

Monthly Report to the Mental Health Oversight Group and Senior Leadership Group (SLG)

LTP Metrics data as indicated
Operational data July 2021

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Section 1:
Mental Health Long Term Plan
(LTP) Performance Report -
Latest available data

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MH Long Term Plan Metrics Performance – BOB overview

There are delays with NHSD publications resulting in national platforms not being fully updated, with limited data on new LTP metrics available. Below is the latest available information. N.B. The CYP Access rate is still based on historical rules not the new rule of 1 contact for FY21/22:*

MH LTP Metric	Standard	Latest Published Date	BOB		Bucks		Oxon		Berks West	
			This month (Last Month)		This month (Last Month)		This month (Last Month)		This month (Last Month)	
CYP Access Rate (2+ contacts)	NA	May-21	56.3% (53.2%)	↑	54.9% (52.2%)	↑	66.6% (63.4%)	↑	47.1% (43.5%)	↑
CYP Access (2+ contacts)	NA	May-21	15380 (14525)	↑	4985 (4745)	↑	6150 (5850)	↑	4240 (3920)	↑
CYP Access rate (1+ contacts)	NA	May-21	19985 (19485)	↑	6935 (6815)	↑	6945 (6845)	↑	6110 (5835)	↑
CYP ED Waits urgent (quarterly)	>95%	Jun-21	78.2 (84.0%)	↓	81.8% (87.5%)	↓	100% (100%)	↔	68.8% (80%)	↓
CYP ED Waits routine (quarterly)	>95%	Jun-21	59.3% (65.5%)	↓	61.8% (66.4%)	↓	49.5% (57.7%)	↓	88.1% (93.9%)	↓
IAPT access activity (monthly)	NA	May-21	2970 (3175)	↓	935 (845)	↑	1145 (1325)	↓	890 (1000)	↓
IAPT access activity (rolling quarter)	NA	May-21	9280 (9130)	↑	2750 (2670)	↑	3755 (3705)	↑	2775 (2755)	↑
IAPT access rate (rolling quarter)	NA	May-21	6.1% (6.0%)	↑	6.31% (6.13%)	↑	6.14% (6.06%)	↑	5.80% (5.84%)	↓
IAPT recovery rate (monthly)	>50.00%	May-21	52% (54%)	↓	55% (59%)	↓	46% (49%)	↓	56% (54%)	↑
IAPT waiting times 6 weeks (monthly)	>75.00%	May-21	99% (99%)	↔	99% (99%)	↔	99% (99%)	↔	98% (98%)	↔
IAPT waiting times 18 weeks (monthly)	>95.00%	May-21	100% (100%)	↔	100% (100%)	↔	100% (100%)	↔	100% (100%)	↔
IAPT 1st to 2nd Treatment >90 days (monthly)	<10%	May-21	4% (6%)	↓	6% (9%)	↓	4% (4%)	↔	3% (5%)	↓
IPS Access (Total Accessed)	n/a	Jun-21	30 (20)	↑	5 (10)	↓	15 (10)	↑	5 (0)	↑
Referrals from A&E with a F2F contact within 1 hour	n/a	Jun-21	76.6% (78.9%)	↓	86.8% (85.5%)	↑	68.3% (72.2%)	↓	78.5% (83.3%)	↓

MH Long Term Plan Metrics Performance – BOB overview

There are delays with NHSD publications resulting in national platforms not being fully updated and no data on new LTP metrics is yet available. Below is the latest available information. The CYP Access rate is still based on historical rules not the new rule of 1 contact for FY21/22:*

MH LTP Metric	Standard	Latest Published Date	BOB		Bucks		Oxon		Berks West	
			This month (Last Month)		This month (Last Month)		This month (Last Month)		This month (Last Month)	
Dementia diagnosis rate	>66.70%	Jul-21	59.3% (59.2%)	↑	57.6% (57.9%)	↓	61.4% (61.3%)	↑	58.3% (58.1%)	↑
Discharges Followed Up Within 72 Hours	>80.00%	May-21	70% (76%)	↓	72% (76%)	↓	62% (75%)	↓	80% (77%)	↑
Community MH Access (2+ contacts)	NA	May-21	14210 (14100)	↑	4600 (4565)	↑	6615 (6545)	↑	3005 (3000)	↑
EIP waiting times	>60.00%	May-21	73.3% (53.3%)	↑	86% (89%)	↓	72% (67%)	↑	40% (32%)	↑
SMI % achievement (quarterly)	>60.00%	Jun-21	24.9% (20.1%)	↑	25.3% (16.0%)	↑	19.1% (15.8%)	↑	35.8% (32.6%)	↑
OAP Bed Days (Inappropriate Only)	NA	May-21	1680 (1865)	↓	120 (160)	↓	750 (1060)	↓	810 (650)	↓
Perinatal access activity	NA	Jun-21	1075 (1050)	↑	270 (255)	↑	465 (445)	↑	340 (350)	↓
Perinatal access rate	>7.50%	Jun-21	5.5% (5.3%)	↑	4.4% (4.1%)	↑	6.2% (5.9%)	↑	5.6% (5.8%)	↓
Admissions With No Prior Contacts (All Inpatients)	NA	May-21	17% (19%)	↓	19% (22%)	↓	21% (22%)	↓	11% (13%)	↓
DQ Coverage	>85.00%	May-21	100% (90%)	↑						
DQ Consistency	NA	May-21	90.9% (69.1%)	↑						
DQ Outcomes	>40.00%	May-21	16.6% (14.2%)	↑						
DQ DQMI Score	70	Apr-21	60.4 (66.2)	↓						
DQ SNOMED CT	>85.00%	May-21	92.7% (93.4%)	↑						

MH Long Term Plan Metrics Performance – STP Benchmarking

Indicators	Region		STP					
	South East Region	BOB Regional Position	BOB	FHC	HIOW	K&M	SHH	SHC
CYP Access Rate (2+ contacts)	46.1%	1st	56.3%	40.5%	45.5%	46.0%	48.6%	38.2%
CYP Access (2+ contacts)	71515	2nd	15380	5850	14590	16495	8525	10695
CYP Access (1+ contact)	95260	2nd	19985	7855	16030	26805	11275	13505
CYP ED waiting time Urgent (95%)	76.2%	4th	78.2%	86.0%	56.3%	100.0%	96.1%	43.0%
CYP ED waiting time Routine (95%)	68.0%	6th	59.3%	76.0%	62.8%	96.4%	100.0%	59.5%
Perinatal Access	4765	2nd	1050	400	830	795	590	1120
Perinatal Access Rate (Q1 7.5%)	4.9%	2nd	5.3%	4.2%	4.3%	3.8%	5.0%	6.6%
Discharges followed up within 72hrs (80%)	79.0%	5th	70.0%	71.0%	83.0%	83.0%	69.0%	86.0%
Community MH Access (2+ contacts)	85300	3rd	14210	6055	12260	24070	10220	18830
Early Intervention in Psychosis waiting time (60.0%)	75.0%	4th	73.3%	75.0%	72.7%	82.4%	72.7%	75.0%
SMI Physical Health Checks (60.0%)	21.2%	2nd	24.9%	38.7%	19.3%	13.3%	20.6%	19.4%
OAP Bed Days (Inappropriate days ONLY)	9535	5th	1680	995	390	515	1620	4335
Individual Placement and Support (IPS)	385	1st	170	55	10	110		40
Admissions with no prior contact (all)	14%	Joint 3rd	17%	17%	18%	9%	17%	12%
Admissions with no prior contact (White British)	11%	3rd	13%	14%	14%	6%	15%	9%
Admissions with no prior contact (BAME)	19%	3rd	18%	23%	24%	17%	20%	14%

BOB Buckinghamshire, Oxfordshire and Berkshire STP

K&M Kent and Medway STP

SHH Surrey Heartlands Health and Care Partnership STP

FHC Frimley Health and Care STP

HIOW Hampshire and the Isle of White STP

SHC Sussex Health and Care Partnership STP

MH Long Term Plan Metrics Performance – STP Benchmarking

Indicators	Region		STP					
	South East Region	BOB Position	BOB	FHC	HIOW	K&M	SHH	SHC
Adult Acute length of stay 60+ days (8)	5.9	6th	8.4	4.32	4.5	4.1	8.1	6.1
Older Adult Acute length of stay 90+ days (10.75)	8.4	3rd	8.1	8.3	9.3	7.4	8	8.9
IAPT access - monthly	14085	1st	2970	1310	2890	2560	1650	2705
IAPT access - rolling quarter	43995	1st	9280	4185	8305	8610	5865	7750
IAPT access rate - rolling quarter	5.24%	1st	6.10%	5.54%	4.72%	5.03%	6.07%	4.63%
IAPT recovery rate (50%)	52.0%	Joint 2nd	52.0%	51.0%	51.0%	54.0%	51.0%	52.0%
IAPT 6 week waits (75%)	93.0%	1st	99.0%	97.0%	92.0%	89.0%	97.0%	88.0%
IAPT 18 week waits (95%)	100.0%	Joint 1st	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
IAPT 1st to 2nd Treatment > 90 days (10%)	7.0%	2nd	4.0%	3.0%	16.0%	6.0%	6.0%	7.0%
Dementia Diagnosis rate (66.7%)	60.0%	5th	59.3%	62.8%	60.7%	56.7%	61.8%	60.8%
Data Quality - Coverage (85%)	62.8%	1st	100.0%	80.0%	52.6%	66.7%	41.7%	59.3%
Data Quality - Consistency	95.2%	5th	90.9%	100.0%	100.0%	100.0%	84.0%	95.0%
Data Quality - Outcomes (40%)	19.0%	5th	16.6%	43.1%	27.0%	34.3%	0.0%	22.5%
Data Quality - DQMI Score (80)	58	Joint 2nd	60	51	78	60	50	51
Data Quality - SNOMED CT (85%)	67.2%	2nd	92.7%	95.3%	39.1%	91.8%	6.6%	78.7%

