



## Report to Essex Health Overview and Scrutiny Committee

**Meeting Date:** 8<sup>th</sup> February 2017

### FOR INFORMATION

**Report Title:** Mental Health Update Report

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There are two main providers for the provision of adult mental health care across North Essex:

- **North Essex Partnership Foundation Trust (NEP)**

NEP is the main provider of secondary specialist Mental Health services for Adults and Older adult across North Essex. While NEP cares for the majority of patients in the community, some people need in-patient care. This can be for a short period of intensive care, longer recovery, or people with advanced dementia. NEP also provides dedicated liaison psychiatry services to the Acute Hospitals in north Essex and staff a Street Triage service in conjunction with Essex police.

- **Hertfordshire Partnership Foundation Trust (HPFT)**

HPFT is the main provider of Primary Care Psychological Therapies to all adults across North Essex. The service is based on the National Institute for Health and Care Excellence recommended evidence-based psychological therapies and is part of an integrated pathway for people with common mental health disorders. Core interventions provided are orientated around Cognitive Behavioural Therapies, Counselling, and Interpersonal Therapies

### **How do you determine the KPIs you use to monitor Provider performance and help to improve patient experience? Do you still think they are appropriate?**

For both providers, there are a number of ways that the performance of our providers is monitored:

#### **1) Nationally mandated Operational Standards and Quality Requirements.**

The Operational Standards and Quality Requirements are nationally-mandated standards set out by NHS England, with the Operational Standards derived specifically from the NHS Constitution. The objective of these is to ensure that service users receive a quality service. Namely, one that is safe, effective and provides a good patient experience. These are aligned to the regulatory standards as set out by the Care Quality Commission. All providers are

expected to achieve all of the Operational Standards and National Quality Requirements which relate to the commissioned services.

## **2) Locally agreed Quality Requirements**

As with the National Quality Standards, the objective of these is to ensure that service users receive a quality service, namely one that is safe, effective and provides a good patient experience. However, these Quality Requirements are agreed locally and represent particular areas of risk that the CCG require assurance over from the provider. These take into account the needs of the local population, system partners and other stakeholders and should be both clinically appropriate and realistically achievable.

## **3) Commissioning for Quality and Innovation indicators (CQUIN)**

The CQUIN scheme is the national NHS quality incentive scheme. The scheme is intended to deliver clinical quality improvements and drive transformational change. The current CQUIN indicators are designed to support the ambitions of the Five Year Forward View and directly link to the NHS Mandate. There are 5 Clinical quality and transformational indicators which aim to improve the quality and outcomes for patients including reducing health inequalities, encourage collaboration across different providers and improve the working lives of NHS staff.

## **4) Locally set KPIs**

These KPIs monitor specific areas of performance across different areas of identified risk. Achievement thresholds are set with reference back to past performance and (if appropriate) national or local guidance. As with the local Quality Standards, these KPIs are agreed locally and represent particular areas of risk that the CCG require assurance over from the provider, taking into account past performance and the needs of the local population/system partners/ other local stakeholders. These areas of risk (and examples of KPIs) are:

*Access to services (Both, Nationally mandated KPI for HPFT)*

*Recovery (Nationally mandated KPI for HPFT)*

*Reliable improvement (HPFT)*

*Care Programme Approach and Care plans (NEP)*

*Inpatient Care and Discharge (NEP)*

*Demographics (Both)*

*Quality and Safety (Both)*

The various measures described above are all embedded within the contract for services held between commissioners and providers. As such, there is contractual recourse for non-performance, including both financial and non-financial penalties. The on-going appropriateness of all **local** performance measures are considered at regular intervals, with the main conduit being the monthly contract management meetings with both providers. Any new areas of focus (based on service developments, regulatory changes, population need) are formally agreed by commissioner and provider. The appropriateness of these measures have been assessed as part of the recently-concluded contract negotiation process with NEP and the on-going contract negotiations with HPFT.

