



**Heywood, Middleton  
and Rochdale**  
Clinical Commissioning Group

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## **Response in relation to the death of John Haines and subsequent Regulation 28**

- 1. During the course of treatment it became apparent that mental health in-patients still do not have access to therapy from a qualified Psychologist, despite the fact it had been raised in previous Regulation 28 PFD forms:**

HMR CCG acknowledges the statement above

In the period 2016-2017 there was investment from HMR CCG as part of the safer staffing initiative. These monies were allocated and autonomy given to the wards as to how they were spent based on need and existing establishments.

Bury has some Psychological therapy provision on the inpatient wards and HMR have recruited a qualified Psychologists to deliver therapy in the inpatient setting.

The decision was reached after analysis of the services provided and where the gaps in staffing were. In Oldham however this analysis reached a different conclusion particularly in relation to acuity and complexity and the monies were allocated to provide band 2 staff and increase the administration function thus freeing up qualified staff to deliver treatment. This was based on the theory that fundamental ward staffing levels needed to be at an optimum level to ensure service delivery is of a high standard.

At the current time the provision across all inpatient services is being looked at by the provider to ensure equitable provision for service users and staffing establishments that meet the safer staffing expectations (due to be had Winter 2017). These staffing establishments will be developed using the Nationally agreed safer staffing tool and review of sustainability within current budgets. In addition the Provider has advised the CCG that it is working to the CQC minimum quality standard offer.

**2. Similarly patients cannot access a qualified psychologist whilst under the care of the Home Treatment Team (HTT) etc the only way a patient can get access to a psychologist is via referral to Healthy Minds. Healthy Minds cannot provide access where the patient remains under the care of HTT etc:**

This statement is true. However consideration needs to be given to the level of engagement which can be afforded by a patient with enduring mental health issues in a crisis to the service offered by Healthy Minds. This service would offer intervention for less severe and non-urgent mental health issues.

With regards to the Home Treatment Team (HTT), the provider has an ongoing workstream in place regarding baselining current service provision against core fidelity requirements. This workstream is aligned to a broader Crisis and Acute Pathway workstream across provider and commissioner, and will support and inform locality developments including 'Out of Hospital' approaches. The ideal would be to keep and treat individuals within the community and to identify and meet their needs including psychology.

**3. Timely access to Healthy Minds is hindered by long waiting times:**

The National standards are as follows -

- 75% of people access treatment within six weeks.
- 95% within 18 weeks.

Waiting times for Healthy Minds in Oldham are detailed below:

- Between 93.2 and 98.2% of patients are seen (referral to treatment within 6 weeks)
- Between 99.1 and 100% of patients are seen (referral to treatment within 18 weeks)
- The average wait in weeks from referral to 1st appointment, in June 2017 was 2 weeks, current wait (November 17) is 1.4 weeks

Indicators for HMR are detailed below

Indicator	2016/17 Year End	Q1 17/18 Average
IAPT 6 week finished	79.82%	91.36%
IAPT 6 week first	90.68%	71.67%
IAPT 18 week finished	98.38%	98.77%
IAPT 18 week first	99.14%	98.89%

The CCG commissioned a new Primary Care Mental Health Pathway during 2016/17, which mobilised in May 2017. The model has been developed to respond to the local

population needs, preparing service users to access therapy in order to optimise recovery performance. The service is subject to robust a performance dependent payment framework which provides assurance of performance delivery.

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