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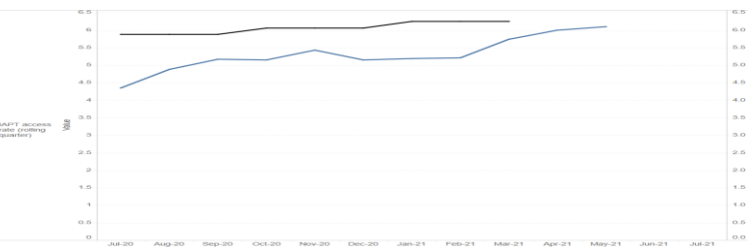
BOB MH Priorities for Recovery

LTP Indicator Target Actual

IAPT access rate – rolling quarter

6.3%

6.10%
May-21

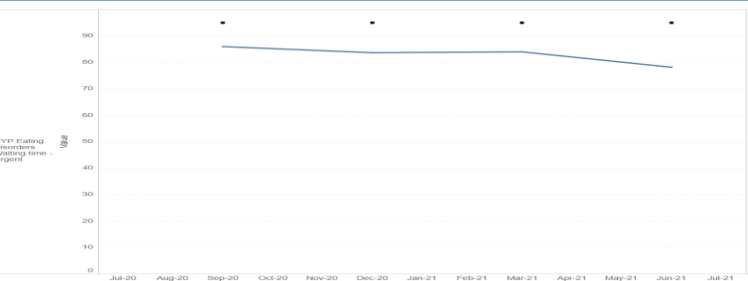


LTP Indicator Target Actual

CYP ED Urgent – quarterly

95%

78.2%
Jun-21



LTP Indicator Target Actual

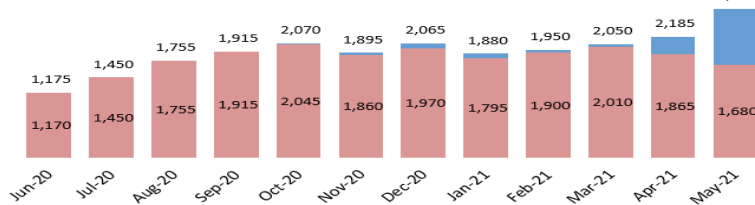
Eradicate inappropriate OAP – plan

-

1680
May-21

No. of OAP days in Buckinghamshire, Oxfordshire and Berkshire West STP STP

Total OAP days
Inappropriate

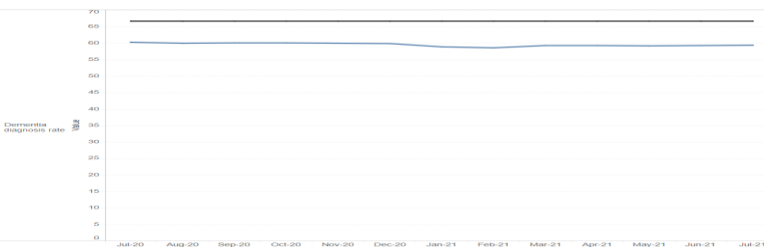


LTP Indicator Target Actual

Dementia Diagnosis Rate – monthly

66.7%

59.4%
Jun-21

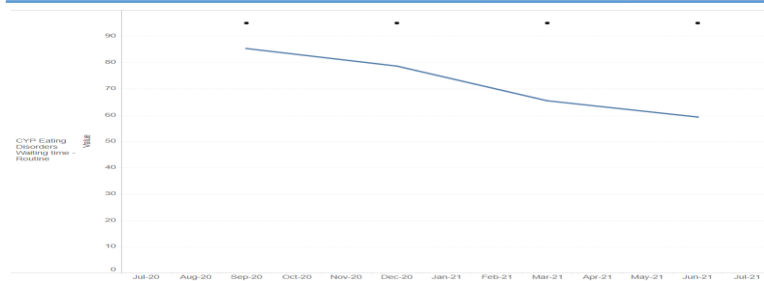


LTP Indicator Target Actual

CYP Routine – quarterly

95%

59.3%
Jun-21



LTP Indicator Target Actual

Perinatal MH Access – monthly

7.5%

1075 (5.5%)
Jun-21

Rolling 12 month access

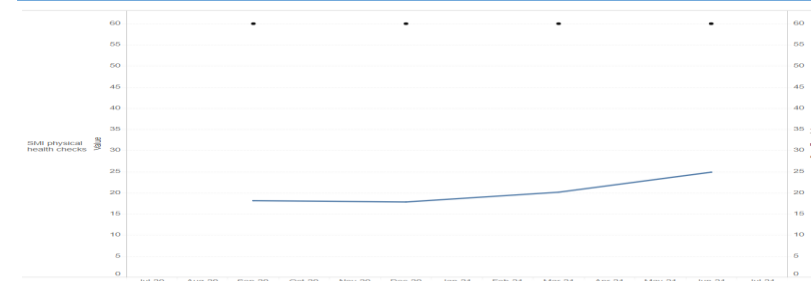


LTP Indicator Target Actual

PHC SMI – quarterly

60%

24.9%
Jun-21



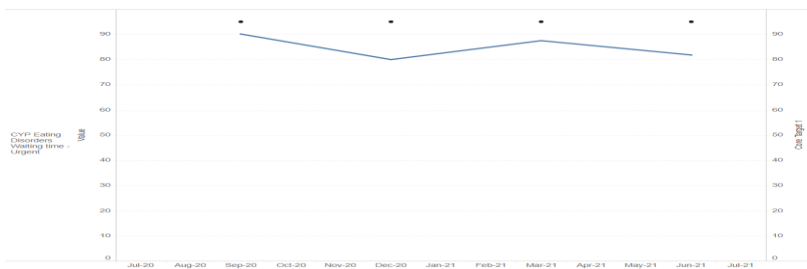
Commentary:

Inappropriate OAPs: Buckinghamshire is continuing to see a steady decline month-on-month, whereas Oxfordshire's figures are much more variable over time. In contrast, Berkshire's inappropriate OAP figures have observed a steady increase month-on-month since July 2020. Berkshire Healthcare NHS Foundation Trust have commissioned 13 Independent Sector beds and these are being used as a priority, when seeking an out of area bed to maintain the continuity of care principles.

Exceptions/Non-Compliance: CYP Eating Disorder Waiting Time (Urgent)

Buckinghamshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	81.8% Jun-21



Commentary:

Is performance on track?

OHFT do not have breaches in June for Buckinghamshire

If not, what is the issue?

n/a

What is the plan to address?

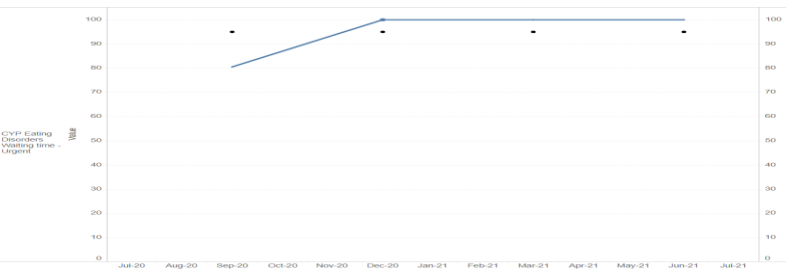
n/a

Are we anticipated to achieve this? By when

n/a

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	100% Jun-21



Commentary:

Is performance on track?

Yes

If not, what is the issue?

n/a

What is the plan to address?

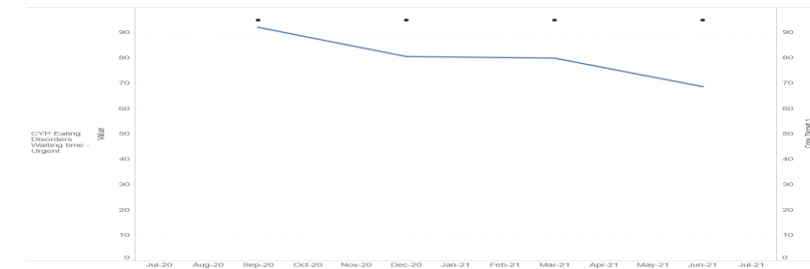
n/a

Are we anticipated to achieve this? By when

n/a

Berkshire West CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	68.8% Jun-21



Commentary:

Is performance on track?

CYP ED waiting time breaches are due to delays at the front door. Once picked up by the BEDS CYP team, all referrals were responded to quickly.

If not, what is the issue?

Primary reason for the delay at the front door was lack of sufficient information in the referral.

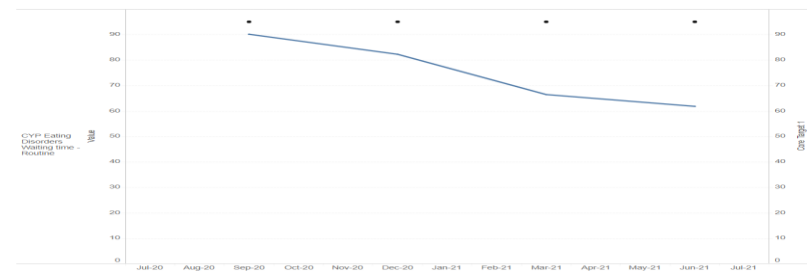
What is the plan to address?

There is a quality improvement project in the CYPF health hub which will include work on the referral form. The Berkshire system have also commissioned BEAT to deliver some training to primary care (& other colleagues) which should improve the information on referrals, as well as helping with early identification of need

Exceptions/Non-Compliance: CYP Eating Disorder Waiting Time (Routine)

Buckinghamshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	61.8% Jun-21



Commentary:

Is performance on track?

No. 61.8% against a target of 95% for June.

If not, what is the issue?

Increased referrals into the service have meant there is a higher demand and a decrease in capacity due to running with vacancies in the team.

What is the plan to address?

