contract scorecard	2018/19 ongoing

IAPT Expansion milestones

Milestones

	Year 1 Q4 2016/17	Year 2 2017/18	Year 3 2018/19	Year 4 2019/20	Year 5 2020/21
Total extra number of people accessing treatment	168	1200 (800 LTC & 400 core)	2674 (1783 LTC & 891 core)	4948	7475
Total prevalence met	15.8%	16.8%	19.0%	22%	25%
Total people accessing treatment (in year)	12801	13833	15307	17581	20107

Delivery

Clinical Session Date - Quarter	No. of Referrals (first session in date period)
Quarter 1 2017	51
Quarter 2 2017	162
Quarter 3 2017	288

Require 299 referrals in Q4 to meet the LTC target of 800 in the first year of operation.

- approximately 100 have been accepted in January and the service predicts that c. 100 referrals will be accepted in both February and March
- fully recruited and embedded in the three acute hospital trusts for diabetes and working with the chronic pain service to see where the LTC offer sits.
- In terms of primary care the service is now integrated into community hubs/hospitals and 10 GP surgeries

IAPT Core and LTC

To achieve the expansion in 2018/19 with 2/3rd being within the Long Term Condition service the following additional staff will be required:

- 10.5 WTE HITs
- 2 WTE senior CBT therapists
- 2 WTE PWP team leads
- 2 WTE senior PWPs
- 6.34 WTE PWPs
- 1.34 WTE counsellors
- 2 WTE admin staff to support clinical staff

Recruitment will proceed once financial approval of the expansion has been confirmed. Further work is taking place regarding trainees in March and April 2018. The system is awaiting confirmation of places and funding of these from Health Education England

IAPT Employment Advisors

Dorset was successfully awarded £1,220,744 (total over 3 years) for 11 new Employment Advisors and 2 Senior Employment Advisors. All staff have been recruited. A Memorandum of Understanding has been signed and the service started on 1 June 2017 until 31 March 2020. National evaluation will be taken forward.

The MH Workforce plan, which is due for submission on 15 March will contain expansion requirements.

Early Intervention

Expand capacity so that more than 53% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care. All EIP teams to demonstrate improvement on domains relating to NICE concordance in CCQI self assessment

The Dorset service is performing at between 61% and 100% of people being treated within 2 weeks throughout 2017 and is therefore exceeding the access KPI.

The last self-assessment report was in 2016 and it was published in April 2017. The assessment covered measurement against the NICE Quality Statements for Psychosis and Schizophrenia in Adults, and recommendations drawn from the Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance published by NICE, NHS England and the National Collaborating Centre for Mental Health (NCCMH). The aim is to achieve a 'good' measure

Action	Timescale
2017/18 self assessment audit	End Jan 2018
Confirmation and actions to improve upon self assessment from 17/18	End Q1 18/19
Maintain performance at above the KPI requirement	Ongoing and monitored through contract
Additional funding case 2018/19	
Measure improvement against 2017/18 audit	Q1 19/20
Continue to work in collaboration with Wessex EIP clinical network	Ongoing

Psychiatric Liaison

Ensuring that by 2020/21 all acute hospitals have all-age mental health liaison teams in place

24/7 Adult Psychiatric Liaison is commissioned and currently 2 CYP psychiatric liaison nurses are in post covering Mon-Friday 9-5pm

Winter resilience funding allocated to support PL services: issues regarding accessing workforce in short space of time and reported to NHS England.

Dorset is not in receipt of Wave 1 funding for Core 24.

Action	Time scale
Additional funding from CYP transformation fund being allocated to enable CYP cover in the liaison service 7 days a week until 10pm	2018/19 ongoing
Review of liaison services to enable a sustainable all age service to be developed. This will also include analysis to identify if there is a need for Core 24 under the CSR reconfiguration.	Completed end 2018/19.
Wave 3 funding bid, if modelling outlines demand for this level of service	TBC
24/7 services in place	2020/21

Adult Mental Health

From April 2018, delivering a one third reduction year-on-year in adults sent out-of-area for non-specialist acute mental health care, towards eliminating this practice by 2021. Commission effective 24/7 crisis response and home treatment teams

DHC has put a Discharge Lead nurse role in place to liaise and visit OAPs to establish discharge plans and facilitate discharge or transfer back to area. There is a direct link between this role and the COO. There is an OOA scorecard that is reported through the formal quarterly contract monitoring. Non specialist adult placements are only ever made if there is no bed availability in county and the risk is too high to support people through the CRHTT

- Average length of stay for individuals discharged
- Returned or transferred from OOA
- New patients place out of area
- Length of stay and number of placement by placement type and gender
- The cost of placements is available to the CCG

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24/7 CRHTTs have been in place since 2013. The recent co-produced Acute Care Pathway outlines a model of care to ensure there are alternatives to admission for people nearing or in crisis. This is being implemented over the next 3 years (detailed on the following page). The model, that was assured by NHS England, and had been through public consultation can be found at the following link:

<https://www.dorsetsvision.nhs.uk/wp-content/uploads/2017/09/OBC-MH.pdf>

The submission to NHS England for OAP reduction, which also outlines the baseline and trajectory can be found in Appendix 2.