**What measures are you asking Providers to have in place to ensure timely assessments? Please confirm current waiting times and do you think current waiting times for assessments are satisfactory at present?**

*NB: This section focuses on the contract with NEP as the talking therapies provided by HPFT are dealt with in the next section.*

A proportion of NEP patients initially enter NEP care in a Mental Health crisis. The performance measures in this area are focused around patient access to NEP whilst patients are in a crisis and the performance of the services supporting them. Assessments are performed within these crisis pathways; however we do not monitor the timing of that separate part of the pathway. Rather our KPIs focus on other risk areas of the pathway in which the assessments take place.

Performance measures that are monitored include:

- Percentage of inpatient admissions that have been gate kept by the Crisis Resolution/Home Treatment (CRHT) Team
- Number of inpatient admissions that have been gate kept by the Crisis Resolution/Home Treatment (CRHT) Team
- Percentage of patients seen by psychiatric liaison service within 4 hours of referral
- Total number of client assessments undertaken by A&E Psychiatric Liaison Team(s)
- Number of client assessments undertaken in A&E Department(s)
- Number of client assessments undertaken in Acute Ward(s)
- Total number of unique clients assessed
- Number of clients seen within one hour of A&E referral
- Percentage of clients seen within one hour of A&E referral - within operating hours (09.00 to 00.00 seven days a week)
- Number of breaches attributable to MH and the reason(s) for these
- Number of 'Potential' A&E breaches avoided
- More than 50% of people experiencing a first episode of Psychosis will be treated with a NICE approved care package within two weeks of referral

Performance against these measures for the entirety of the 16/17 is included in Appendix 1. and displays that performance around these measures is satisfactory at present. For patients that do not enter NEP in a crisis (i.e. through a GP referral route) there is not a nationally mandated or local KPI covering the waiting times to assessment. The quality requirements within the contract enable commissioners to assess this within the context of the **quality** of the service i.e. one that is safe, effective and provides a good experience.

NEP also provide Memory Clinic services as part of the Dementia diagnosis pathway for North Essex. These patients are referred in to NEP. Contractual KPIs are being introduced in 2017/19, however we currently monitor the performance of the Memory clinic to gain assurance over the ability to achieve the governments stated Dementia 2020 ambition of “An expectation that the national average for an initial assessment should be six weeks following a referral from a GP”.

Current waiting times to assessment across North Essex (as at Dec 16) are 5.46 weeks (area specific performance is listed below), in line with the ambition above:

Average waiting time to Assessment (weeks)	Oct	Nov	Dec
Mid	5.65	3.78	4.63
North East	4.81	5.20	5.64
West	5.70	4.60	6.68

**What measures are you asking Providers to have in place to ensure timely access to talking therapies? Please confirm current waiting times and do you think current waiting times are satisfactory at present?**

## Access

The NHS 5YFV sets a targeted increase in Access to psychological therapies so that by 2020/21 at least 25% of people with common mental health conditions will access services each year. Two thirds of the additional people receiving services will have co-morbid physical and mental health conditions (Long Term Condition) or persistent medically unexplained symptoms (MUS). Currently Access is set at 15% of the local prevalence who will enter treatment per annum. Performance against this target as at Dec 16 is listed below:

		Q1	Q2	Q3	Q4	Cumulative YTD	Target
West	Actual	1,114	1,128	1,280		3,522	4,933
West	Percentage of prevalence	3.39%	3.43%	3.89%		10.71%	15%
Mid	Actual	1,271	1,253	1,139		3,663	5,890
Mid	Percentage of prevalence	3.24%	3.19%	2.90%		9.33%	15%
North East	Actual	1,298	1,326	1,336		3,960	5,327
North East	Percentage of prevalence	3.66%	3.73%	3.76%		11.15%	15%

Both North East Essex and West Essex are expected to achieve their end of year targets of 15% of prevalence entering treatment. The Mid Essex IAPT service is currently behind target, and is not expected to meet target for 16/17. Commissioners continue to work closely with providers to maximise the impact of the services going forward.

## Assessment

HPFT are expected to undertake a Patient Assessment within 14 days of the patient being referred to the service. Providers will ensure that patient treatment (1st treatment) will commence within 14 days of the completion of the assessment. In the majority of cases the assessment and 1<sup>st</sup> treatment session are delivered at the same time, with the majority of people being booked in for their assessment/1st treatment within 4 weeks of receipt of referral by the service. A small number of clients wait longer than 4 weeks (see table below) however this is often through patient choice or contact issues.