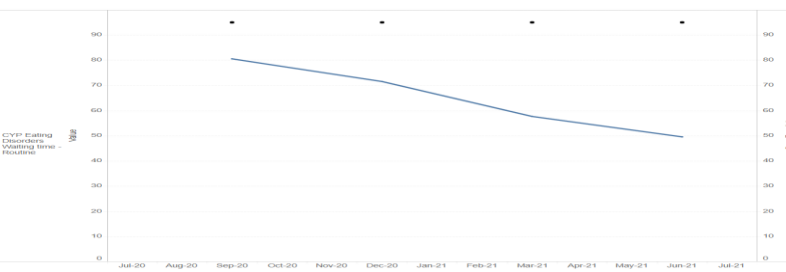
The service is currently recruiting to vacant posts we have increased assessment slots and have a locum RMN (nurse) in post to support this.

Are we anticipated to achieve this? By when

By the end of September, it is hoped new staff will have been recruited to vacant posts which will have an impact in reducing waits.

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	49.5% Jun-21



Commentary:

Is performance on track?

No. 49.5% against a target of 95% for June.

If not, what is the issue?

Increase in Demand and Staff Vacancies. 63% increase in referrals and caseload has increased by 55%. Loss of clinical staff due to maternity leave and recruitment issues. Current Vacancies are 8.2 WTE.

What is the plan to address?

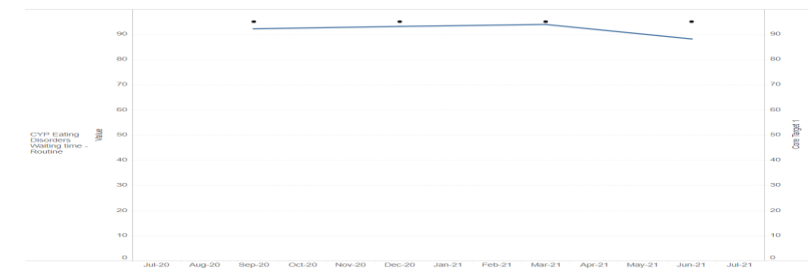
Investment monies have been provided and service is working with HR and vacancies are being advertised. Also the service is working with system partners to come up with possible solutions.

Are we anticipated to achieve this? By when

We would hope to see an improvement in the next 6 months once staff have been hired into the vacant roles

Berkshire West CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	88.1% Jun-21



Commentary:

If not, what is the issue?

CYP ED waiting time breaches are due to delays at the front door. Once picked up by the BEDS CYP team, all referrals were responded to quickly.

What is the plan to address?

Primary reason for the delay at the front door was lack of sufficient information in the referral.

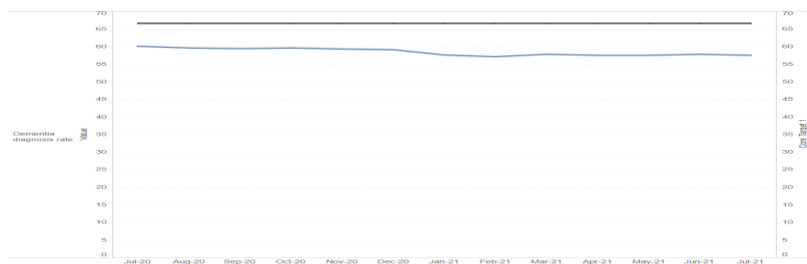
Are we anticipated to achieve this? By when

There is a quality improvement project in the CYPF health hub which will include work on the referral form. The Berkshire system have also commissioned BEAT to deliver some training to primary care (& other colleagues) which should improve the information on referrals, as well as helping with early identification of need

Exceptions/Non-Compliance: Dementia Diagnosis Rate

Buckinghamshire CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	57.6% Jul-21



Commentary:

Is performance on track? No, 57.6% against a target of 66.7%.

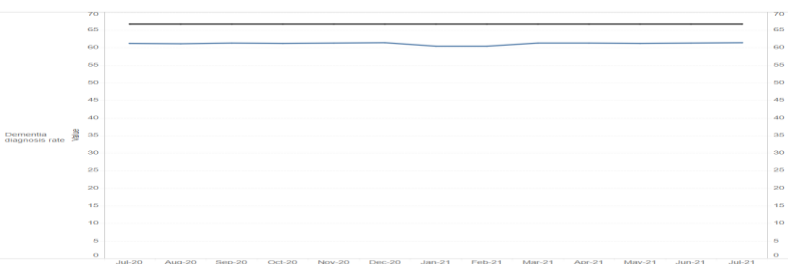
If not, what is the issue? This data is pulled from GP systems. The pandemic resulted in the suspension of Memory Clinic services for several months in the spring and summer of 2020. In addition, evidence suggests that Covid-19 has also led to fewer people seeking medical support to receive an accurate and timely diagnosis.

What is the plan to address? Memory clinic services have been reinstated locally since summer 2020, with an increasingly flexible offer of digital consultations, face-to-face assessments in clinic and even home visits if clinically indicated. Enhanced investment has taken place to increase assessment capacity in memory clinics, particularly following the creation of several Dementia Nurse Specialist posts across the county.

Are we anticipated to achieve this? By when March 2022

Oxfordshire CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	61.4% Jul-21



Commentary:

Is performance on track? No, 61.4% against a target of 66.7%.

If not, what is the issue? This data is pulled from GP systems.. Memory clinics are running in all areas, however all clinics are limited in their capacity due to Covid-19, Additional data recording issue has been identified in primary care as well as feeding diagnostic rates from community health and acute trusts.

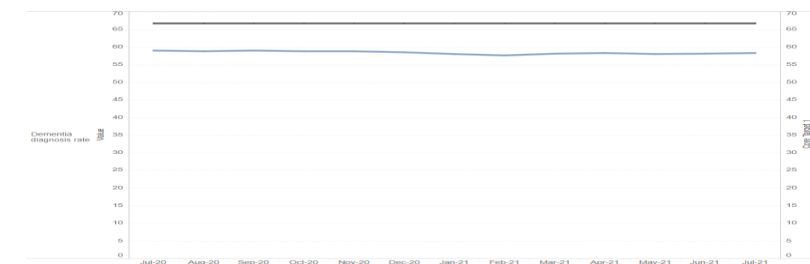
What is the plan to address?

We are working with system partners to improve the Dementia Diagnosis recording in primary care, community health and the Acute Trusts.. We are looking into options of be able to find additional space within the trust and are working with our estates team. The implementation of the Dementia Strategy will aim to continue to support staff from all areas across the Trust to access support/expertise to improve the diagnostic rates and to bridge the gap to areas where dementia rates are lower than anticipated.

Are we anticipated to achieve this? By when March 2022

Berkshire West CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	58.3% Jul-21



Commentary:

Is performance on track?

Performance NOT on track

If not, what is the issue? All Memory Clinics are open but due to Infection Control measures due to Covid 19 – they are running at reduced capacity. Will continue to offer a blended approach to assessment and follow up.

What is the plan to address? Currently doing a reconciliation with CCGs to ensure that all clients diagnosed by the Trust with Dementia are recorded on GP registers which in turn should increase the numbers on the QOF. Using Spending Review money for additional roles to support flow into and out of the memory clinic service

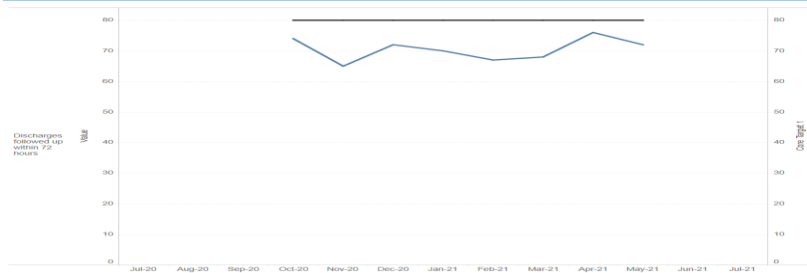
Are we anticipated to achieve this? By when

We anticipated achieving this by 2022

Exceptions/Non-Compliance: Discharges Followed Up Within 72 Hours

Buckinghamshire CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	72% May-21



Commentary:

Is performance on track?

No, 72% against a target of 80%. June performance was 80% and July performance is 100%

If not, what is the issue?

Most were due to patients being contacting within 24 hours, which is a breach.

What is the plan to address?

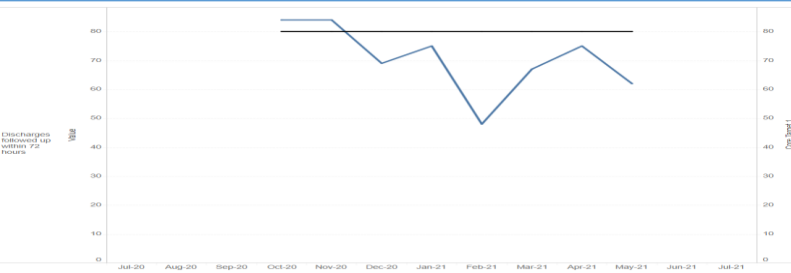
Reminders have been given to the team that contact needs to be made at 48 hours and directly with the patient, where possible.

Are we anticipated to achieve this? By when

The communication to teams was effective and the service have maintained their target for June and July

Oxfordshire CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	62% May-21



Commentary:

Is performance on track?

No, 62% against a target of 80%. June performance was 85.7% and July performance was 87.5%

If not, what is the issue?

Most were due to patients being contacting within 24 hours, which is a breach.

What is the plan to address?

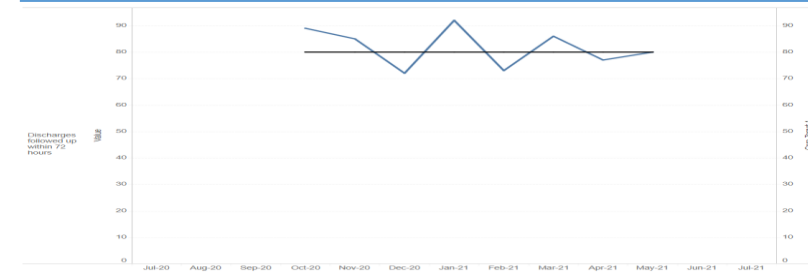
Reminders have been given to the team that contact needs to be made at 48 hours and directly with the patient, where possible.

Are we anticipated to achieve this?