Dorset HealthCare use ReQol (<http://www.reqol.org.uk/p/overview.html>). This is a new Patient Reported Outcome Measure (PROM) that has been developed to assess the quality of life for people with different mental health conditions. The friends and Family test is also used.

Dorset has just become a pilot site for the development of customer insight methodology with NHS England and the Kings Fund and further work on developing a meaningful insight system to driver service improvement will be developed in partnership over 2018/19

Actions

Action	Time scale
Baseline audit of CRHTT	End Q3 2018/19
Implementation of NHS England assured Acute Care Pathway <ul style="list-style-type: none"> • Retreat pilot - if successful, roll out to Dorchester following year • Initial 4 beds at Forston • Procurement of CFRs and recovery beds • Roll out connection throughout 2019/20 • Additional 12 beds in the East – 2019/20/21 dependent on planning approvals 	2018/19 ongoing April 2018-April 2019 April 2018 2018/19 / mobilisation 2019/20 2019/20 2019/20/21
Ongoing routine reporting of OAPs through contract and SITREPs against agreed trajectory	Ongoing
Undertake review and redesign of rehabilitation services	2018/19 and potentially Q1 2019/20 dependent on assurance and consultation need
Benchmark with other providers implementing NMCs e.g. London focussing on repatriation into community placements/ tenancies	Ongoing

SMI Physical Health Checks

60% of those on the SMI register to receive a complete list of checks and follow-up

The number of people on the Dorset SMI register was 7469 in 2015/16 : 60% of this is 4481. Over 550 people have had a health check under the CQUIN in 2017/18 to date and DHC continues to undertake these for the defined cohort of people.

A decision has been taken to focus on developing a sustainable health check model across the system and this will be the focus in 2018/19. Public Health Dorset is leading the task and finish group for health checks and the CCG is working in this team to look at how best to deliver health check consistently across Dorset and minimise duplication, whilst supporting access to this particular group of people.

In the current financial situation, a decision has been taken not to invest in delivering SMI health checks until a sustainable integrated model has been developed and agreed by the STP.

DHC will continue to undertake physical health checks for clients on their caseload on CPA

Action	Time scale
Financial investment decision for 2018/19	Confirmed that this is not able to be financed in 2018/19
Undertake multi-agency review and scoping of health checks and develop a sustainable model for Dorset, including SMI PHC	By end Q3 2018
Develop system business case for investment in 2019/20	By December 2018
Commission PHC with appropriate follow-up infrastructure and mechanisms	End Q4 2018/19

Individual Placement Support

25% increased access to individual placement support (IPS)

Currently there is no formal IPS service in Dorset. The STP has put a project plan in place that is being reported against through the Right Care work stream.

A project team has been working together to identify how to redesign current employment services into a more coherent IPS offering to support the strong evidence base of this type of service.

Action	Time scale
Co-produce a service development proposal for an IPS service with DHC and Dorset Mental Health Forum	By Q1 2018/19
Proposal taken through approval process	By end Q1
Implement in line with national requirements	2018/19 ongoing
Wave 1 bid submitted to support the reconfiguration	1 March 2018

Dementia

Achieve and maintain dementia diagnosis of at least two thirds. Deliver against local plans to improve post diagnostic treatment for people living with dementia and their carers

Dorset is in the middle of a multi agency review which is coproducing a model of care for people with dementia and their carers. The aim of this is to support diagnosis uptake, referral to diagnosis in 6 weeks and the further development of post diagnostic treatment and care.

The diagnosis rates remain relatively static and have done so for the previous 1-2 years, with little improvement from investment in data harmonisation and other support activities.

