Adults Wellbeing and Health Overview & Scrutiny Committee

05 March 2018

Improving Access to Psychological Therapies Model Development

Report of Mike Brierley, Director of Corporate Programmes, Delivery and Operations

Purpose

1. The purpose of the report is to provide an update to the Adults Wellbeing and Health Overview and Scrutiny Committee on the current developments in relation to the proposed expansion of the Improving Access to Psychological Therapies Model, the national strategic direction of travel and planned engagement on the proposed expanded model.

Background

2. The Improving Access to Psychological Therapies (IAPT) programme began nationally in 2008 to transform the treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year.

3. In 2016, key developments were set out in the NHS England Five Year Forward View for Mental Health to expand and improve quality in IAPT services. The priorities were:

    - Expand IAPT from seeing a year to date average as at December 2017 of 15.5% of people with anxiety and depression each year across County Durham and Darlington and an average of 20% across Hartlepool, Stockton and South Tees to 25% overall and address the significant variation in access across the collaborative;
    - Integrate IAPT services with physical health services to provide better support to people with long term conditions (IAPT-LTC); and
    - Improve the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups.

4. The national guidance for implementing an IAPT-LTC service makes specific reference to the inclusion of people with Persistent Physical Symptoms (PPS - also known as Medically Unexplained Physical Symptoms – MUPS). It notes that two thirds of people with a long-term condition will also have a mental health problem, mostly depression and anxiety disorders. A further 70% of people with PPS will experience depression or an anxiety disorder.

5. PPS refers to a cohort of patient presentations that manifest as persistent physical symptoms but that do not have a readily identifiable medical cause, or are out of proportion to any underlying medical illness. The symptoms are nonetheless real to the patient and cause disability and distress (HM Government, 2011).There is also a strong association between medically unexplained symptoms and psychiatric disorder. Over 40% of patients with medically unexplained symptoms have anxiety and depression (Royal College of Psychiatrists & Academy of Medical Royal Colleges, 2009).

6. In April 2017, Hartlepool and Stockton-on-Tees (HaST) and Darlington Clinical Commissioning Groups established an IAPT Project Group to re-design, expand and re-procure an IAPT service across HaST and Darlington Clinical Commissioning Groups, in line with the Mental Health Five Year Forward View. In September 2017, North Durham and DDES Clinical Commissioning Groups' joined the IAPT Project Group to promote collaborative working across the region and reduce duplication in developing and implementing a new IAPT model.

7. Since September 2017, South Tees Clinical Commissioning Group has also been part of the IAPT Project Group and discussions. This Clinical Commissioning Group (CCG) agreed to join the collaborative re-procurement in November 2017, making a total of five CCG's.

8. A period of pre-engagement with service users has taken place across all five CCG's. Across North Durham, DDES and Darlington, this took place within a review of the existing IAPT service between 10th February 2017 to 10th March 2017. It is included service users and GP's. The CCG's Engagement Team Lead has confirmed that the pre-engagement undertaken was sufficient.

9. Pre-engagement within HaST and further engagement in Darlington took place from 24th July to 8th September 2017 and South Tees engaged from early September 2017 through to the end of October 2017.

10. There were a number of identifiable themes arising from the pre-engagement undertaken across the collaborative including suggested improvements to referral processes and timely access, flexibility and choice around support and treatment options, reduced waiting times, improved communication to support attendance at appointments and more responsive step up and step down processes between primary and secondary care, to flexibly manage complex needs.

11. During the commissioner review of IAPT across North Durham, DDES and Darlington, NHS England's Intensive Support Team (IST) offered to undertake their own review of the current IAPT Service and locally provided Practice Based Counselling Services. This was facilitated locally and in May 2017, the IST published their findings.

12. The IST advised Commissioners that workforce for the provision of counselling services are not trained to provide IAPT modalities and are not delivering evidence based treatments for anxiety and depression in line with national guidance.

13. In May 2017, several steps were taken, including the immediate ceasing of reporting counselling activity within the IAPT dataset and communications both to GP Practices and all Practice Based Counsellors (and Insight who provide Counselling in Darlington), to advise that with immediate effect all patients with a diagnosis of depression and/or anxiety must be referred, with their consent, for an IAPT Assessment and not referred directly to counselling services.

