

Subject:	Scottish Government Waiting Times Standard for Psychological Therapies
Purpose:	To provide an update on the progress of the Ayrshire and Arran Psychological Therapies performance against the waiting times standard in the context of Covid-19
Recommendation:	The North Integrated Joint Board to have knowledge of waiting times compliance and to support the improvement plans

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SG	Scottish Government
MHS	Mental Health Service
AOP	Annual Operational Plan
CAMHS	Child and Adolescent Mental Health Service
TEC	Technology Enabled Care
CBT	Cognitive Behavioural Therapy

1.	EXECUTIVE SUMMARY
1.1	<p>The Psychological Therapies waiting times report to Scottish Government (SG) is a pan-Ayrshire report on psychological therapies delivered by clinicians, working across the range of Mental Health and Acute Services, and delivering according to the waiting times standard specification. The standard is a 90% level of compliance in delivering an 18 week referral to treatment service.</p> <p>The current waiting times compliance of 80.4% remains below the 90% standard. However, the waiting times have continued to improve through the Covid period and overall numbers of people waiting, and numbers of people waiting longer than one year, have reduced. Psychological Therapies compliance has increased from 75.7% at August 2020 to 80.4% at September 2020. Prior to the impact of Covid, compliance at February 2020 was 74.9%.</p>
1.2	Through further expansion of remote and digital working, and re-instatement of face-to-face individual and group work, therapeutic options and activity levels will continue to increase. The Psychological Therapies Waiting Times Annual Operating Plan (AOP) submitted to SG in March 2020, reported a trajectory for compliance with the 90% standard by April 2021, assuming stability in referral rates and full staff capacity. The improvement actions and trajectories are currently being reviewed in the context of current demand, capacity and Covid constraints.
2.	BACKGROUND
2.1	Current Performance

	<p>Psychological Therapies waiting times are 80.4% compliant against the 90% standard. The local waiting times compliance has shown improvement through the period of the pandemic. In addition, the overall number of patients waiting, and the longest waits have reduced during this time period.</p> <p>Provision of Psychological Therapies has been maintained, as close to business as usual, from the outset of the pandemic using remote delivery (telephone and NearMe). While some Psychological Service staff were refocused on supporting staff wellbeing resources (e.g. Acute and Community Wellbeing Hubs) and contributing to essential service provision in the teams they were embedded in, the majority of staff retained their usual work focus and moved to remote working. The need to extend the delivery of remote therapeutic options remains in the context of the Covid constraints. SG is working with local Boards to clarify and ensure consistency in reporting reasonable offers of remote treatment.</p> <p>Referral demand has reduced to varying extents across the different services since March 2020 but is now rising as wider Primary Care, Acute and Mental Health Services implement their mobilisation plans. Reductions in referrals during the most restrictive phase of the Covid constraints enabled staff to work through existing cases and to start new patients remotely. Where possible, new patients were started in waiting time order. The exception was where remote delivery was not an option and patients required to wait for availability of face-to-face work. Waiting times must therefore be considered with some caution at present.</p> <p>While the reduced referral demand has contributed to improvements in overall level of compliance since the outbreak of Covid, there is considerable variability in waiting times compliance across the different services. For example, the Covid restrictions and pause in Acute Service out-patient clinics resulted in a considerable reduction in referrals to the Clinical Health Psychology and Neuropsychology Services, enabling staff to clear the historical backlog and introduce new service developments to maintain improvements. In contrast, there has been a negative impact on waiting times within the Child and Adolescent Mental Health Service (CAMHS) and Community Paediatrics, where there has been low acceptance and suitability for remote working. This relates to the predominance of specialist neurodevelopmental and neuropsychological work within these Services, and the limited evidence base and options to deliver these specialist assessments to children remotely.</p>
3.	PROPOSALS
3.1	<p>Actions to Improve Performance</p> <p>The service provision which has been paused includes: face-to-face assessment and treatment; neuropsychological assessment in adults; neurodevelopmental and neuropsychological assessment in children, and; therapeutic groups. To reinstate this provision, service adaptations and developments have been progressed and reported on in the mobilisation plan (August 2020 until March 2021). Actions include:</p> <ul style="list-style-type: none"> - Strong recruitment drive to fill all vacancies, including increasing levels of maternity leave. All vacant posts are in the recruitment process, a skill-mix has been developed to increase recruitment to difficult-to-fill-posts (typically short-term fixed posts), and extended cover for maternity leave and additional bank work sessions made available using core budget underspend.

