Mental Health Services Data Set - Proposal for Change

The purpose of this Proposal for Change document is to:

- provide sufficient information to allow SCCI to make an informed decision as to whether the Change can proceed to the next stage of development
- identify where the Change is for an information standard or collection not previously accepted by SCCI and therefore needs to be revised for “Act compliance”
- provide a guide to the evidence needed to support the next stage of development

You may not have all the information necessary to complete all the fields. However please provide as much detail as possible and then return this form to sccidsupport@hscic.gov.uk.

Please state the name of the information standard or collection this change applies to

Mental Health Services Data Set (MHSDS), which supersedes the current MHLDDS and CAMHS data sets.

Please provide the URL(s) for the current published documents

Mental Health and Learning Disabilities Data Set (MHLDDS):

http://www.isb.nhs.uk/library/standard/76
http://www.hscic.gov.uk/mhldds

Child and Adolescent Mental Health Services (CAMHS):

http://www.hscic.gov.uk/CAMHS

Please provide your name, organisation and email address

Nicholas Richman
Service Development Manager, Health and Social Care Information Centre (HSCIC)
nicholas.richman@hscic.gov.uk

In what context are you making this application?  Service Development Manager

Please list the key contacts for the information standard or collection that needs changing:

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Sean Kirwan, Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>Kathy Farndon, NHS England, <a href="mailto:kathy.farndon@nhs.net">kathy.farndon@nhs.net</a> - TBC</td>
</tr>
<tr>
<td>Business Lead</td>
<td>Ian Binns, HSCIC, <a href="mailto:ianbinns@nhs.net">ianbinns@nhs.net</a></td>
</tr>
</tbody>
</table>
Please provide a description of the proposed change, with reference to the impact on the aims and benefits stated in the last approved documents

**Aim:** To create a single combined Mental Health Services Data Set (MHSDS) covering care delivered to children, adolescents and adults, using a referral based structure to facilitate the measurement of access and waiting times for Mental Health Services. The changes also include the provision for reporting on scored assessments to support the inclusion of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) and Learning Disabilities Census (LDC) data. In addition, the revised data set includes the ability to flow approved NHS-wide clinical terminology, such as SNOMED CT and introduces a common structure for capturing data across uniformly across a number of national data flows.

**Benefits:** A combined mental health data set, replacing the existing Mental Health and Learning Disabilities Data Set (MHLDDS) and the Child and Adolescent Mental Health Services (CAMHS) data set will reduce the burden on care providers and system suppliers who will only have to make one data submission per month. Combining the data sets also reduces burden for the HSCIC in having to maintain two separate data sets and landing platforms, and removes the artificial division between adult and children’s mental health services that having two separate data sets creates.

The data structure has been aligned with other data sets such as the Children and Young People’s Health Services (CYPHS) data set. These changes further reduce the burden on providers who deliver children’s community and mental health care, and enables equitable analysis through the alignment of the key data set concepts (e.g. referrals, contacts and activities).

The access and waiting standard for Early Intervention in Psychosis (EIP) is being introduced in 2015/16 for delivery from 1st April 2016. The referral-based structure of the MHSDS enables the reporting of this information.

Clinical terminology enables the standardised capture of concepts as they are recorded by the clinician. This improves data quality and reduces burden by removing the requirement for providers to map these concepts to pre-determined classifications enabling providers to flow the data as it is captured locally, with the HSCIC performing any required mapping. The HSCIC is then able to report at a detailed level whilst still being able to derive higher-level terms using the SNOMED hierarchy for use in the development of national publications.

The inclusion of CYP IAPT and Learning Disabilities Census and Assuring Transformation data will improve the reporting for these important areas and remove the need for separate data collections which are currently ongoing but due to come to an end.

**Summary of the change**

The changes for the MHSDS in comparison to the previous MHLDDS and CAMHS data set are as follows:

- Creation of a common structure in line with the referral-contact-activity structure of the CYPHS data set, requiring the removal and addition of some data items and values, in order to support the flow of children and adult Mental Health Services data.
Addition of new data tables and items to enable the flow of clinical terminology, including SNOMED CT (for example, Coded Scored Assessments tables).
- Incorporation of data items from the CYP IAPT data set.
- Incorporation of data items to enable the capture of learning disabilities census and Assuring Transformation data.
- Renaming of data items to conform to the NHS Data Model and Dictionary.
- Inclusion of additional data quality metrics to support validity of the data set.
- Incorporation of Mental Health Care Clusters into this information standard.

