

# SERVICE LEVEL AGREEMENT ISSUES RELATING TO DELIVERY OF CARE PROGRAMME APPROACH 7-DAY FOLLOW-UP AND ASSERTIVE OUTREACH TARGETS

## Briefing for Leicester, Leicestershire and Rutland Health Overview and Scrutiny Committee

A paper provided to the Leicestershire Partnership NHS Trust Board in May 2008 summarised the main aspects of the Service Level Agreement (SLA) entered into with the Trust's main commissioners. It outlined the level of risk to which the Trust is exposed in respect of performance targets. The section on which the Committee requested an additional briefing is outlined below.

### **Performance Targets**

The SLA for 2008-09 includes a range of performance targets which are associated with financial penalties if delivery falls short of the required target. In total the penalties equate to a maximum of £360,000, although it is unlikely that there would be failure to deliver on all targets. The performance targets are shown in the table below.

| Service   | Target   | Position at year end                                    | Penalty for non-delivery (Counties) | Penalty for non-delivery (City) |
|---|--|---|-------------------------------------|---------------------------------|
| Child and<br>Adolescent<br>Mental Health<br>Services<br>(CAMHS) | 24/7 service for<br>urgent needs<br>CAMHS for Learning<br>Disabilities<br>CAMHS for 16-17<br>year olds | Yes in all three categories                             | £38,880                             | £25,920                         |
| Crisis<br>Resolution<br>Service                                 | Number of home treatment episodes  | 815 (City)<br>947 (County)<br>episodes by<br>March 2009 | £47,520                             | £31,680                         |
| Early<br>Intervention<br>Service                                | Patients on caseload   | 133 new cases<br>by March 2009                          | £43,200                             | £28,800                         |
| CPA 7-day<br>follow-up  | 95%  | 95% at March<br>2009                                    | £47,520                             | £31,680                         |
| Assertive<br>Outreach<br>Service                                | Patients on caseload   | 163 (City)<br>192 (Counties)<br>at end of each<br>month | £38,800                             | £25,920                         |
| Total   |  |   | £216,000                            | £144,000                        |

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The targets where there is deemed to be a risk of failure are:

Early Intervention Service Low risk but requires active management

Assertive Outreach Service (Counties) Medium risk (limited capacity to build in

contingency)

CPA 7-day follow-up Medium/low risk (action plan in place)

The above statement was a reflection of the situation at the time of contract signature. On the issues highlighted as medium risk the situation is currently as follows:

#### **Assertive Outreach Service**

Performance monitoring through the Trust's Integrated Performance Report indicates that the concerns relating to Assertive Outreach have been addressed. This was achieved by a joint review of caseloads with Community Mental Health Teams and of patients managed by the City and Counties Assertive Outreach Teams to ensure that all patients are under the care of the most appropriate team.

The number of patients on caseloads is now sufficient to build in the required 'tolerance' to reduce the risk of target failure to a level where this is no longer a significant concern. The delivery of this service within both City and the Counties will be monitored to ensure that this improvement is sustained.

#### Care Programme Approach (CPA) 7-day follow-up

Performance monitoring through the Trust's Integrated Performance Report indicates that the concerns relating to this target remains pertinent. Delivery was below the required 95% in Counties in April and in City in May.

Manual systems are used for data capture as a means of ensuring timeliness and accuracy; the Trust therefore is addressing these shortfalls in performance in the context of service under-delivery and not as data capture issues. On each occasion in April and May the under-achievement represents contact with **one** patient and so should not be seen in the context of systemic service failure.

Work to address the issues and delivery of timely and appropriate CPA follow-up has a high priority within clinical services and in overall organisational performance management.

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