

REPORT TO: Health Policy & Performance Board
DATE: 27th November 2018
REPORTING OFFICER: Chief Commissioner, NHS Halton CCG
PORTFOLIO: Commissioning
SUBJECT: IAPT update
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the status of the delivery and performance of NHS Halton IAPT Service/ Think Wellbeing Service

2.0 RECOMMENDATION: That:

i) The Board note the contents.

3.0 SUPPORTING INFORMATION

3.1 One in four people in England are affected by common mental health problems such as anxiety and depression. There is considerable evidence for the use of psychological therapies as an effective treatment for many mental health problems.

Improving access to psychological Therapies (IAPT) is a national NHS programme being rolled out across England. The 5 Year Forward View for Mental Health outlines the stretched targets for access.

The aim of the programme is to develop local talking therapy services that offer treatments for depression and anxiety disorders, as per the guidance from the National Institute for Health and Clinical Excellence (NICE), across England.

Staffing consists of High Intensity Therapist (HITS) and Psychological Wellbeing Practitioners (PWPs) who deliver NICE – approved interventions to people with depression and/or anxiety disorders in a system of stepped care.

IAPT offers increased access to NICE approved treatments for people with depression and anxiety disorders by delivering:

- Trained, competent workforce;
- Implementing quality standards (recovery, choice, equity);
- Routine monitoring of patient reported outcome measures;
- Defined care pathways in a stepped care model

3.2 **Update**

There is a national requirement to increase the numbers of people accessing IAPT compliant therapies year on year to an eventual target of 25% of the eligible population in 2021 (the one in four). The main targets for the service are:

- Treatment starts within 6 weeks of referral for 75% of clients;
- Treatment starts within 18 weeks for 100% of clients;
- 50% of clients achieve recovery (as determined by scores on GAD 7 and PHQ9 questionnaires);
- Prevalence target of 19% of eligibly population accessing support to achieved in 2018/19, 22% in 2019/20, 25% in 2020/21

The local service was re-procured and the tender awarded to North West Boroughs Foundation Mental Health Trust in August 2014. The service has further developed their service model as from October 2017 in order to ensure sufficient capacity is available to meet the demand for timely intervention by the service.

At the same time the service changed its name to Halton Think Wellbeing Service as this was a better indicator of what the service was about and trying to deliver, rather than Halton IAPT which had little relevance for local people.

The service now offers longer initial face to face assessments to better understand the issues facing clients so they can better identify the types of therapy that will be most beneficial. This longer initial face to face assessment has reduced the Did Not Attend (DNA) rates within the service. Therapies are offered at Step 2 and Step 3 levels. Step 4 IAPT is part of the secondary care provision in main stream mental health services. The Step 2 programme usually lasts for 6 sessions and the Step 3 programme 12 sessions although this is not a rigid figure.

All clients are offered the opportunity to engage in group based therapies or an online programme (Silver cloud) initially. If a group based intervention is not appropriate e.g. if a person presents with social anxieties, does not have English as a first language etc. then individual one to one therapy is available. Clients who complete the Step 2 programme but who have not reached recovery can then be offered Step 3 interventions which are always on a one to one basis. The groups are held on a rolling programme basis at venues across the borough in both Widnes and Runcorn which enables clients to be booked into a group within 3-4 weeks of their initial appointment. If a specific venue/time slot or one to one therapy is required the waiting time can be longer. Recovery is defined by achieving a specific score on the assessment questionnaires. However many people whilst not achieving 'recovery' as per the definition still achieve reliable improvements in their mental health and the service achieves an average of 67% reliable improvement.

The service moved to a self-referral model in 2017 to make access to support easier and service users do not need to go to their GP first.

Performance

The access and prevalence targets are closely monitored via NHS England and achievement of the targets forms part of the Assurance Framework for the CCG. There are regular monthly contract meetings when the service is discussed and any operational issues identified. There is a comprehensive performance framework which is updated monthly for the contract meeting.

The service has delivered on the access and recovery targets for 2016/17 and 2017/18. The stretched access target for 2018/19 remains a challenge for the service and so in order to increase capacity they have entered into a working arrangement with Well Being Enterprises CIC who also provide a programme of group based/wellbeing interventions which are IAPT compliant and it is anticipated that this additional capacity and availability via a third sector organisation will help achieve the overall target.

Works is ongoing with primary care to source clients and facilitate access to support by placing IAPT/Think Wellbeing therapists within General Practice. The service is also working with the Diabetes Education programme provider to become part of the education programme as it is acknowledged that people with long term condition often have associated mental health issues. The service

also works with the Pulmonary Rehabilitation Programme and the Cardiac Rehabilitation Programme to ensure people with long term conditions know about the service and can access support.

The service is subject to seasonal variation which brings challenges to service delivery and so monitoring of the targets is continuous. The prevalence target has been broken down into 3 month rolling quarters and there is an expectation that the final rolling quarter of Jan-March 2018 will deliver the required access figure of 786 clients accessing the service which equates to 4.75%.

The service has managed to achieve the required targets for the rolling quarters up to September when the latest data was available. However the target remains a challenge given that there will be the Christmas and New Year holidays when groups may not be held – or DNA rates increase due to the holiday period. The service is trying to factor in these seasonal variations and have produced an action plan which is monitored at the regular contract meetings.

4.0 **POLICY IMPLICATIONS**

4.1 None.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There is a possibility that the CCG will need to invest into the service in 2019/20 and/or 2020/2021 to enable the service to meet the stretched targets

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton** – none anticipated

6.2 **Employment, Learning & Skills in Halton** – none anticipated

6.3 **A Healthy Halton** – none anticipated

6.4 **A Safer Halton** – none anticipated

6.5 **Halton's Urban Renewal** – none anticipated

7.0 **RISK ANALYSIS**

7.1 The topic is on the CCG Risk Register.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An equality and diversity assessment has previously been undertaken as part of the wider engagement programme for the reconfiguration.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.