Most of the changes are to the data structure which will not impact on clinical delivery. The inclusion of clinical terminology for diagnosis is optional for this release but does provide the potential to reduce the burden of developing the extract for the care providers and system suppliers, as they will no longer be required to map their clinical concepts to predefined classifications such as value lists.

Reason for the change

The reason for the change has been outlined in the aims/benefits section above. The following policy drivers are also relevant.

The access and waiting standard for EIP is being introduced in 2015/16 for delivery from 1st April 2016, as announced by the Deputy Prime Minister in October 2014. This covers treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia - either in children and young people CG155 (2013) or in adults CG178 (2014). This is a key part of the delivery of the Parity of Esteem programme announced by the Minister of State for Care Services in June 2013.

NHS England has committed to deliver the Maternity and Children’s Data Sets (MCDS) in their Business Plan 2014/15-2016/17: ‘Putting Patients First’. The CAMHS data set is incorporated into this standard and this forms part of the MCDS project.

Public Health England and the Department of Health have both outlined the details for the development of the CAMHS data set within their recent publications, 'Children, Families and Maternity e-bulletin', June 2014 Edition 80.

Other supporting documentation includes the following:

- NHS Outcomes Framework 2014/15
- Personalised Health and Care 2020: A Framework for Action
- Our Programme for Government, Equity and Excellence: Liberating the NHS
- Achieving Equity and Excellence for Children
- Everyone Counts: Planning for Patients 2014/15 to 2018/19
- Chief Medical Officer’s annual report 2012: Our Children Deserve Better: Prevention Pays
- House of Commons Health Committee Children's and adolescents' mental health and CAMHS Third Report of Session 2014–15
- National Information Board Framework

Enabling the flow of SNOMED CT supports the SNOMED CT ISN (Ref: ISB 0034).
### Funding Status

The development of this change to CAMHS is funded by NHS England as per their Business Plan referenced above. The Full Business Case (FBC) shows whole life cost of the MCDS project as £12m over 5 years covering funds until 2016/17. The initial funding for the implementation and start-up costs was confirmed by the SRO in April 2014.

The immediate requirement for resourcing for the adult mental health element will be for people (short-term - project manager, developers, testers; permanent – analysts and stakeholder engagement and communications lead) and for additional hardware. Hardware purchase will require a procurement phase. HSCIC officials are considering the extent to which these requirements can be met through their existing budgets or whether further funding will be needed.

The implementation of this change by IT suppliers is not centrally funded.

### Benefits

See aims and benefits section above. Additional benefits for CAMHS are defined in the MCDS Full Business Case.

### Impact of not making the change

- Failure to enable national flow of the MHSDS would mean failure to meet the access and waiting standard for EIP and NHS England Business Plan objectives.
- Inability to report nationally on the care and treatment of children and adolescents with mental health needs.
- Failure to meet CYP IAPT data collection requirement. Current CYP IAPT collection is due to end in September 2015.
- Failure to meet Learning Disabilities Census data collection requirements. No further collections are planned.
- Failure to comply with the SNOMED CT ISN and deliver the associated benefits.

### Is this change mandatory?

Submission of the MHSDS data set is mandatory for all NHS-funded mental health services.

### What are the information governance implications of making this change? Is person identifiable data involved?

There are no major information governance issues introduced by the changes.

### Is there any impact on other information standards and/or collections

In terms of the progression through the SCCI process, this is technically a change to the existing MHLDDS standard (ref: ISB 0011), which will require the retirement of the CAMHS standard (ref: ISB 1072), so that the two data sets can be combined into the MHSDS.

The Mental Health Care Clusters standard (ref: ISB 1509) will be retired as the requirements of this standard will be transferred into the MHSDS ISN.
The CYPHS data set (ref: ISB 1069) shares a similar data structure to the MHSDS with approximately 50% of the structure being common to both data sets. This is intentional as a common structure supports organisations that provide Mental Health and Community Services by reducing the burden of collection and enabling equitable analysis across both settings. In the future there will be an impact of making changes to either the CYPHS or MHSDS standard due to this alignment but this has been considered and mitigated where possible as part of the design of both data sets.