The communication to teams was effective and the service have maintained their target for June and July

Berkshire West CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	80% May-21



Commentary:

Is performance on track?

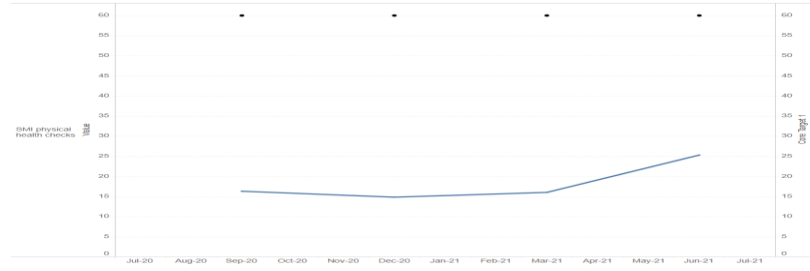
Yes. BHFT have achieved this target.

We are focusing on 72 Hour as a quality improvement metric.

Exceptions/Non-Compliance: SMI % achievement (quarterly)

Buckinghamshire CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	60%	25.3% Jun-21



Commentary:

Is performance on track?

This is an improving picture, as of mid-July 21 the percentage was at 27.4%.

If not, what is the issue?

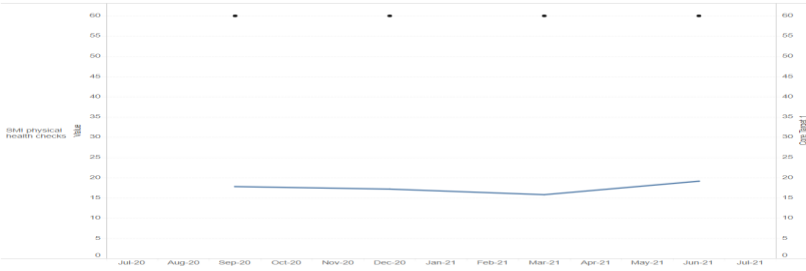
However, National data is provided by the GP systems looking at the whole population. The OHFT Bucks local performance is 58% on Physical Health Checks.

What is the plan to address?

Data is being provided and communicated to each PCN and monthly meetings held with OHFT – Bucks and Commissioners to monitor progress.

Oxfordshire CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	60%	19.1% Jun-21



Commentary:

Is performance on track?

No

If not, what is the issue?

National data is provided by the GP systems looking at the whole population. The OHFT Oxon local performance is 58% on Physical Health Checks for SMI caseload.

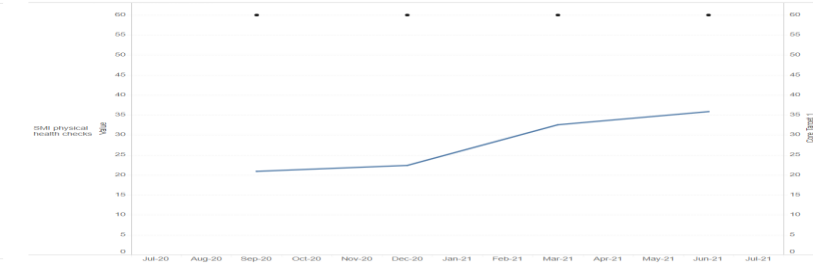
What is the plan to address?

Oxford Health have work very closely with the CCG and local GP to create a new data flow process which is due to go live on 1st September which we anticipated will improve information flow and performance of this indicator

This metric is based on data captured on GP systems

Berkshire West CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	60%	35.8% Jun-21



Commentary:

Is performance on track?

No

If not, what is the issue?

Those clients who have been on caseload for less than one year are being prioritised for a physical health check by the Trust, current compliance levels for this group is 57% for Berks West.

What is the plan to address?

CCG working with GPs for clients who have been on the caseload for over 1 year.

Are we anticipated to achieve this? By when

We anticipate to achieve this by March 2022

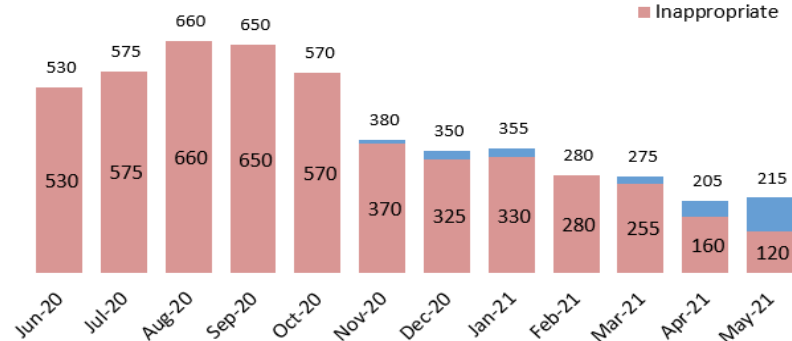
Exceptions/Non-Compliance: Out of Area Placements (Inappropriate ONLY)

Buckinghamshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	-	120 OBDs May-21

No. of OAP days in NHS Buckinghamshire CCG

■ Total OAP days
■ Inappropriate

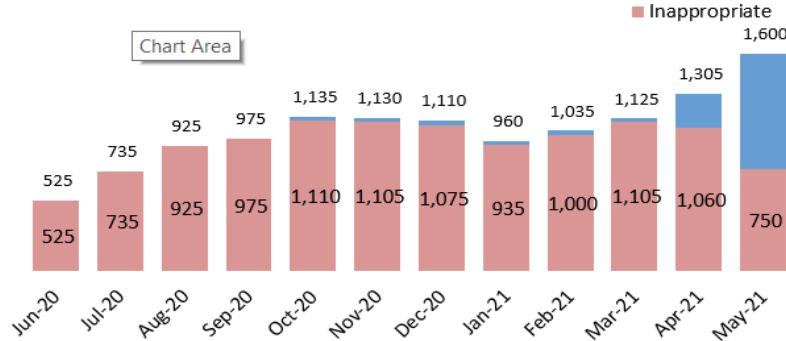


Oxfordshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	-	750 OBDs May-21

No. of OAP days in NHS Oxfordshire CCG

■ Total OAP days
■ Inappropriate

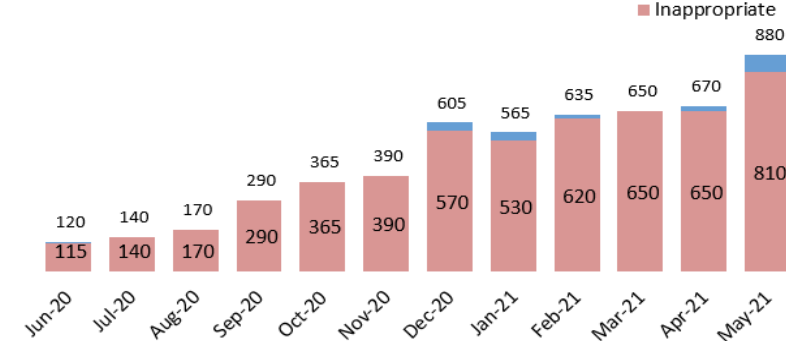


Berkshire West CCG

LTP Indicator	Target	Actual
Out of Area Placements	-	810 OBDs May-21

No. of OAP days in NHS Berkshire West CCG

■ Total OAP days
■ Inappropriate



Commentary: This is a 3 Months Rolling Measure

Is performance on track? The Trust did not achieve the OAPs trajectory due to the ongoing changes in bed capacity, as a result of Infection Prevention Control (IPC) guidance.

If not, what is the issue? The Trust has been operating throughout the year with **up to 15% less capacity** in the Adult and Older Adult Mental Health wards.

What is the plan to address? The interim closure of beds has resulted in additional Out of Area placements which the Trust has mitigated by purchasing a block contract of 10 beds, which incrementally increased to 18 beds by April 2021 with a private provider Elysium Healthcare. Following recent NHSE/I guidance the Trust has reviewed the use of OAPs and is assured that continuity of care principles are adhered to. Reporting from April 2021 will reflect this change. In April, changes to IPC guidance have allowed the facilitation of patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds. Therefore, maximizing bed capacity and reducing the need to purchase further inappropriate OAPS.

June 2021 locally reported actual usage for month was 0 Bucks and 20 Oxon (this will differ from nationally published figures which is a rolling 3-month total OBDs so will include previous months). July 2021 locally reported actual usage for month was 0 Bucks and 13 Oxon (this will differ from nationally published figures which is a rolling 3-month total OBDs so will include previous months)

Commentary:

Is performance on track?

No

If not, what is the issue?

There has been an increasing length of stay due to acuity and complexity and low levels of delayed transfers of care.

What is the plan to address?

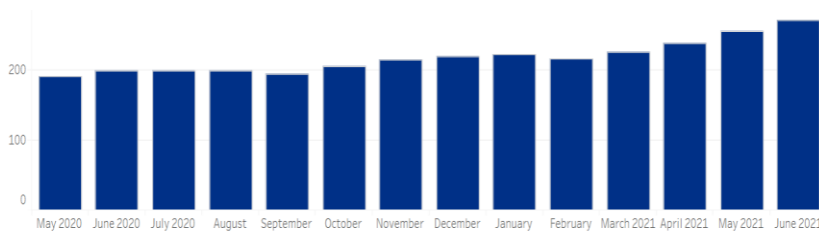
Berkshire Healthcare NHS Foundation Trust have commissioned 13 Independent Sector beds and these are being used as a priority when seeking an out of area bed to maintain the continuity of care principles.

Exceptions/Non-Compliance: Perinatal Access Activity

Buckinghamshire CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	525 8.6%	270 4.4% Jun-21

Rolling 12 month access



Commentary:

Is performance on track? As a county the service have not achieved the access rate.

If not, what is the issue? We are aware that the national target is against for 2016 live birth rate which doesn't reflect the known 8% decline in birth rate locally.

