NHS
Castle Point and Rochford
Clinical Commissioning Group

# Report to Essex Health Overview and Scrutiny Committee

**Meeting Date:** 30th January 2017

**Report Title:** Mental Health Update Report

**Presented by:** Sipho Mlambo, Senior Commissioning Manager Mental Health

Introduction:

This briefing is a response to the following four questions raised by HOSC members relating to mental health provider performance:

1. How do you determine the KPIs you use to monitor Provider performance and help to improve patience experience? Do you still think they are appropriate?
2. 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?
3. 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?
4. What is Plan B if the merger does not go ahead? What contingency planning at a system level is in place?

## 1. Mental Health KPIs - How they are Determined and their appropriateness

The SEPT mental health contract is divided into a number of specific services, each with its own specification outlining what the service should provide and how it should provide it. The KPIs are designed to ensure that each of those services is delivering safe and effective treatment and care. The KPIs will also need to take into account any nationally laid out targets that have been set out by NHS-England.

The current KPIs are focused on the right and appropriate areas of measurement. These measures span various aspects of treatment and care, for example; care planning, waiting times and data quality, to name a few. However, in some instances, the construct of the measures may need reviewing.

The KPIs are a mixture of process driven measures and service outputs, not many are set out as outcomes. There is a national move towards more outcome based performance management and monitoring in mental health. In South Essex a significant piece of work is being undertaken to change the way we contract from the current measures to measures that tell us more about impact and benefit to patients and the system rather than processes that are adhered to. This is being undertaken through work on developing outcome based commissioning in mental health. South Essex is seen to be an early adopter and a leader in this field.

## 2. Measures to Ensure Timely Assessments (Including Waiting Times)

It is critical that patients are quickly assessed to determine the level of their need and the type of treatment that they require. Timely assessments mean that patients are more likely to begin the right treatment sooner.

Timely access to services is identified as a key factor in supporting patients with mental health difficulties. Patients with timely access to services are likely to do better than those with long waits. There are a number of targets (mainly waiting times that look at access to mental health services). The main gateway into secondary mental health services is via the single point of contact (SPOC) which operates within the First Response Team (FRT).

**Assessment for FRT**

In quarter 3 the Trust narrowly missed the assessment target related to crisis referrals seen within 24 hours with an overall figure of 94.87% against a target of 95%. The performance against the target for routine referrals is very poor at 27.3% (year to date) against a target of 95%.

This has been raised at performance meetings and the Trust has been required to carry out an audit to find out why the performance is so low against this measure.

| Service | Quality requirement | Threshold | | | Oct | Nov | Dec | YTD |
|---|---|---|---|---|---|---|---|---|
| First Response | % Crisis (FRT) referral processed and refer notified of outcome within 4hrs | 95% | <95% | 95% | 100.00% | 100.00% | 100.00% | 100.00% |
| First Response | % Crisis (FRT) referral seen within 24hrs | 95% | <95% | 95% | 89.19% | 95.73% | 95.12% | 94.87% |
| First Response | % Routine (FRT) seen within 14 days | 95% | <95% | 95% | 22.82% | 23.05% | 13.71% | 27.30% |

Other Waiting time Measures include:

- Assessment for IAPT (Therapy for You)
- Assessment for Early Intervention Program (EIP)
- Memory service assessments
- RAID (Psychiatric Liaison services) assessments

**Performance against the measures**

| Service | Quality requirement | Threshold | | | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|
| **IAPT** | (The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period) | 75% | <75% | 75% | 98.66% | 97.90% | 98.40% |
| **IAPT** | The percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral<br>(The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period) | 95% | 95% | >95% | 100.00% | 100.00% | 100.00% |
| **MAS Service** | Total Number waiting over 30 working days (6 weeks) from receipt of referral to assessment | 0 | >0 | 0 | 3 | 1 | 4 |
| **MAS Service** | Total number waiting over 6 weeks from assessment to diagnosis appointment | 0 | >0 | 0 | 117 (40) | 99(25) | 118(33) |
| **Raid** | A & E liaison assessment to be carried out within a maximum of one hour of referral<br>95% of referrals | 95% | <95% | 95% | 85.13% | 90.33% | 95.75% |
| **Raid** | Emergency Ward liaison assessment within a maximum of 1 hour from referral 95% of referrals | 95% | <95% | 95% | 100.00% | 90.91% | 100.00% |
| **Raid** | Urgent ward liaison assessment within a maximum of four hours of referral<br>95% of referrals | 95% | <95% | 95% | 97.40% | 97.62% | 100.00% |
| **Raid** | Routine ward liaison assessment within a maximum of 48 hours of referrals | 95% | <95% | 95% | 100.00% | 100.00% | 100.00% |

As outlined above most of the key measures relating to access are showing that the trust is performing at or near the target. The main exception relates to the memory assessment service. Commissioners are working closely with SEPT to better understand the reason for this low performance. This includes exception reporting on breaches which are then scrutinised by commissioners.

### 3. Access to Talking Therapies (IAPT)

Currently our waits for IAPT meet the national requirement. However it is important to note that the national waiting time target for IAPT is concentrated on first treatment appointments. There is a large waiting list for second and subsequent appoints to IAPT. We are working closely with SEPT to address this and have agreed additional investment into the service to address capacity issues and improve the flow of patients through the service.

In addition to the issue of the large waiting list for IAPT. SEPT is currently failing to meet the national annual access target for IAPT which is 15% (which equates to 3.75% per quarter). For Caste Point and Rochford CCG quarter 1 performance sits at 3.46% and quarter 2 performance sits at 3.19%. For Basildon and Brentwood CCG the quarter 1 performance sits at 3.45% and the quarter 2

performance sits at 3.24% %. For Southend CCG the quarter 1 performance sits at 4.14% and quarter 2 performance sits at 3.47%, currently Southend CCG is the only CCG meeting the access target. There is an action plan to improve performance which is reviewed in the monthly IAPT performance meeting.

In order to achieve better access and flow through the service with reduced waits we are requiring the provider to change the current service model to maximise the impact of the additional resources going into the service. These requirements have been written into contract and are contractually binding and include the following:

- Ensuring that the service offer is clearly framed in a stepped care model
- Moving the provision hub premises wherever feasible
- Carry out a specific waiting list clearance exercise
- Working with the CCG to agree referral protocol for GPs

**Measures to ensure timely Assessments**

All these measures have clear contractual targets which are reported either monthly or quarterly. The monthly and quarterly reports are viewed in our local clinical quality review group (CQRG) monitoring meetings and in our local contract technical review group (CTRG) meetings. The remit of both meetings is to scrutinise the performance looking at implications for patient experience and quality of the service from a CQRG perspective and looking at technical aspects including systems and reporting through CTRG. Both meetings are able to consider escalation and the application of contract levers where necessary. In the past this has included:

- Issue of contract performance notices
- Escalation to senior executives or SEPT's Chief Executive Officer
- Requirement for recovery action plans
- Application of financial penalties

**4. Contingency Plans if the merger does not go ahead**

If the merger is not successful then the current arrangements would continue. Commissioners in South Essex would continue working with SEPT within the current contract to ensure that the population of Essex get high quality mental health care from this specialist provider. It is also important to state that the ambitions for system change that are expressed in the draft Essex Thurrock and Southend Mental health strategy will still from the basis to drive system transformation and improvement in South Essex.