The introduction of the MHSDS will also facilitate the deprecation and retirement of the KP90: Informal Patients and Patients Detained under the Mental Health Act: The Number of Uses of the Act standard (ref: ISB 0154).

There is a minor impact on other standards due to data items being modified which are used in other data sets.

Please state the preferred timescales for implementation

**System Suppliers:** From 1st October 2015, Mental Health systems MUST be fully conformant with this standard.

**Care Providers:** From 1st November 2015, providers of NHS-funded Mental Health Services MUST begin submitting MHSDS submissions in accordance with this standard.

What happens next?

Your completed proposal for change will be considered by SCCI. If accepted, you will be asked to work with the SCCI Development Support team to provide the evidence that the change is suitable for implementation. This evidence will be collated into a change submission.

Note that in order to obtain SCCI acceptance of the change, your change submission documents will have to go through an independent assurance check. The following will be typically needed as evidence for this check (though this will be confirmed on SCCI acceptance of this proposal for change). Please indicate whether you already have this evidence.

<table>
<thead>
<tr>
<th>Supporting Evidence required for SCCI submission</th>
<th>Product Name (where specifically identified)</th>
<th>Attach evidence as an appendix or alternatively state ‘to follow’ below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Status: Directions/Obligations under Health and Social Care Act 2012</td>
<td>Submission</td>
<td>To follow</td>
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<tr>
<td>Sponsor and SRO confirmation of need for change and ongoing acceptance of responsibilities</td>
<td>Sponsor / SRO statement</td>
<td>To follow</td>
</tr>
<tr>
<td>Impact on business case, funding and required resources</td>
<td>Submission</td>
<td>To follow</td>
</tr>
<tr>
<td>Impact on requirements and conformance criteria</td>
<td>Specification (updated)</td>
<td>To follow</td>
</tr>
<tr>
<td>Consultation – confirmation that change has been explored with appropriate stakeholder communities and that an appropriate level of public consultation has been achieved/planned; confirmation that communications has reinforced stakeholder engagement, and there is a clear plan in place to publicise the introduction and adoption of the change</td>
<td>Submission Implementation and Communications Plan</td>
<td>To follow</td>
</tr>
<tr>
<td>Clear implementation timetable</td>
<td>Project Plan Implementation and Communications Plan</td>
<td>SCCI support staff to provide To follow</td>
</tr>
<tr>
<td>Burden</td>
<td>Burden Assessment Report</td>
<td>BAAS to complete</td>
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<td>Information governance, patient consent</td>
<td>Information Governance Report</td>
<td>IG to complete</td>
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<tr>
<td>Alignment with NHS Data Model &amp; Dictionary</td>
<td>NHS Data Model &amp; Dictionary Change Request</td>
<td>Data Dictionary to complete (position statement to be provided)</td>
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<tr>
<td>Testing – confirmation that change has been tested in line with maintenance / change control procedures, and involving users and suppliers as appropriate</td>
<td>Test Report</td>
<td>Evidence of consultation to follow</td>
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<td>Confirmation of maintenance arrangements</td>
<td>Maintenance plan (Updated)</td>
<td>To follow</td>
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<tr>
<td>EC98/34 assessment required/not required</td>
<td>EC 98/34 assessment form</td>
<td>SCCI support staff to provide</td>
</tr>
<tr>
<td>Risks and Issues from previous approval, together with those reported during implementation</td>
<td>Risk and Issue Log(s)</td>
<td>To follow</td>
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<tr>
<td>Any conditions/caveats set on previous approval</td>
<td>ISB Sponsor Letter</td>
<td>To follow</td>
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Supporting documents – the following have been attached

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>MHSDS Data Model v 1.0 (Draft)</td>
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If you have any questions or require further information regarding completion of this document template please email: sccidsupport@hscic.gov.uk
### Appendix 1: MHSDS v1.0 Data Model 27/02/2015

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<td>HSCIC SCCI Development Support Service</td>
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Mental Health Services Data Set, Proposal for Change, version 1.0.