What is the plan to address? We are actively marketing the service with comms team in a variety of ways to counteract this. In view of the increased national target 8.6% Y1/22 ,

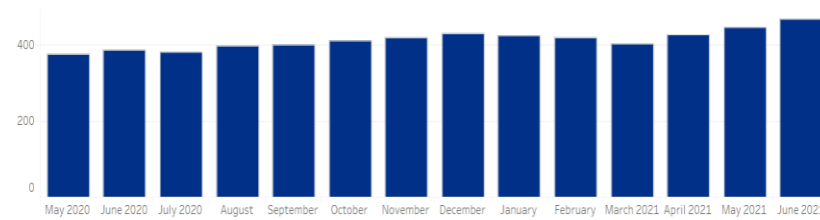
Are we anticipated to achieve this? By when The Performance & Information team have produced a trajectory for the service. Assuming the service meets the targets for the remainder of the year, by year end the service will now be 120 short of this year's target.

Local figures for July 2021 – 4.6% 279

Oxfordshire CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	650 8.6%	465 6.2% Jun-21

Rolling 12 month access



Commentary:

Is performance on track? As a county the service have not achieved the access rate.

If not, what is the issue? We are aware that the national target is against for 2016 live birth rate which doesn't reflect the known 7% decline in birth rate locally.

What is the plan to address? E referral process for GP's directly to the team instead of via the AMHT. There are closer links with the midwifery service and health visitors Joint assessments being offered alongside other agencies, i.e., IPPS. BOB MMHS transformation work is on way developing a birth trauma pathway, and this will sit with the perinatal service working closely with maternity services at OUH, this will hopefully increase the access rate as well,

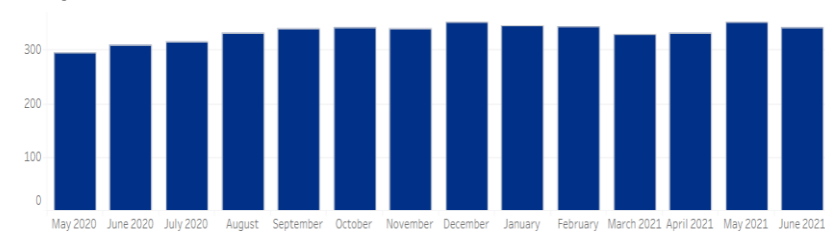
Are we anticipated to achieve this? By when The Service are anticipating to meet the access target by March 2022

Local figures for July 2021 – 6.3% 475

Berkshire West CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	520 8.6%	340 5.6% Jun-21

Rolling 12 month access



Commentary:

Is performance on track?

No.

If not, what is the issue?

A significant proportion of the clinical work is not counted towards the trajectory (including referral screening and signposting and any assessments which happen over the telephone).

What is the plan to address?

Berkshire Healthcare NHS Foundation Trust are reviewing their operating model to offer face to face or digital assessments.

Are we anticipated to achieve this? By when

We anticipate to achieve this by March 2022.

Exceptions/Non-Compliance: CAMHS Neuro-developmental Conditions

Buckinghamshire CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	1638 Jul-21
	Jul-21	Aug-21
Total Referrals - still waiting	1638	
No. waiting, 0 - 12 weeks	273	
No. waiting, 12 - 52 weeks	890	
No. waiting, > 52 weeks	475	

* CAMHS B Neuro Development Collaboration Service Team ONLY

Commentary:

Is performance on track? No, the service is significantly under-resourced for the demand. This is a collaboration between BHT for under 11's and OHFT for over 11's with OHFT holding the wait list.

If not, what is the issue? Not enough funding for OHFT or BHT to employ the number of clinical staff required to meet demand.

What is the plan to address? There has been a commissioners led review which has been underway for 18 months which aims to address the issues and funding shortfall.

Are we anticipated to achieve this? By when. This will be dependant on funding, we have produced a trajectory which underlines the resource needed to bring the wait list to within 12 months initially but are awaiting a decision from commissioners.

N.B: [1006](#) patients waiting under 11 years of age and [629](#) patients waiting over 11 years of age.

Oxfordshire CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	1708 Jul-21
	Jul-21	Aug-21
Total Referrals - still waiting	1708	
No. waiting, 0 - 12 weeks	81	
No. waiting, 12 - 52 weeks	520	
No. waiting, > 52 weeks	1107	

* CAMHS O NDC Diagnostic Team ONLY

Commentary:

Is performance on track?

No

If not, what is the issue?

Not enough funding for OHFT to employ the number of clinical staff required to meet demand. Service severely affected by Covid-19 extensive demand and capacity work undertaken by the service, noting much higher number of demand than current capacity. Service is able to respond to urgent and priority requests, but waiting lists and waiting times continue to increase for routine referrals

What is the plan to address?

Continued discussions with CCG and system partners regarding capacity and possible solutions being held regularly

Berkshire West CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	2909 Jul-21
	Jul-21	Aug-21
Total Referrals - still waiting	2909	
No. waiting, 0 - 12 weeks	256	
No. waiting, 12 - 52 weeks	1215	
No. waiting, > 52 weeks	1438	

* BHFT Berkshire West AAT & ADHD

Commentary:

Is performance on track? Performance is not on track. There is high and increasing demand which for some time now has outstripped the service capacity resulting in large numbers waiting and long waits. CYP and their families experiencing long waits for autism assessments and ADHD assessment, medication initiation, titration and review. Waits further impacted by pandemic.

What is the plan to address? Following comprehensive demand, capacity, workforce and transformation modelling carried out by BHFT, Berkshire West CCG has provided additional investment to the Neurodiversity Services in BHFT, with the aim of reducing the wait for autism and ADHD assessment to 12 months by the end of March 2022. This will benefit the children, young people and their families and also provide evidence of action in relation to the CQC regulatory breach identified due to excessive waits.

Are we anticipated to achieve this? By when March 2022 wait time of 52 weeks

Section 2:

Monthly Mental Health Operational Performance Report – July 2021 data

Martyn Ward

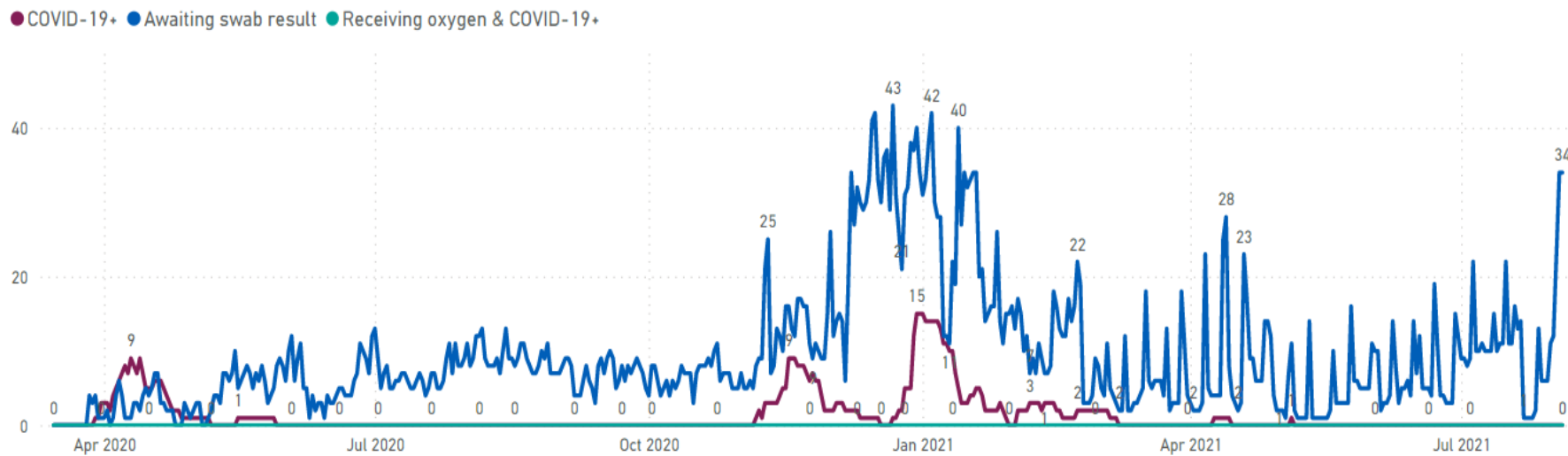
Director of Strategy
and CIO)
Oxford Health

Ian Hayward

Associate Director of
Performance and
Information – BHFT

COVID-19 – Headlines (Mental Health Adult Acute, Older Adult and PICU Inpatient Beds Only)

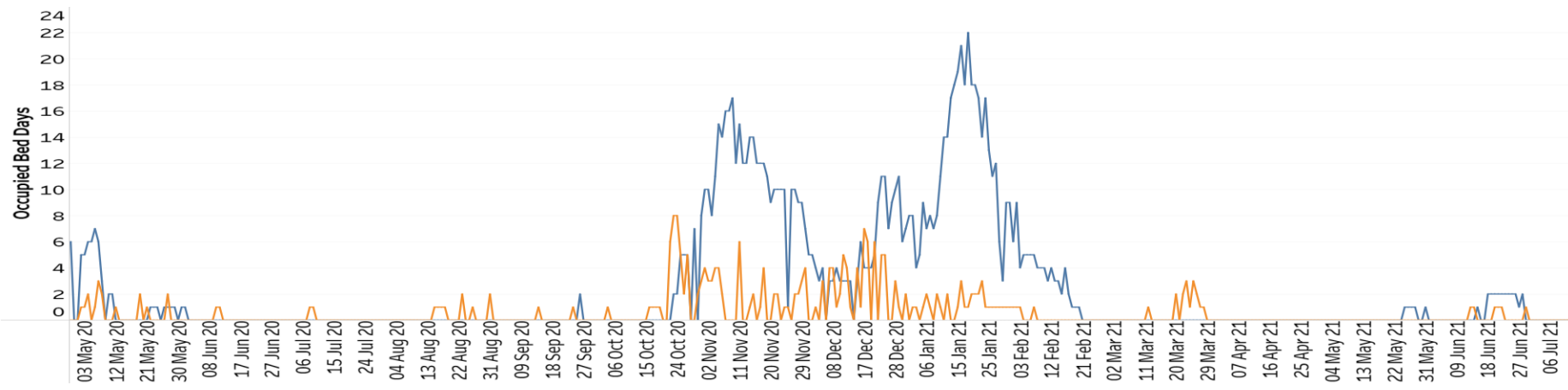
Oxford Health Foundation Trust



Headlines

- **0 COVID-19** positive inpatients at time of writing (04/08/2021)
- **61** since start of pandemic
- **4 patient deaths** since start of pandemic

Berkshire Healthcare Foundation Trust

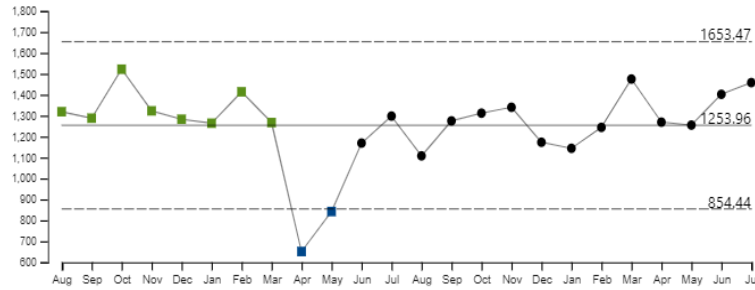


Headlines

- **0 COVID-19** positive inpatient at the end of July
- **0 patient deaths** since start of pandemic.