14. In addition to the pre-engagement activities outlined above with service users across the collaborative and GP's in North Durham, DDES and Darlington, the IAPT Project Group has also engaged with IAPT providers across all localities to understand what does/does not work well in the current IAPT service and what a future model should look like. Provider feedback promotes service improvement rather than a significant change for service users, and this feedback is also being used in development of the new model. Their feedback can be grouped into the same themes as for GP's and service user feedback.

15. Throughout November 2017, sessions took place across all collaborating CCG's which provided an opportunity to engage with GP's to set out the rationale for the development and expansion of the current IAPT service to include people with long-term conditions, and facilitate GP's to provide feedback on issues they would like considered within the model development at an early stage. Views are also being sought on the new IAPT-Long Term Conditions (IAPT-LTC) model, including proposed pathways, additional pathways that should be included within this model and the priority for order of introduction.

16. In addition to the fortnightly IAPT Project Group meetings, weekly sub-groups have been arranged to focus on developing the service model and the finance and contracting element of the project. The service model sub-group is made up of representatives from all CCG's to ensure feedback from all localities is considered when developing the model.

17. The five collaborative commissioners have considered whether any proposed changes to expand the current IAPT model would constitute a significant variation, and if so, to whether a public consultation would be required on those proposed changes. Although the future model for IAPT services is still in development, the IAPT Project Group/Collaborating CCG's do not foresee any significant change for service users in relation to being able to access the provision in a local setting. The expanded model will actively facilitate increased and improved access to IAPT services. Therefore formal consultation is not anticipated to be required.

18. The Tees Valley Overview and Scrutiny Committee were originally notified in November 2017 and received and update on project progress January 2018.

They were advised that formal consultation was not planned for this piece of work, and this recommendation was upheld.

Current Provision

19. IAPT services in County Durham and Darlington are currently provided by the 'Talking Changes' Consortium, made up of three providers currently Tees, Esk and Wear Valley NHS FT (TEWV) (Lead Provider), County Durham and Darlington NHS FT (CDDFT) and Mental Health Matters (MHM). The aim of the service is to provide a comprehensive, patient centred Psychological Therapies Service in line with NICE guideline and clinical best practice for adults living within the County Durham and Darlington area.

20. Referrals come from GPs, TEWV mental health secondary care services and other health and social care sources as well as self-referrals.

21. The service is community based and offers a range of evidence-based psychological interventions at Step 2 (Low Intensity) and Step 3 (High Intensity), in line with NICE guidance, delivering approved/recommended psychological therapies that are associated with improved service user outcomes and recovery rates. Any person living in the County Durham and Darlington area aged 16 onwards can be referred. Under 16 years, adults with current psychosis, complex and severe mental health problems that present with risk and/or in need of care co-ordination are not suitable for the service.

22. The current Talking Changes Service Contract for NHS North Durham and NHS Durham Dales, Easington and Sedgefield is due to end on 31 March 2019. A small Medically Unexplained Symptoms service is currently commissioned as part of the Acute Psychiatry Liaison Service, provided by TEWV and provides for patients in Darlington, DDES and North Durham CCG's.

Latest Position

23. The five collaborating CCG's across Durham and Tees have agreed that proposed future modelling to expand IAPT services will not present significant change, particularly for service users who will not see any change to their ongoing treatment. In the case of a new provider delivering the expanded service, patients in existing treatment at the time of transfer will not be asked to move providers and will be enabled to complete their programme of treatment.

24. The expanded IAPT model is proposed to include improvements to access for patients who do not meet IAPT criteria with a view to proactive management of prevention of escalation of symptoms. It is proposed that a wellbeing service offer is integrated within the IAPT-LTC model within Darlington, Hartlepool, Stockton and South Tees. At this stage, in North Durham and DDES CCG's the wellbeing offer will primarily ensure that appropriate links and timely referral pathways from the IAPT service are in place with existing commissioned services.

25. It is proposed that one Single Point of Access for managing referrals into IAPT is established across the collaborative. The model will include improved access to IAPT service for people with long-term conditions. The proposed model can be viewed on Page 12 of this report and is contained within a Stakeholder Briefing **(Appendix 2**).

26. The wellbeing offer will deliver interventions that are not IAPT specific (whether integrated or through timely onward referral). Access to these interventions through a referral into IAPT will still take place through an IAPT screening process to ensure that only appropriate referrals are progressed for wellbeing support and anyone who needs evidence based IAPT psychological interventions are provided with IAPT specific assessment and treatment options.

