

# PAPER

BOD 43/2015

(Agenda item: 14)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**25 March 2015**

**Improving Access to Mental Health Services**

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**For Information**

New access targets for mental health services will be introduced during 2015/16. The first targets will relate to Early Intervention in Psychosis Services and Improving Access to Psychological Therapies Services.

We are still awaiting guidance as to the exact nature of the targets and how they are to be measured from NHSE. The attached paper sets out our current view on the Trust’s position with respect to these targets.

The Trust is in negotiation with the Oxfordshire and Buckinghamshire Clinical Commissioning Groups with respect to the levels of investment required to meet the expected targets.

The Board will be provided with a further update once guidance is clear.

**Recommendations**

The Board is asked to note the report.

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**Achieving better access to Mental Health Services**

1. **Introduction**

In October 2014, NHS England and the Department of Health jointly published *Improving access to mental health services by 2020*. This document outlined a first set of mental health access and waiting time standards for introduction during 2015/16 and set out an ambition, subject to future resourcing decisions following the next Spending Review, to introduce access and waiting time standards across all mental health services between 2016 and 2020.

Improvements towards meeting the first standards will come into effect from 1 April 2015 for achievement by 1 April 2016 and are focused in three areas where timely access to evidence-based care is of particular importance in improving longer term mental health, physical health and recovery-focused outcomes and in reducing the distress experienced by individuals and their families:

**Standard 1**

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.

**Standard 2**

75% of people referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. This standard applies to adults.

**Standard 3**

£30m investment is to be targeted on effective models of liaison psychiatry in a greater number of acute hospitals. From 15/16, when the Care Quality Commission (CQC) rates acute services, it will include a specific focus on liaison mental health services and mental health care, as well as the quality of treatment and care for physical conditions. *Achieving better access to mental health services by 2020* set the expectation that, by 2020, all acute trusts will have in place liaison mental health services for all ages appropriate to the size, acuity and specialty of the hospital.

Acute Trusts will be measured against this standard. Oxford Health NHS FT may be commissioned by Oxford University Hospitals and Buckinghamshire Healthcare to provide Liaison psychiatry services.

1. **Measurement of the Standards**

**Early Intervention in psychosis**

By 1 April 2016 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.

The standard will be measured in two parts (both must be met for the standard to be deemed to have been achieved), a maximum wait of two weeks from referral to treatment and treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia - either in children and young people or in adults.

**How the standard will be measured**

The exact guidance for measurement is still under development the expected approach is detailed below.

**Clock starts** when central triage point or Early Intervention service receives referral.

**Clock stops** when patient accepted on the Early Intervention caseload, Care Coordinator allocated, NICE concordant package of care commenced.

Unlike other referral to treatment guidance, if a patient does not attend (DNA) their first appointments this will not stop, pause or nullify the waiting time clock.

Assessing NICE concordance will be retrospective for 1 year. The approach currently being explored and the most likely for 2015/16 is the commissioning of a national clinical audit focusing on the care offered and delivered to individuals identified as experiencing first episode psychosis during 2015/16.

By April 2016, the mental health and learning disability dataset (MHLDDS) is to be updated to include the relevant NICE concordant interventions so that it should be possible in the medium term to draw the relevant data directly from provider systems.

A third option under development is the establishment of an accreditation or service ‘kitemarking’ scheme for early intervention in psychosis services.

**Assessment of current performance**

It is therefore difficult to understand our current performance given the lack of clarity as to the standard and the measurement. We have therefore undertaken an audit looking at current waiting times. The results of the audit highlighted that currently it takes an average of 6.5 weeks from the referral being made for an initial assessment to be undertaken and then to move to a bio-psychosocial treatment plan.

Clinical Commissioning Groups in both Oxfordshire and Buckinghamshire have indicated their intention to invest in early intervention services in order to meet the 2 week standard.

1. **Improving access to psychological therapies (IAPT)**

The new waiting time standard requires that by 1 April 2016 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

Services will continue to be required to maintain the access standard of ensuring that at least 15% of adults with relevant disorders will have timely access to IAPT services with a recovery rate of 50%.

**How the standard will be measured**

The new national indicators will measure waiting times from referral date to the start of a course of treatment – i.e. for those people who have two or more treatment sessions. Local areas will also be required to capture and monitor waits from referral to first treatment appointment for all people who enter the service and this should include people who receive a single treatment session.

Patient-initiated delays will not be taken into consideration when calculating the IAPT indicator.

**Clock starts** date the referral is received.

**Clock stops** Appointment date of the first treatment appointment identified by the appointment type code 02 – Treatment, 03 – Assessment and Treatment and 05 – Review and Treatment.

**Assessment of current performance**

The IAPT teams from Oxford Health will be having discussions over the next month with the national team and services across the region to ensure consistency of reporting and clarify exactly what data items will be used to measure performance.

Based on the interpretation of the brief available guidance current performance is as follows:

**Percentage of patients waiting 6 weeks or less from referral to entering a course of treatment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Q1 2014/15 | Q2 2014/15 | Q3 2014/15 | Q4 Jan & Feb 2015 | Year to Date |
| 96.9% | 97.5% | 96.5% | 85.6% | 94.7% |

 **Percentage of patients waiting 18 weeks or less from referral to entering a course of treatment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Q1 2014/15 | Q2 2014/15 | Q3 2014/15 | Q4 Jan & Feb 2015 | Year to Date |
| 99.8% | 99.8% | 99.8% | 99.2% | 99.7% |

Current performance published by the Health and Social Care Information Centre isn’t to the same waiting time bands as the new standard however in quarters 1 to 2, 99% of referrals received treatment within 13 weeks.

|  |  |  |
| --- | --- | --- |
| **Quarter 1 and 2 2014/15** | Total with first treatment in reporting period | *of which:* |
| Waited 28 days or less | Waited between 29 and 56 days | Waited between 57 and 90 days | Waited more than 90 days |
| Trust Total | 6,045 | 5,630 | 265 | 95 | 90 |
| Percentage |   | 93% | 4% | 2% | 1% |

We anticipate that both Services will be able to meet the proposed Recovery Rates.

Buckinghamshire CCGs have indicated their intention to invest in Healthy Minds in 2015/16 to ensure targets are met.

Oxfordshire CCG intends to go out to tender for IAPT service. However a delay of some months has caused some negative impact on the service in terms of morale and staffing. Oxfordshire CCG did not invest in the service in 2014/15 and have indicated via contract discussions that they do not intend to make any investment at the moment. The result of this lack of investment will mean that TalkingSpace will experience difficulty in achieving the targets.