

CAMHS Assurance Data Collection Template - Instructions

Notes for completion

The completed return will require details from the person completing the plan and those who are signing off the plan

Content

Cover sheet - this includes basic contact details from the person who has completed the template, the person who is signing off the plan on behalf of the CCG and the person who is signing off the plan on behalf of the Health and Well Being board

Tracker sheet - this includes eating disorder and finance data

Validation Sheet - this sheet contains the details on question completion and if a user has answered each question

To note - Yellow cells require input, blue cells do not

Cover sheet

On the cover sheet please enter the following information:

The date of completion

The CCG you are completing the plan on behalf of

Details for who has completed the plan on behalf of the CCG (name, email, contact number and who has signed off the report on behalf of the CCG)

Details for who has signed off the plan on behalf of the CCG (job title, email and contact number)

Details for who has signed off the plan on behalf of the Health and Wellbeing Board (job title, email and contact number)

Details of publish date and plan location (planned publish date and web link for plan)

Name of person who has signed off the report on behalf of the HWB:

Job title of person who has signed off the report on behalf of the HWB:

Email of person who has signed off the report on behalf of the HWB:

Contact number of person who has signed off the report on behalf of the HWB:

Name of person who has signed off the report on behalf of NHS England Specialised Commissioning:

Job title of person who has signed off the report on behalf of NHS England Specialised Commissioning:

Email of person who has signed off the report on behalf of NHS England Specialised Commissioning:

Contact number of person who has signed off the report on behalf of NHS England Specialised Commissioning:

Planned publish date (you may wish to assure your plans before publishing):

Web link for plan:

Tracker

This requires eating disorder and finance data. Please answer as at time of completion

The eating disorder section requires four questions to be completed:

Is your current Eating Disorder service for under 18s compliant with the guidelines issued by NHS England and NCCMH in 2015?

If yes please detail below how you are using the underspend of the monies allocated for Eating Disorder on crisis or self-harm

If no please indicate below how much will be used to ensure an evidence based community eating disorder services, and how the generic resources are redeployed to support self harm and crisis services for young people

Which CCGs are you working with

The finance section requires twenty questions to be completed:

It may not be possible to answer all of the questions due to the timing of the collections so please ensure you answer as many questions as possible

Description of local priority

Please select stream from which funding comes using the drop down menu

Service user group that the priority is targeted at e.g. Under 18s with Eating disorders, LAC, CYP who are sexually exploited

What is the evidence base for this intervention?

Planned spend broken down by quarter (Q1 Apr - Jun 15/16, Q2 Jul - Sep 15/16, Q3 Oct - Dec 15/16, Q4 Jan - Mar 15/16)

Main KPI

KPI baseline

KPI target

Please select a date the KPI will be achieved by using the drop down menu

Actual spend broken down by quarter (Q1 Apr - Jun 15/16, Q2 Jul - Sep 15/16, Q3 Oct - Dec 15/16, Q4 Jan - Mar 15/16)

Please select yes or no for KPI on track at end of Q3 using the drop down menu

Please select yes or no for KPI on track at end of Q4 using the drop down menu

Validation

The sheet is split into the 4 sections;

Basic details

Eating disorder

Partnering CCGs

Finance

Each section contains a table of the questions within the section, it has a Y or N depending on if the user has completed the question.

Cells that are green and contain a 'Y' mean that the question has been completed and cells that are red and contain an 'N' mean that the question has not been completed and need to have an answer inserted.

In the case of the Finance sections all cells appear blank until a question has been completed on the row, the row will only be green when all questions on that row have been completed. Cells in this section correspond exactly to those within the Finance section of the Tracker so users can see which questions have not been completed.