27. In North Durham and DDES, there will be potential opportunity to consolidate services in the future. In the meantime, the proposed approach will maintain stability while the IAPT-LTC service is mobilised and embedded. In the meantime, proposed variations to existing service specifications will facilitate smooth and timely access into existing wellbeing services and provide opportunity to develop and evidence base in relation to IAPT related wellbeing interventions to inform any future commissioning decisions.

28. The rationale for considering the above services within the whole IAPT offer is not to remove access to a specific intervention, but to ensure that people gain access to the most evidenced based and effective intervention at the earliest possible point.

Project Timescales

29. The Project Group is currently refining the proposed model, with both market and wider model engagement planned during March/April 2018. It is anticipated that the new model will be in place during February 2019.

Engagement

30. Within Darlington, Hartlepool, Stockton and South Tees, further engagement is currently being progressed with a view to seeking feedback on the proposed consolidation of wellbeing services within the future IAPT-LTC model. A Stakeholder Briefing including Proposed Model has been developed to facilitate a consistent message across the collaborative and engagement discussions **(Appendix 2)**.

31. Across the collaborative, proposed model engagement is planned during Spring 2018 with service users, the public, health and social care professionals including GP's and the voluntary and independent sector to invite their views on the proposed expanded model. Market engagement is also taking place to test out the proposed model and the ability and willingness of the market to deliver it. All engagement feedback will be considered and the proposed model revised as considered appropriate following receipt of this feedback. A

summary of the key themes of feedback received during pre-engagement can be found in **Appendix 3**.

32. The Overview and Scrutiny Committees will be kept informed on progress and feedback. Local Authority representatives including Public Health will be engaged in discussions in relation to the model and how the wellbeing offer will be appropriately provided.

Equality and Diversity

33. Any project undertaken on behalf of the CCGs is subject to compliance with S.149 of the Equality Act 2010 and measures are in place to ensure the public sector equality duty is met. An Equality Impact Assessment has been commenced and will be updated on receipt of further engagement feedback.

Risks and Implications

34. The IAPT Project Group will be responsible for the identification and mitigation of risk and maintain and manage an appropriate Risk Log.

35. There are risks associated with moving to an expanded model in respect of re-commissioning, mobilisation, recruitment and training of additional staff, maintenance of Core IAPT service whilst progressing the expansion of the model and overall ability of any successful provider to deliver. These risks are being mitigated through appropriate engagement both in terms of market and overall model development engagement.

Recommendations

36. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to:
    a. receive this report;
    b. note the required next steps and timescales;
    c. note the proposals for developing an expanded IAPT model across a collaborative CCG footprint;
    d. note the pre-engagement already undertaken, and planned further engagement on the proposed model during Spring 2018;
    e. uphold the view that a formal consultation process is not considered necessary to progress the development and re-procurement of the IAPT-LTC model;
    f. Provide any appropriate advice or guidance to support the continued work of the IAPT Project Group.

Background Papers

Appendix 2 - IAPT Model Development Stakeholder Briefing (Including Proposed Model)
Appendix 3 - Summary of Pre-Engagement Feedback

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Appendix 1: Implications

Finance – The IAPT-LTC model will need to be delivered through re-configuration of existing resources. No new money is available.

Staffing – see Risks below.

Risk – There are risks of moving to an expanded model in respect of re-commissioning, mobilisation, recruitment and training of additional staff, maintenance of Core IAPT service whilst progressing the expansion of the model and overall ability of any successful provider to deliver. These risks are being mitigated through appropriate engagement both in terms of market and overall model development engagement.

Equality and Diversity / Public Sector Equality Duty – An Equality Impact Assessment has been commenced and will be updated on receipt of further engagement feedback.

Accommodation - None

Crime and Disorder – None

Human Rights - None

Consultation – The IAPT Project Group have advised that formal consultation is not considered to be necessary, however, proactive engagement has taken place and continues to take place in respect of the development of the expanded model.

Procurement – See risks above.

Disability Issues – An Equality Impact Assessment has been commenced and will be updated on receipt of further engagement feedback.