The average 2016/17 referral to assessment times (from the memory support and advisory service to the specialist memory assessment service) were:

- 84.9% of patients seen within 4 weeks from referral to assessment
- 95.5% of patients seen within 6 weeks from referral to assessment

Action	Time scales
Dementia review complete	Q3 2018/19
Consultation on proposals	Q3 2018/19
Outline business case and approvals	Q4 2018/19
Implementation	From approval date
Diagnosis remedial plan reporting and action plan	Complete
Initial 6 week wait baseline identified	End March 2018
Continue to engage with Wessex Dementia clinical network	Ongoing

Dementia baseline and variation

6 week referral to diagnosis

- Dorset is working with Wessex CN in conjunction with University Southampton Hospitals who are modelling the new proposed 6 week referral to treatment target. The University of Southampton received the data early January 18 in order to map the local Dorset position. They anticipate the modelling will take a couple of months therefore Dorset should receive initial findings in March 2018.
- Once modelling has been shared, the CCG will review in line with existing services and proposed modelling options as part of dementia services review
- Key barriers to meeting the target are being addressed through the development of pathway options in the Dementia Review
 - Referral point to MAS
 - Scans and requirement to scan
 - Options for primary care to undertake diagnosis in specific cases
 - Phlebotomy

BAME variation

- Across Dorset BAME people over 65 years old equate to 0.77% of population with the highest numbers in Bournemouth at 1.3% and the lowest in Dorset localities at 0.4%.
- Specific engagement events with BAME and other seldom heard community groups to ensure views are captured around specific needs are taking place currently and will feed into the proposed models of care.
- Analysis of variation in diagnosis rate will be undertaken and addressed in the SOC (end May 2018)

Secure Care/ NCM/ Health and Justice

NHS

**Dorset
Clinical Commissioning Group**

Support regional implementation activities at STP level and delivery of MH new models of care

Dorset HealthCare was supported by CCG to bid for regional new models of care including Forensic and CAMH services. This includes developing options for a CAMHS PICU and low secure inpatient service for women.

Further models of care are being developed within the STP with NHS England commissioning additional perinatal beds. Integration with the CCG commissioned community services is a key focus of the delivery of this pathway as detailed earlier.

Dorset is already commissioned and delivers custody liaison service and probation services and this works in conjunction with the street triage services

Dorset is scoping the feasibility of developing an inpatient unit for people with a learning disability, who either have challenging behaviour or a co-morbid mental health presentation.

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Suicide Reduction

Deliver against local multi agency plans to reduce suicides by 10% by 2020/21

A draft multi-agency plan has been developed and the partners are working through this to finalise and agree it this financial year. This plan will be all age, rather than solely adults.

It has been agreed that this plan will form part of the crisis care concordat plan

The aim is to have an over-arching plan with each partner taking responsibility for its own plan as appropriate. Currently awaiting approval from a number of partners

Action	Time scale
Finalise draft plan ensuring evidence based interventions are made clear and in line with national guidance. Plan will be uploaded on 30 March 2018	Q4 2017/18
Confirm baseline suicide figures to base trajectory on and develop local trajectory where possible: year average is 70	Confirmed as 70 for all age (average)
Partner agency actions plans complete	End Q2
Implementation monitored through Crisis Care Concordat	End Q2 onwards

X-Programme

Area		Action	Time scale
Finance	Ensure the CCG meets the finance investment standard	The CCG confirms that the investment standard will be met in 2018/19.	2018/19 ongoing
Data	<p>Ensure that all provider are submitting data to NHS digital and support improvement of data quality.</p> <p>Providers must engage with CCQI to complete and submit self-assessment tools and subsequent validation in relation to all evidence-based treatment pathways</p> <p>Ensure a locally agreed suite of quality/outcome measures is in place which reflects mental, physical and social outcomes, in line with national guidance</p>	<p>Compile and regularly update the list of providers commissioned to deliver MH services in Dorset</p> <p>The CCG confirms that Dorset HealthCare is submitting timely data and information via all routes listed by NHS England. Any issue with data quality are addressed through the Data Quality Working Group (DQWG) or individual Data Quality meetings with the Trust.</p> <p>The CCG confirms that Dorset HealthCare engages with CCQI and has undertaken self-assessments across the following services:</p> <ul style="list-style-type: none"> - Perinatal - Early Intervention - Psychiatric Liaison - Forensic Services <p>Dorset HealthCare fully participates in CCQI programme which includes each specialty assessing other services on a yearly basis as well as meeting the required standards, learning and networking. Self Assessments will continue to be completed in line with each service specific timescale.</p> <p>The Trust are currently internally working on outcome based measures. This will be incorporated into the DQIP for 18/19 in order that the Trust share initial data/monitoring for review. CCG will work with the Trust to set up joint monitoring in year</p>	<p>2017/18 ongoing</p> <p>2017/18 ongoing</p> <p>2017/18 ongoing</p> <p>Internal pilot 2017/18 and will be in DQIP in 2018/19 contract</p>