CCG Area	Q3 16/17 – Referrals received	Number who waited over 6 weeks for assessment
West Essex	1460	6
Mid Essex	1523	31
North East Essex	1757	11

## Waiting times to 1<sup>st</sup> Treatment

In parallel with increased access numbers, IAPT services will maintain and develop quality in services; including meeting existing access and recovery standards so that 75% of people access treatment within 6 weeks, 95% within 18 weeks; and at least 50% achieve recovery across the adult age group. Performance as at Dec 16 is detailed below:

CCG Area	75% access to 1 <sup>st</sup> treatment <u>within 6 weeks</u>	95% access to 1 <sup>st</sup> treatment <u>within 18 weeks</u>
West Essex	97.7%	99.7%
Mid Essex	94.5%	99.6%
North East Essex	98.1%	100%

## Waiting Times to 2nd/subsequent treatment

Whilst there is no national or local KPI in place at the moment it would be true to say that IAPT services across North Essex are not currently performing to commissioning expectations and we are actively working with our providers both contractually and on a number of initiatives to reduce these waiting times. The table below shows the number of people waiting over 18 weeks for 2nd /subsequent treatment as at end December 2016:

CCG Area	Number of people waiting over 18 weeks for 2 <sup>nd</sup> / subsequent treatments as at 31.12.16
West Essex	77
Mid Essex	267
North East Essex	107

For patients waiting for their choice of 2nd/subsequent treatment, regular contact is made to access risk and if necessary clients can be fast tracked into treatment. We are currently negotiating a local KPI for time to 2<sup>nd</sup>/subsequent treatment for inclusion in the 2017/18 contract with our providers.

## What is Plan B if the merger does not go ahead? What contingency planning at a system level is in place?

It is the intention for NEP and SEPT to merge into one Trust from 1<sup>st</sup> April 2017. This continues to go through the relevant governance processes within the Trust and NHS hierarchy. At this stage we have received no indication that it will not proceed. However, to protect against this likelihood, the signed contract for 17/19 between North commissioners and NEP is structured **as if** the merger does **not** proceed. If the merger proceeds, this contract will be novated across to the merged body. This guarantees that in either circumstance (be it through a single or merged entity) the services currently provided by NEP will continue to be provided to the North Essex population.



## Appendix 1



### North East Essex Clinical Commissioning Group

Indicator		Target	Line No	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016/17 Year to Date*
Access to Services	Percentage of inpatient admissions that have been gate kept by the Crisis Resolution/Home Treatment (CRHT) Team	95%	D1	97.56%	97.06%	96.49%	98.46%	100.00%	97.75%	98.53%	96.81%	98.70%				98.28%
	Number of inpatient admissions that have been gate kept by the Crisis Resolution/Home Treatment (CRHT) Team	—	D2	80	66	55	64	71	87	67	91	76				745
	Percentage of patients seen by psychiatric liaison service within 4 hours of referral	95%	D3	99.53%	99.08%	99.18%	97.20%	98.92%	98.39%	98.50%	98.59%	98.83%				98.64%
	Total number of client assessments undertaken by A&E Psychiatric Liaison Team(s)	—	D4	400	485	389	194	421	482	451	423	340				3585
	Number of client assessments undertaken in A&E Department(s) A	—	D5							267	283	256				806
	Number of client assessments undertaken in Acute Ward(s) B	—	D6							184	140	84				
	Total number of unique clients assessed	—	D7							429	378	326				1133
	Number of clients seen within one hour of A&E referral	—	D8							181	187	204				572
	Percentage of clients seen within one hour of A&E referral - within operating hours (09.00 to 00.00 seven days a week)	50%	D9							67.79%	66.08%	79.69%				70.97%
	Number of breaches attributable to MH and the reason(s) for these*	—	D10							4	2	3				27
	Number of 'Potential' A&E breaches avoided**	—	D11							39	29	33				101
	More than 50% of people experiencing a first episode of Psychosis will be treated with a NICE approved care package within two weeks of referral	50%	D15	45.45%	80.00%	87.50%	88.89%	70.00%	63.00%	53.00%	78.00%	66.67%				72.50%