Legal Implications – None

Appendix 2 – IAPT Model Development Stakeholder Briefing (Including Proposed Model)

Clinical Commissioning Groups in
County Durham, Darlington and Tees

Stakeholder Briefing:
Improving Access to Psychological Therapies

National Direction

Five health commissioners across Durham and Teesside are working together to re-commission an expanded Improving Access to Psychological Therapies (IAPT) across the region that is safe, equitable and supports people with long-term conditions to maintain good mental wellbeing. The expanded service will be in place by March 2019.

The Improving Access to Psychological Therapies (IAPT) programme began nationally in 2008 to transform the treatment of adult anxiety disorders and depression in England. Talking therapies are a proven, effective way of helping people with emotional and mental health problems like depression, anxiety and stress. They help work out how to deal with negative thoughts and feelings and make positive changes. The programme now aims to increase the number of people seen and treated from 900,000 in 2015 t0 1.5 million in 2021. An increase of 66% nationally. Two thirds of the expansion will focus on people with long-term conditions including medically unexplained symptoms.

IAPT services are required to provide evidence based psychological therapies that are approved by the National Institute for Health and Care Excellence (NICE). Note that this does not include general counselling.

Current Services

The current service for Hartlepool and Stockton-on-Tees and South Tees is provided through an Any Qualified Provider (AQP) model. This means that individuals have a choice about who delivers their IAPT care. Referrals into the service are made by GPs, Tees Esk and Wear Valleys NHS Foundation Trust, secondary healthcare services and through other health and social care sources. However, the majority of people using the services choose to self-refer and are being encouraged to do so through their GP.

In County Durham and Darlington, IAPT is currently provided by Talking Changes, a joint venture consortium. Separately commissioned general counselling services are also currently available within GP Practices but they do not provide IAPT interventions. A small Medically Unexplained Symptoms service is also available.

What Needs to Change and Why

IAPT services need to change because the Five Year Forward View for Mental Health, by 20/21, expects health commissioners to:

- Expand IAPT from seeing a year to date average as at December 2017 of 15.5% of people with anxiety and depression each year across County Durham and

Darlington and an average of 20% across Hartlepool, Stockton and South Tees to 25% overall and address the significant variation in access across the collaborative;
- Integrate IAPT services with physical health services to provide better support to people with long term conditions and distressing and persistent medically unexplained symptoms
- Improve the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups

People with depression and/or anxiety disorders who also have a long-term condition, for example, a respiratory condition, diabetes, chronic pain or medically unexplained symptoms, already access IAPT services but are under-represented.

Treating mental health needs reduces physical health care costs by around 20%[1] and the best outcomes for patients are achieved with adapted treatments that take into account long-term conditions and are embedded into care pathways[2]

Commissioners also need to take into account The GP Five Year Forward View with investment in an extra 3,000 mental health therapists to work in primary care by 2020, which is an average of a full time therapist for every 2-3 typical sized GP practices. It is anticipated that these therapists will come from existing IAPT services.

No additional funding is available to expand the current IAPT model to meet the requirements set out in the Five Year Forward View for Mental Health therefore CCG's need to look at what they can commission differently.

Commissioning differently means using funding from some services that do not provide IAPT evidence based psychological therapies and re-investing this money into an expanded IAPT service to ensure that local IAPT services in the future will be able to meet the Mental Health Five Year Forward View requirements by 20/21.

Non IAPT approved counselling can still be provided to support people who do not meet the criteria for IAPT, for example stress, anger management and relationship support, but not for people who meet IAPT access criteria.

Local Progress to Date

In April 2017, Hartlepool and Stockton-on-Tees (HaST) and Darlington Clinical Commissioning Groups established an IAPT Project Group to re-design, expand and re-procure an IAPT service across HaST and Darlington Clinical Commissioning Groups, in line with the Mental Health Five Year Forward View. In September 2017, North Durham and DDES Clinical Commissioning Groups' joined the IAPT Project Group to promote collaborative working across the region and reduce duplication in developing and implementing a new IAPT model.

[1] Layard & Clark, 2014

[2] Long-Term Conditions Pathfinder Results

Since September 2017, South Tees Clinical Commissioning Group has also been part of the IAPT Project Group and discussions. This Clinical Commissioning Group (CCG) agreed to join the collaborative re-procurement in November 2017, making a total of five CCG's.

The group are currently in the process of developing a proposed expanded IAPT model in line with national guidance and local needs. A draft proposed model can be seen in **Appendix 1**.