Support

If you have any questions about how to complete the template please contact england.camhs-data@nhs.net for support

CAMHS Assurance Data Collection Template - Cover Sheet

Cover and basic details

Submission Period:
Oct - Dec 2015

CCG:
NHS SOUTH WEST LINCOLNSHIRE CCG

Completed by: Colin Warren

Email: colin.warren@southwestlincolnshireccg.nhs.uk

Contact number: 7919696214

Details for who has signed off the plan on behalf of the CCG

Name of person who has signed off the plan on behalf of the CCG: Allan Kitt

Job title of person who has signed off the plan on behalf of the CCG: Chief Officer

Email of person who has signed off the plan on behalf of the CCG: Allan.kitt@southwestlincolnshireccg.nhs.uk

Contact number of person who has signed off the plan on behalf of the CCG: 01476 406577

Details for who has signed off the plan on behalf of the Health and Wellbeing Board

Name of person who has signed off the plan on behalf of the HWB:

Job title of person who has signed off the plan on behalf of the HWB:

Email of person who has signed off the plan on behalf of the HWB:

Contact number of person who has signed off the plan on behalf of the HWB:

Details for who has signed off the plan on behalf of NHS England Specialised Commissioning

Name of person who has signed off the plan on behalf of NHS England Specialised Commissioning:

Job title of person who has signed off the plan on behalf of NHS England Specialised Commissioning:

Email of person who has signed off the plan on behalf of NHS England Specialised Commissioning:

Contact number of person who has signed off the plan on behalf of NHS England Specialised Commissioning:

Details of publish date and plan location

Planned publish date (you may wish to assure your plans before publishing):

Web link for plan:

Please fill in every cell that relates to your current situation – so for example, in your initial submission, you will not be able to fill in actual spend for Q3 and Q4, nor whether you are on track to deliver the KPI. By the end of your final submission every column for every local funding priority should be completed

	No. of questions answered
1. Cover	9
2. Tracker sheet - Eating Disorders	3
3. Tracker sheet - Partnering CCGs	4
4. Tracker sheet - Finance	228

CAMHS Assurance Data Collection Template - Validation Sheet

Basic details

Completion date	CCG name	Details for who has completed the plan on behalf of the CCG			Details for who has signed off the plan on behalf of the CCG				Details for who has signed off the plan on behalf of the Health and Wellbeing Board				Details for who has signed off the plan on behalf of NHS England Specialised Commissioning				Details of publish date and plan location	
		Completed by	Email	Contact number	Name	Job title	Email	Contact number	Name	Job title	Email	Contact number	Name	Job title	Email	Contact number	Date	Weblink
Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N

Y Question complete
N Question not complete

Eating disorder

Is your current Eating Disorder	If yes please	If no please
Y	Y	Y

Y Question complete
N Question not complete

Partnering CCGs

Partnering CCGs	CCG Name
Partnering CCG -1	Y
Partnering CCG -2	Y
Partnering CCG -3	Y
Partnering CCG -4	Y
Partnering CCG -5	
Partnering CCG -6	
Partnering CCG -7	
Partnering CCG -8	
Partnering CCG -9	
Partnering CCG -10	
Partnering CCG -11	
Partnering CCG -12	
Partnering CCG -13	
Partnering CCG -14	
Partnering CCG -15	
Partnering CCG -16	
Partnering CCG -17	
Partnering CCG -18	
Partnering CCG -19	
Partnering CCG -20	

Y Question complete
N Question not complete

Finance

Funding scheme number	Description of local priority	Please select scheme from which funding comes using the	Service user group that the priority is targeted at e.g. Under 18s with	What is the evidence base for this intervention?	The expected outcome of the scheme	Planned spend (broken down by quarter)				Main KPI	KPI baseline	KPI target	Please select a date the KPI will be achieved by using the drop	Actual spend (broken down by quarter)			KPI March 2016	
						Q1 Apr - Jun 15/16	Q2 Jul - Sep 15/16	Q3 Oct - Dec 15/16	Q4 Jan - Mar 15/16					Q1 Apr - Jun 15/16	Q2 Jul - Sep 15/16	Q3 Oct - Dec 15/16	Q4 Jan - Mar 15/16	Please select yes or no for KPI on track at end of Q3 using the drop
Local priority scheme 1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 2	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 3	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 4	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 5	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 6	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 7	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 8	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 9	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 10	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 11	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 12	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local priority scheme 13																		
Local priority scheme 14																		
Local priority scheme 15																		
Local priority scheme 16																		
Local priority scheme 17																		
Local priority scheme 18																		
Local priority scheme 19																		
Local priority scheme 20																		

Y Question complete
N Question not complete