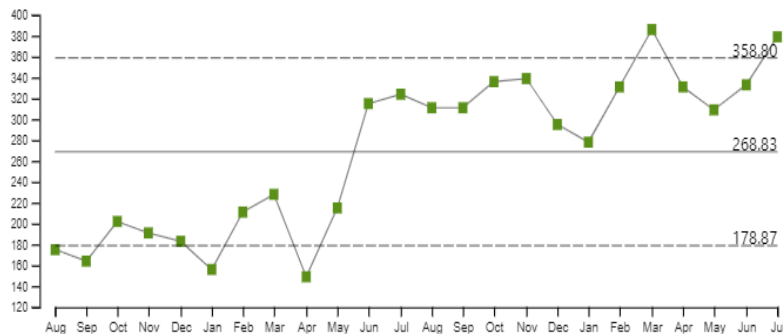
Patient Activity and Demand – Adult Mental Health Referrals

Oxford Health - Buckinghamshire

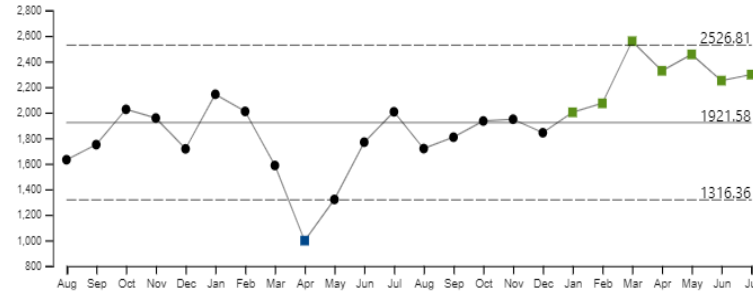


Headlines:

- 1458 referrals received in July to adult mental health services. This is **9% higher** than the average for 19/20 monthly referrals, which was 1336
- Noteworthy exception – **urgent referrals to Adults services** continue trend of recent months and were above average limit at 309 – see below

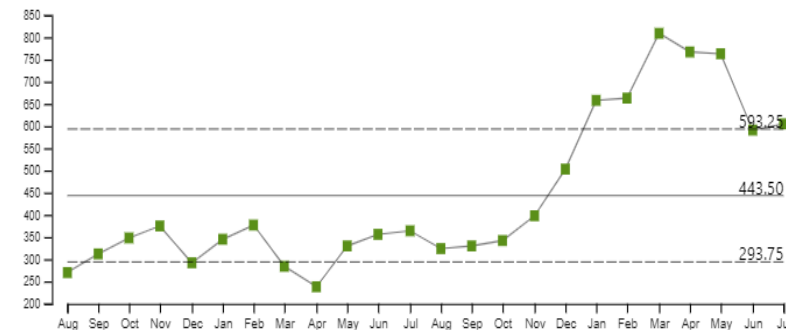


Oxford Health - Oxfordshire

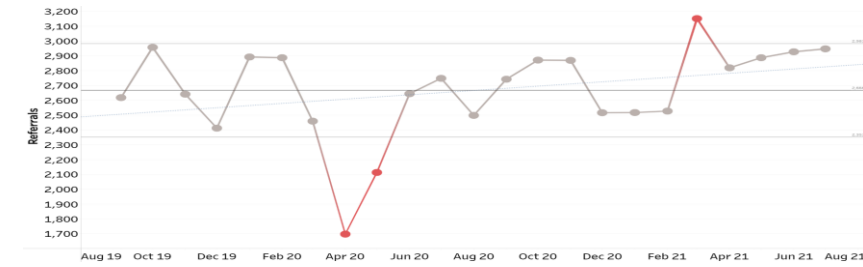


Headlines:

- 2297 referrals received to adult mental health services in July. This is **28% higher** than the average for 19/20 monthly referral rate which was 1797
- Noteworthy exception – **urgent referrals to Adults** continue increase seen since Nov 2020 exceeded the upper control limit in May at 767 – see below.



Berkshire Healthcare - West Berkshire

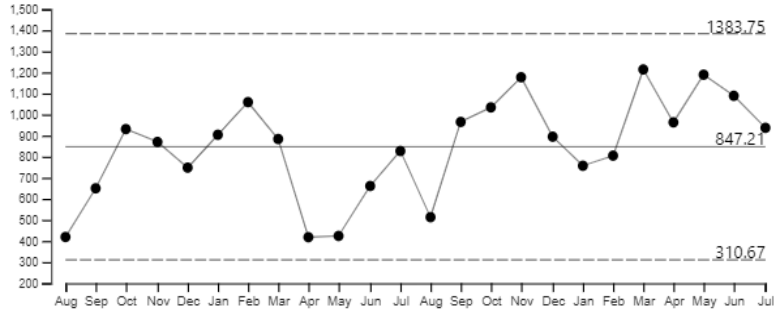


Headlines:

- 2946 referrals received to adult mental health services last month, 7% higher than the same period last year. The average 2019/20 monthly referral rate pre-COVID was 2662.
- Overall, adult mental health referrals have been increasing over the past two years.

Patient Activity and Demand – Child & Adolescent Mental Health Services (CAMHS) Referrals

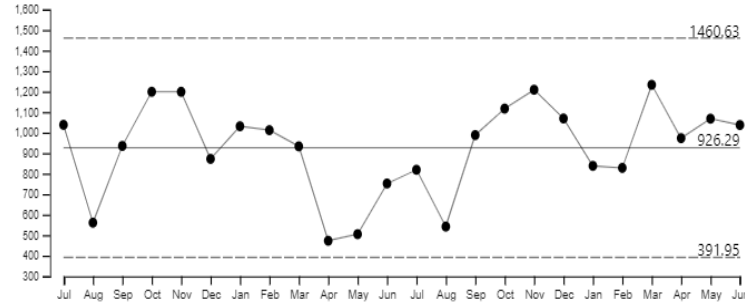
Oxford Health - Buckinghamshire



Headlines:

- 976 referrals received in July, which is **22% higher** than the average for 19/20 monthly referral rate which was 799

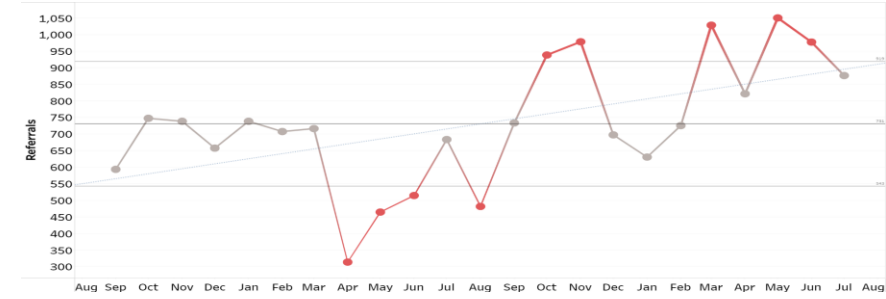
Oxford Health - Oxfordshire



Headlines:

- 953 referrals received in July, which is **3% lower** than the average for 19/20 monthly referral rate which was 984

Berkshire Healthcare - West Berkshire

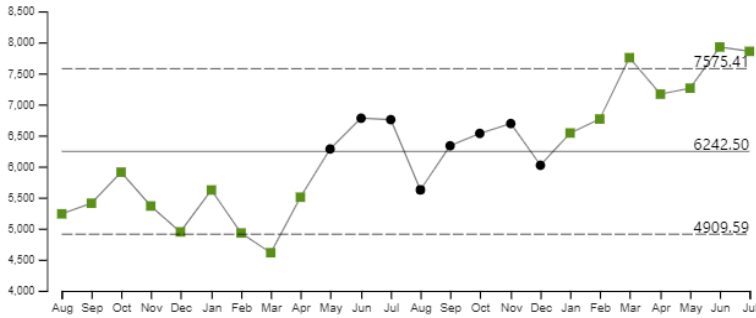


Headlines:

- 876 referrals received to CAMHS last month 28% higher than the same period last year but down on last month. The 2019/20 monthly average referral rate pre-COVID was 675. The average for the last 12 months is 828.