In 2017 the five collaborating health commissioners reviewed current services which included engaging with members of the public, service users, GP's, stakeholders and providers to capture their views about what the issues were, if any, and how we could improve IAPT services to meet national requirements set out in the Five Year Forward View.

There were a number of themes from the pre-engagement undertaken across the five Clinical Commissioning Groups including suggested improvements to referral processes and timely access, flexibility and choice around support and treatment options, reduced waiting times, improved communication to support attendance at appointments and more responsive step up and step down processes between primary and secondary care, to flexibly manage complex needs.

This feedback has been used to help develop a proposed expanded IAPT model which people will be able to influence further by participating in local focus groups for feedback which are due to be held during Spring 2018.
Based on the feedback we want to:

- Ensure that systems and processes within the expanded IAPT model support patient choice and flexible options for service access and assessment
- Ensure that the full range of evidenced-based therapies that fall under IAPT provision are available
- Ensure that people are getting access to evidenced-based psychological treatment/interventions at the earliest opportunity
- Ensure that treatment/interventions are identified based upon the assessed need of the individual
- Ensure that screening and assessment processes are standardised and that all assessments are carried out by an appropriately trained clinician
- Provide an IAPT service that proactively supports people with long-term conditions with their mental wellbeing

The Expanded IAPT Service

There are some key elements to the expanded IAPT model. It is proposed that it will:

- provide a single point of access into IAPT across five health commissioners, with a standardised screening and assessment
- offer co-located physical and mental healthcare as part of an integrated approach to supporting people with long-term conditions providing parity of esteem and a holistic approach to an individual's physical and mental health needs

- provide an expanded range of NICE approved psychological therapies, appropriately adapted to core IAPT and people with long-term conditions
- Provide trained IAPT Therapists who have undertaken continued professional development training in supporting people with Long-Term Conditions
- offer clear streamlined pathways for step up into secondary care from IAPT and vice versa to help stop patients re-presenting
- provide employment support through trained advisors
- provide clear identified pathways to ensure individuals are accessing the most appropriate treatment to meet their needs in a timely manner

The new model aims to meet the requirements of the Mental Health Five Year Forward View, offer an enhanced model including people with long-term conditions, a more equitable service across the collaborative and evidence based IAPT interventions that are NICE approved. It will offer the quality of care recommended in the Five Year Forward View and deliver timely evidence based treatment via a Single Point of Access across the collaborative.

Next steps

In Spring 2018 we will carry out a series of focus groups to gather people's views about the draft model for the new service. This is to ensure that all views are s into the proposed expanded IAPT model and we deliver the best IAPT service for local people we can.

If you would like to register to take part in a focus group, please telephone: 0191 3742795 or email: necsu.engagement@nhs.net. Further details will be available as to dates, times and locations upon registering.

Contact

If you have any queries please contact:

