**Glasgow City CHP**

**CHP Committee**

**Meeting Date:** Thursday, 28th February 2013  
**Paper No:** 2013/005

**Subject:** Psychological Therapies HEAT Target

**Presented by:** Fiona McNeill, Head of Mental Health, Renfrewshire CHP

### Recommendation(s)

The CHP Committee is asked to:
- note the background information in the attached report
- note that work continues in relation to the development of detailed operational implementation arrangements within each Sector/CH(C)P

### Summary/Background

The Psychological Therapies HEAT target (A12) is aimed at improving access to mental health services and requires that by December 2014 no-one will wait longer than 18 weeks from referral to the start of a psychological therapy treatment.

The target is a measure of all psychological therapies being delivered by health services across the Board area and includes the following care groups in both inpatient and community settings: Adult Mental Health, Older Peoples Mental Health, CAMHs (beyond March 2013), Forensic Services, and where there is an associated mental health problem in Learning Disability, Addiction and Acute Physical Health Services.

### Policy/Legislative Context


### Financial Implications

To be determined

### Human Resources Implications

To be determined

### Service User/Carer Involvement

Service and user engagement at national Monitoring and Implementation Group. Opportunities for local service and user engagement being explored.

### Equalities Implications

It is anticipated that work to meet the target in full will improve access to psychological therapies in particular, and will improve access to mental health services generally.

### FoI/EIR Status

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If not to be made public, exemption (Section/Regulation) to be relied on under FoI/EIR legislation must be inserted below.
Background to the Psychological Therapies HEAT Target

The Psychological Therapies HEAT target (A12) is aimed at improving access to mental health services and requires that by December 2014 no-one will wait longer than 18 weeks from referral to the start of a psychological therapy treatment.

The A12 HEAT Target is a measure of all psychological therapies being delivered by health services across the Board area and includes the following care groups in both inpatient and community settings: - Adult Mental Health, Older Peoples Mental Health, CAMHs (beyond March 2013), Forensic Services, and where there is an associated mental health problem in Learning Disability, Addiction and Acute Physical Health Services.

The Executive Director for NHS Greater Glasgow and Clyde is Anne Hawkins and the identified Board Wide Project Lead is Fiona McNeill, Head of Mental Health Renfrewshire CHP. There is a Psychological Therapies Steering Group which meets on a monthly basis and this group comprises of management, clinicians and academics from all the care groups and services across the organisation. An Operational Group links with staff in local areas supporting and promoting work that would facilitate the delivery of the target.

Data Collection

The PIMS information system used by Mental Health Services in NHS Greater Glasgow and Clyde has been configured to be able to capture the required activity and report on a monthly basis to the Scottish Government. Services that do not use PIMS supply their activity information on a manual template for inclusion in the aggregated NHS Greater Glasgow and Clyde return. There is a pilot currently underway to test a data extraction method from Carefirst 6.

Monthly Reports

The monthly data from each CHP/Sector, by team and services, is shared across NHS Greater Glasgow and Clyde. This data is used to produce aggregated monthly performance reports for each CHP/Sector to monitor the percentage of patients who waited for more than 18 weeks from referral to the date when their Psychological Therapy treatment started.

Performance Measures

The performance reports contain a trajectory line based on initial return patterns. The aim of the trajectory line is to guide services toward delivering the HEAT target. If the percentage of patients who waited for more than 18 weeks remains under the trajectory line month-on-month then the CHP/Sector is on track to meet the HEAT target before December 2014. These performance reports are being used by services that deliver psychological therapies to monitor changes to how services are being delivered.

Understanding the Process

Achieving the HEAT target requires the knowledge and understanding of a range of factors that affect the patients’ journey through our health care systems. It is anticipated that identifying and managing these factors, with programmes of continuous improvements, will lead to a more efficient, effective and productive service.

These factors include ensuring the quality of the data being collected is an accurate reflection of the activity being performed, understanding the demand on the mental health services, managing the capacity of the services to be able to effectively and efficiently respond, and the process of continuous quality improvement.
Understanding Capacity

During 2012 an audit of the NHS Greater Glasgow and Clyde workforce assisted in raising the awareness and understanding of the current sessional capacity of appropriately trained staff, available to deliver Psychological Therapies across all care groups. The audit also identified the availability of suitable supervision.

The audit outcomes were shared with Heads of Mental Health, Heads of Service, Operational Managers and Clinical Leads who were asked to review the data, include the information on agendas of existing business and clinical meetings and to identify actions (such as establishing training plans) to address any gaps, with the aim of increasing capacity from existing resources to meet the demand.

Core Competencies

There has been the development of competency tables to identify the common mental health problems being referred to Primary Care Mental Health Teams and Community Mental Health Teams and the core psychological therapies interventions being offered. In conjunction with this, training opportunities have been available to NHS Greater Glasgow and Clyde staff over the past year. The Primary Care Mental Health Team Review has also outlined specific expectations of PCMHTs. There has also been a piece of work to identify which evidence based therapies are currently provided by PCMHT and CMHTs and whether there are gaps in therapy provision.

Understanding Demand

Our understanding of the demand on services is currently being tested with two teams within NHS Greater Glasgow and Clyde using a Demand, Capacity, and Activity Queue Tool developed with the Scottish Government. This tool aims to assist with modelling known data to increase the understanding of and highlight any mis-match between the demand on the service and its capacity to deliver. It is also anticipated that the introduction of the HEAT target will increase demand. The continuing recession and changes to the welfare system are factors that have the potential to contribute to an increase in referrals to mental health services.

Clinical Outcome Measures

The Scottish Government recommended the use of CORE as a preferred clinical outcome measure to ensure that there is a balancing measure of quality associated with the care being provided and recorded via this target. Plans are proceeding to purchase a licence for services to be able to use CORENet to consistently measure and monitor clinical outcome scores.

The Challenges

Ensuring the quality of the data being recorded is an accurate reflection of the activity being monitored is a constant challenge, which is being approached by exploring methods to promote the feedback of data as information.

Ensuring services that provide psychological therapies are focused on meeting the HEAT target to provide effective, efficient and productive services.

Ensuring there are no inequalities in availability of and access to services across all care groups that provide psychological therapies, with the promotion of flexible use of resources and service redesign.

Ensuring that the information from the data is used to better understand the capacity of the service to meet the demands of the service users and to guide service improvements.
Ensuring that clinical outcome measures are routinely collected and monitored at an individual patient level, staff level and service level to inform the continual improvement of how care is provided.

Ensuring a range of approaches are available along the patient’s care pathway. This could include investment in Health Improvement material to improve the psychological health of the broader community to complement the more formal therapy interventions provided by NHS services. A wide range of population based interventions can ensure that only those who need more specialist evidence-based therapies are brought into NHS services.