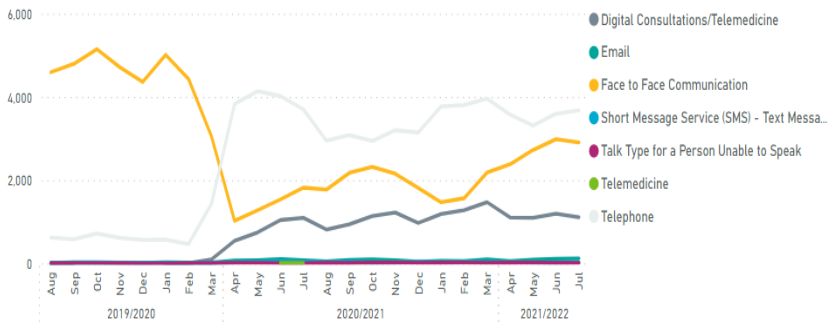
Patient Activity and Demand – Adult Mental Health attended appointments

Oxford Health - Buckinghamshire

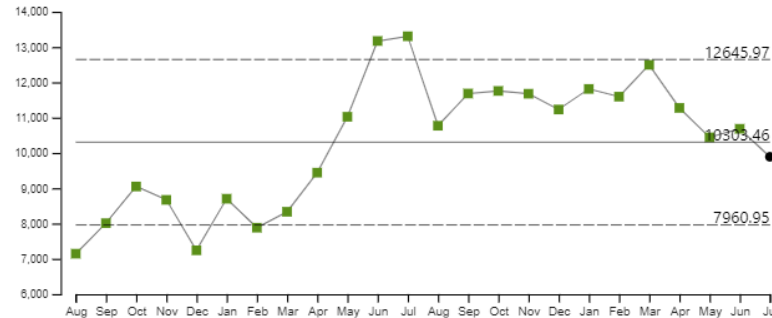


Headlines:

- 7855 attended appointments in July, which is **44% higher** than the monthly average for 19/20 which was 5445
- The majority of appointments in July were delivered by telephone, followed by face to face and digital – see below

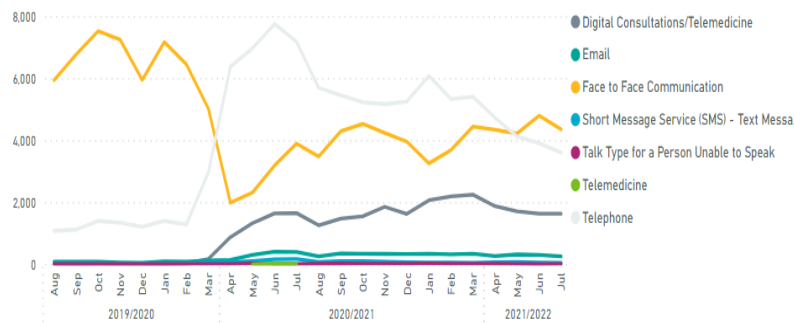


Oxford Health - Oxfordshire

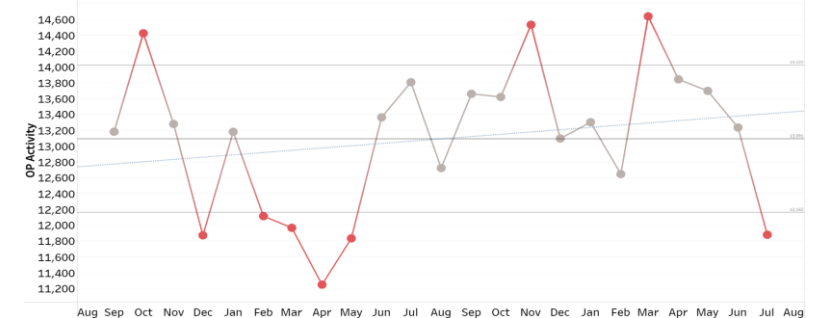


Headlines:

- 9891 attended appointments in July **23% higher** than the monthly average for 19/20 which was 8031
- The majority of appointments in July were delivered face-to-face, the second time since March 2020

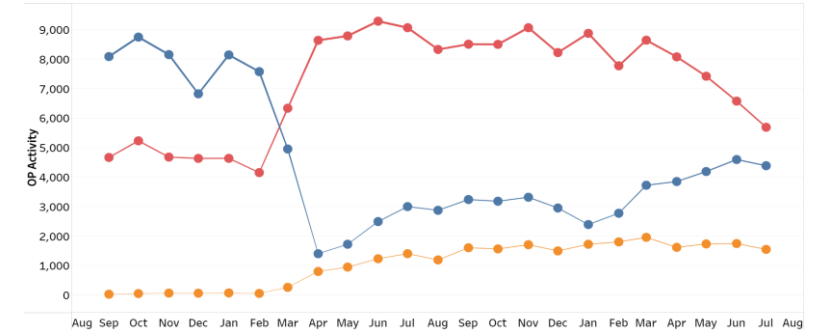


Berkshire Healthcare - West Berkshire



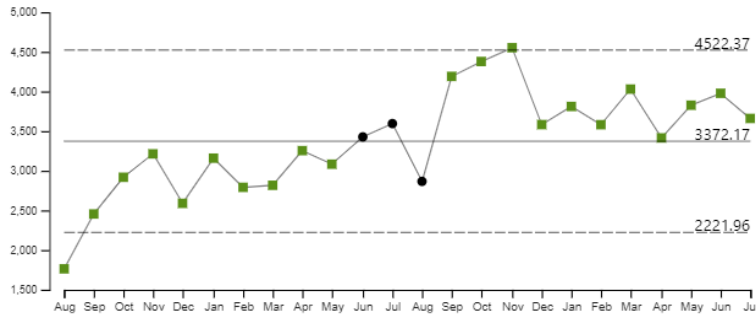
Headlines:

- 11877 attended appointments last month, 14% down on the same period last year. The average 2019/20 pre-COVID activity level was 13350.
- The majority of appointments since April 2020 have been delivered by telephone (see below). However, Face to Face consultations, and on line consultations continue to increase since that time.



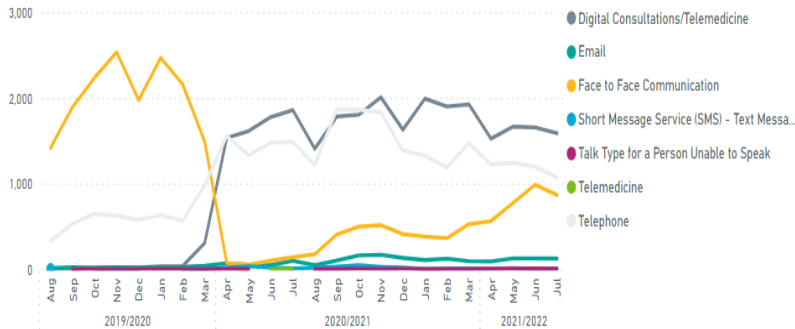
Patient Activity and Demand – CAMHS attended appointments

Oxford Health - Buckinghamshire

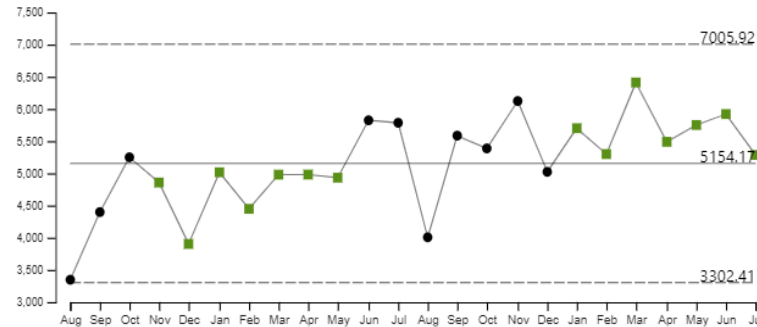


Headlines:

- 3660 attended appointments in July, **41% higher** than the monthly average for 19/20 which was 2602
- Digital consultations continue to be the highest method of delivery for appointments – see below

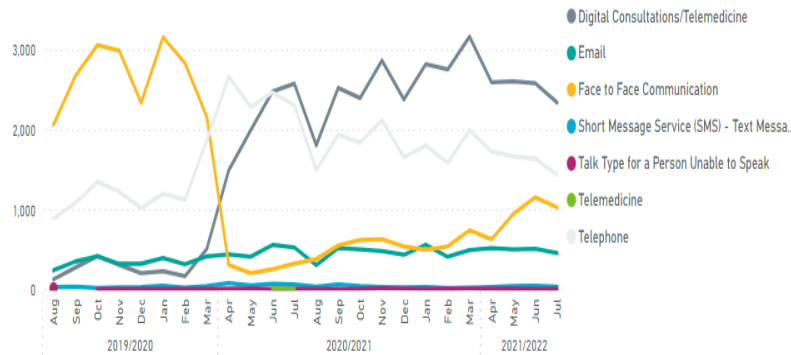


Oxford Health - Oxfordshire

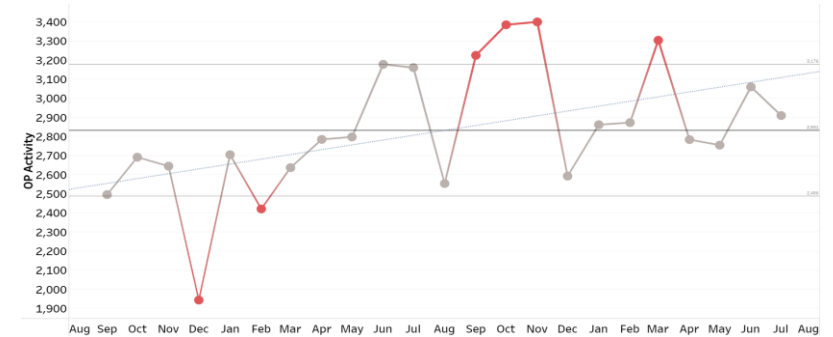


Headlines:

- 5285 attended appointments in July **19% higher** than the monthly average for 19/20 which was 4455
- Digital consultations continue to be the highest method of delivery for appointments – see below

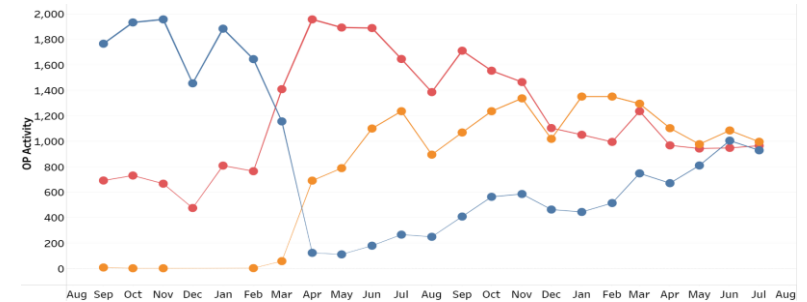


Berkshire Healthcare - West Berkshire



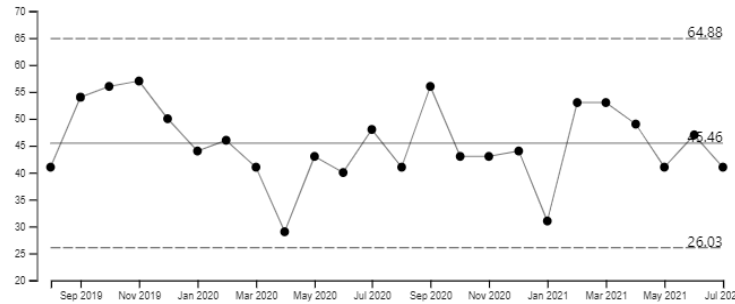
Headlines:

- There were 2,908 appointments in July, 8% lower than July 2020. However, the overall trend is an increase in activity and the 12 month average to July 2021 is 2962 compared with 2512 for the previous 12 month period.
- With the onset of COVID there had been a marked change in the delivery of patient contacts, moving from face-to-face to digital or telephone. In recent months, though, the proportion of face to face consultations has increased and there is now parity across delivery modes.