	<ul style="list-style-type: none"> - Continue remote delivery of psychological assessment and treatment where appropriate. Remote devices have been made available to all clinical staff and NearMe is now embedded in all Psychological Services. - Re-instate face-to-face clinical contact in out-patient and in-patient settings from October 2020, prioritising longest waits and neurodevelopmental and neuropsychological assessment. Use a blended face-to-face/remote approach to remove barriers to accessing psychological input and to increase patient choice (e.g. using remote delivery initially to engage a new patient who is anxious or restricted in their ability to attend a clinic setting). - Expand access to an increased range of SG supported digital options. We are working closely with the recently established TEC programme board to access the full range of new approaches. Our introduction of Silver Cloud has increased digital referrals for Cognitive Behavioural Therapy (CBT) based approaches by 50%, with further increase expected as our Acute colleagues begin to access the system. In addition, the planned roll-out in late October of the Internet-Enabled (IESO) CBT digital option will further increase our options within a tiered model of service delivery. - Development of local guidelines, based on current national and international evidence base, to inform on remote delivery of neuropsychological and neurodevelopmental assessments. Increased number and range of specialist test materials have been purchased to enable implementation of the guidance. - Development of a remote trans-diagnostic group therapy for Adults presenting with distress and emotional regulation problems. It is estimated that this therapeutic group would be suitable for the majority of the patients waiting for Psychological input, removing or reducing the need for additional individual input. - Re-instate training, clinical supervision and consultation to the wider workforce who are delivering psychological interventions, including clinicians training in Psychology and Psychological Therapies. This activity is key to increasing capacity in the wider workforce and will be expanded as the wider clinical staff group are released and given protected time for psychological work. - Ongoing provision of dedicated Psychology input to staff wellbeing resources in the Acute and Community settings until March 2021. This will maintain the positive momentum of these well utilised and highly valuable staff supports until a Board decision on a sustainable staff wellbeing service is decided early in the New Year.
3.2	<u>Anticipated Outcomes</u>
	<p>Through further expansion of remote and digital working, and re-instatement of face-to-face individual and group work, therapeutic options and activity levels will continue to increase from October 2020. It is expected that waiting times will gradually improve between now and March 2021 assuming stability in referral rates, increased capacity and activity, and the implementation of service redesign and innovations.</p>

	<p>Following submission of the MHS mobilisation plan (August 2020 – March 2021), the improvement actions and trajectories relating to psychological therapies will be reviewed through the CAMHS and Psychological Therapies Waiting Times Group, in conjunction with our SG Mental Health Division representative.</p> <p>Two key pieces of improvement work have been progressed through the pandemic:</p> <p>Development of a strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on the development of clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work.</p> <p>Development of data systems (Trak-care and Care-Partner), with an anticipated implementation date of end of year, with improved accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.</p>
3.3	<u>Measuring Impact</u>
	Impact will be monitored through the MHS CAMHS and Psychological Therapies Waiting Times Group, including regular communication with our SG Mental Health Directorate representative, the Board Access Performance Governance Group and the Corporate Management Team.
4.	IMPLICATIONS

Financial:	SG has increased funding allocation since 2016 to increase access to psychological therapies. Much of this funding is fixed term only. Recruitment to and retention of staff to fixed term posts is difficult, resulting in vacancies and reducing the impact of this additional funding. There remain four NES funded fixed term posts (March 2021) working across CAMHS, Adult Community and Older Adult for which no permanent funding has been identified. In addition, no permanent funding has been approved for the local Veterans First Point Service (funded to March 2021) which provides a holistic service, including quick access to psychological therapies, for people who typically have not engaged well with mainstream services.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	
Environmental & Sustainability:	None
Key Priorities:	In alignment with the SG priorities and Partnership strategy to increase access to mental health services.
Risk Implications:	Covid related constraints on re-instating service provision, especially availability of face-to-face work to meet all patient needs.

	Increased referral demand related to the impact of Covid-19 on mental health. Reduced external interest and recruitment to vacant posts in the context of the Covid restrictions.
Community Benefits:	Not applicable

Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	Ongoing consultation through the pan-Ayrshire MHS Strategic Planning Group, the pan-Ayrshire MHS and North HSCP Clinical Care and Governance Groups, the MHS and HSCP Senior Management and Professional Leads, and the Acute Service Senior Management and Clinical Directors.
6.	CONCLUSION
6.1	<p>At the outbreak of the Covid pandemic, SG paused the AOP detailing improvement actions and trajectories for the waiting time standard. Attention was refocused on developing mobilisation plans, with the most recent plan outlining our service adaptations and improvements to enable re-instatement of service delivery within Covid constraints.</p> <p>The Professional Psychology Leads, together with Senior Managers, are now reviewing the March 2020 AOP and developing new improvement actions and trajectories in anticipation of the March 2021 AOP. The plans, progress, risks and mitigation actions are being reported on and reviewed through the Pentana system to the MHS Waiting Times Group, the Corporate Management Team and the Performance Governance Groups.</p> <p>To achieve compliance, there remains a need for service improvement work, improved data systems, additional and stable resource where capacity is low relative to demand, and increased input from the wider team staff in the provision of psychological work. The impact of Covid needs to be factored in to plans and trajectories based on patterns of referral demand, ability to recruit to vacancies, and opportunity to deliver full service provision including individual face-to-face and therapeutic group work.</p> <p>While local compliance remains below the 90% compliance standard, progress has been made steadily through the Covid period, with the current compliance of 80% reflecting well relative to pre-Covid performance and the national average level of compliance.</p>

For more information please contact Janet Davies on 01294 323325 or janet.davies@aapct.scot.nhs.uk