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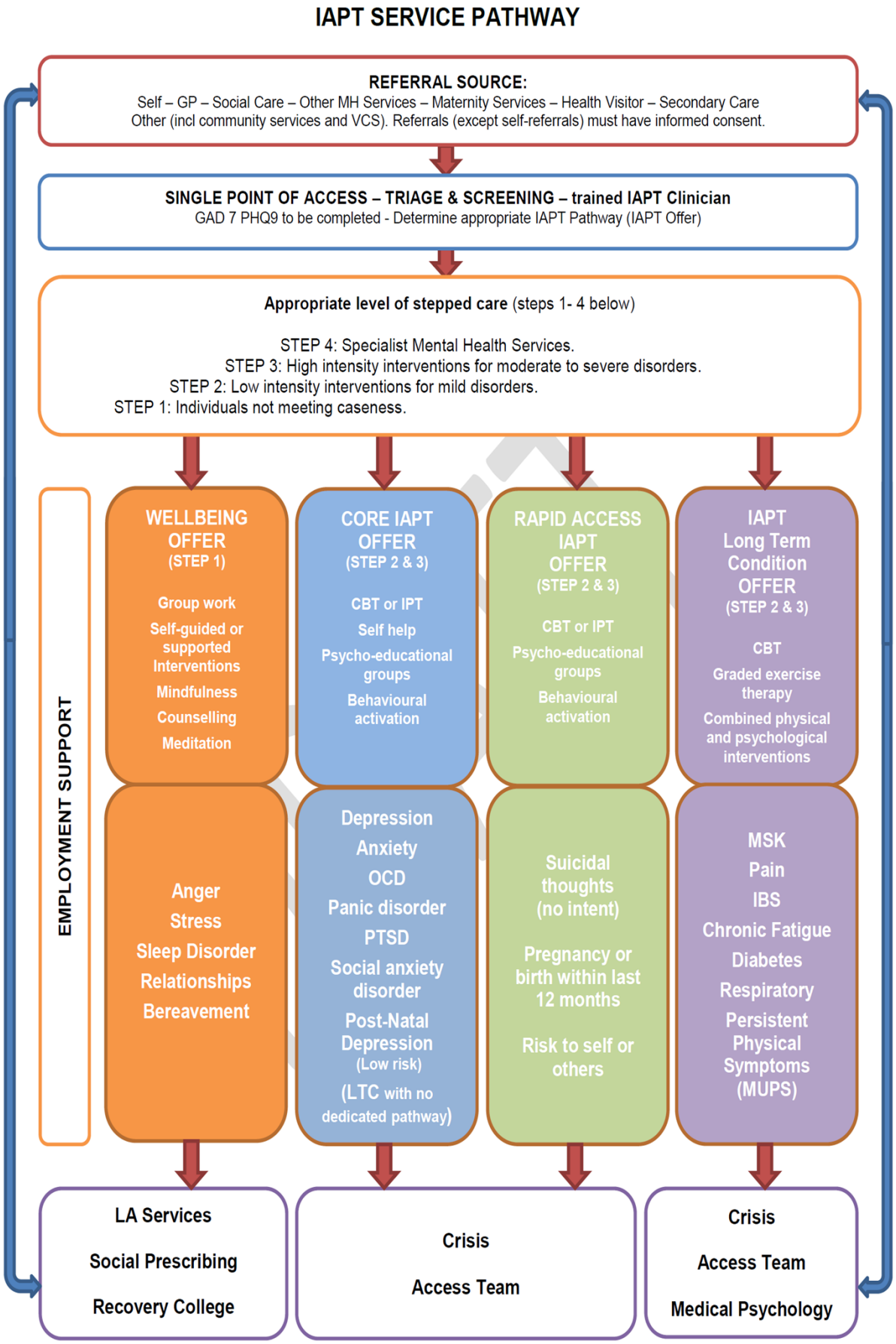
Stakeholder Briefing Appendix 1 – Proposed IAPT Expanded Model



Appendix 3 – Summary of Pre-Engagement Feedback

	Patients	GP's	Providers
Referral and Access	• More information about the service at the point of referral - treatment options available, length of wait for treatment etc. • Easier access – including online, text, letter, telephone, group and face to face referral, assessment and treatment options • One referral – not to be passed between services	• Option for a more formal, electronic referral pathway from GP practice • Prioritisation for assessment and / or access to treatment based on severity of initial presenting symptoms – reducing need for prescribing, input from crisis teams etc	• There needs to be patient choice in relation to location, appointment times and therapies • There is disparity in the services available across different locations • There is issues with people being assessed by different providers • There is long waiting lists once choice of provider has been made • Clearer referral pathways with options • A single point of access into IAPT is needed
Support/ Treatment	• Flexibility of appointments – options for appointments outside of normal working hours • Support to access other services relevant to presenting problem - housing, debt advice, weight and wellbeing, substance misuse services • Continued dialogue about therapy choices and what works/doesn't work for the patient • Increased support while waiting for treatment – i.e. practice nurse, group therapy • Reduced waiting times	• Reduction in waiting times – particularly for high intensity therapy	• All therapies being evidence based makes the service work well • A stepped care / progression model so everyone is offered step 2 interventions first • Specialist clinical pathways - Long term conditions, perinatal, older adults
Communication	• Support to attend appointments – telephone/text reminders, follow up re DNA appointments	• More information about what the service provides - treatment options available, length of wait for treatment etc. • Improved communication on outcome of assessment, progress and discharge – should be consistent across all therapists	• IAPT services receive inappropriate referrals
Better Integration	• More responsive escalation/de-escalation between services	• Strengthened links between primary and secondary care services • Improved signposting and support while waiting for treatment – reducing practice contacts for quasi-counselling • More responsive escalation/de-escalation between services	• There needs to be a standardised template across providers for stepping up/down into secondary care • Flexibility is required to manage more complex presentations