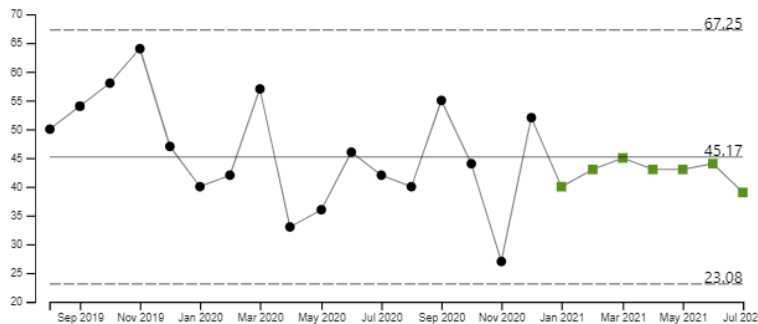


Patient Activity and Demand – Admissions and Discharges (PICU, adult and older adult acute only)

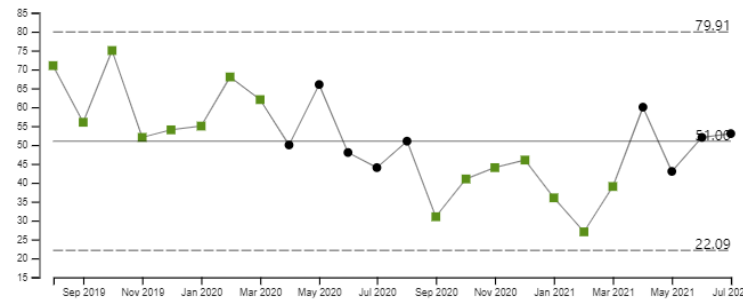
Oxford Health - Buckinghamshire



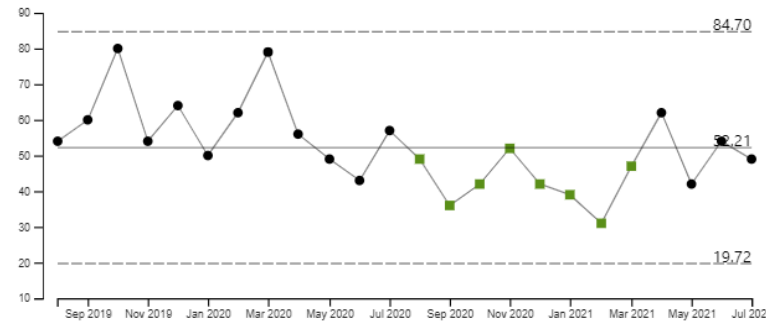
- 41 mental health admissions in July, which is **15% lower** than the monthly average for 19/20 which was 48
- 39 mental health discharges in July, which is **20% lower** than the monthly average 19/20 monthly discharge rate was 49



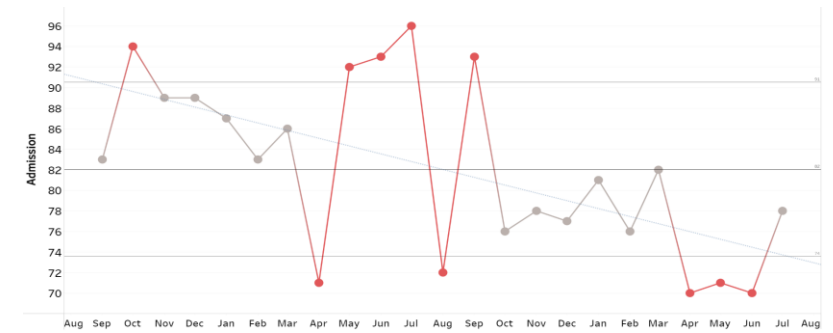
Oxford Health - Oxfordshire



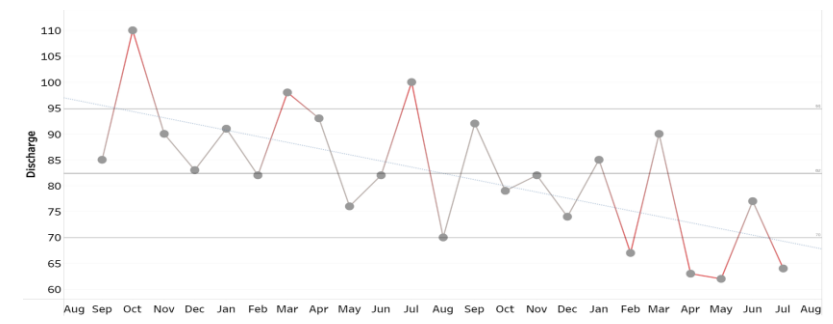
- 53 mental health admissions in July, which is **10% lower** than the monthly average for 19/20 which was 59
- 49 mental health discharges in July, which is **18% lower** than the monthly average for 19/20 which was 60



Berkshire Healthcare - West Berkshire

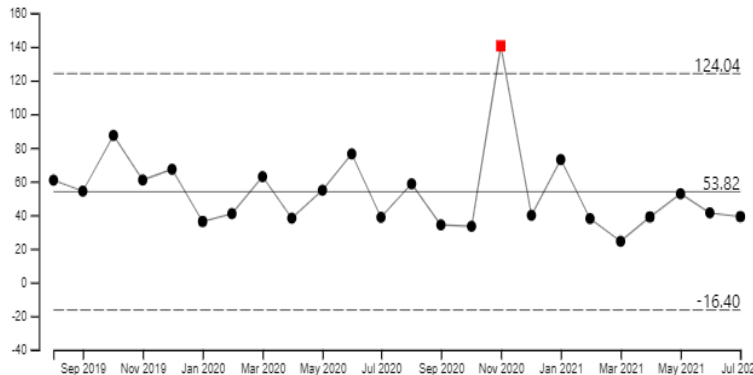


- Although the number of admission rose again in July, the overall trend is downwards.
- The number of discharges decreased in July to one of the lowest levels in the past 2 years, reinforcing the downward trend in admissions.



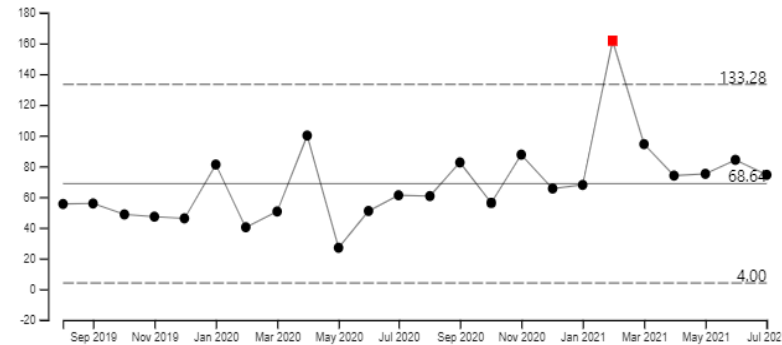
Patient Activity and Demand – Inpatient Length of Stay (excluding leave) (PICU, adult & older adult acute only)

Oxford Health - Buckinghamshire



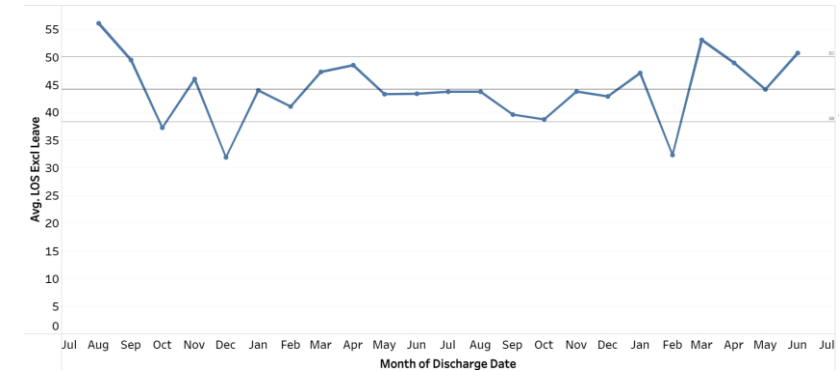
- The average length of stay in July was 39 days, which is **24% lower** than the 2019/20 average of 51 days (excluding leave)

Oxford Health - Oxfordshire



- The average length of stay in July was 74 days, which is **37% higher** than the 2019/20 average of 54 days (excluding leave)

Berkshire Healthcare - West Berkshire



- Adult/Older Adult/LD Mental Health services had an average length of stay of 50.7 days last month.
- The Mental Health Acute Adult Length of Stay was 49 days, against our target of 30 days.