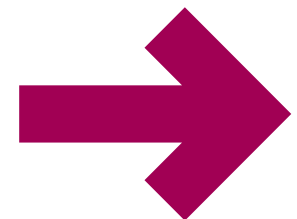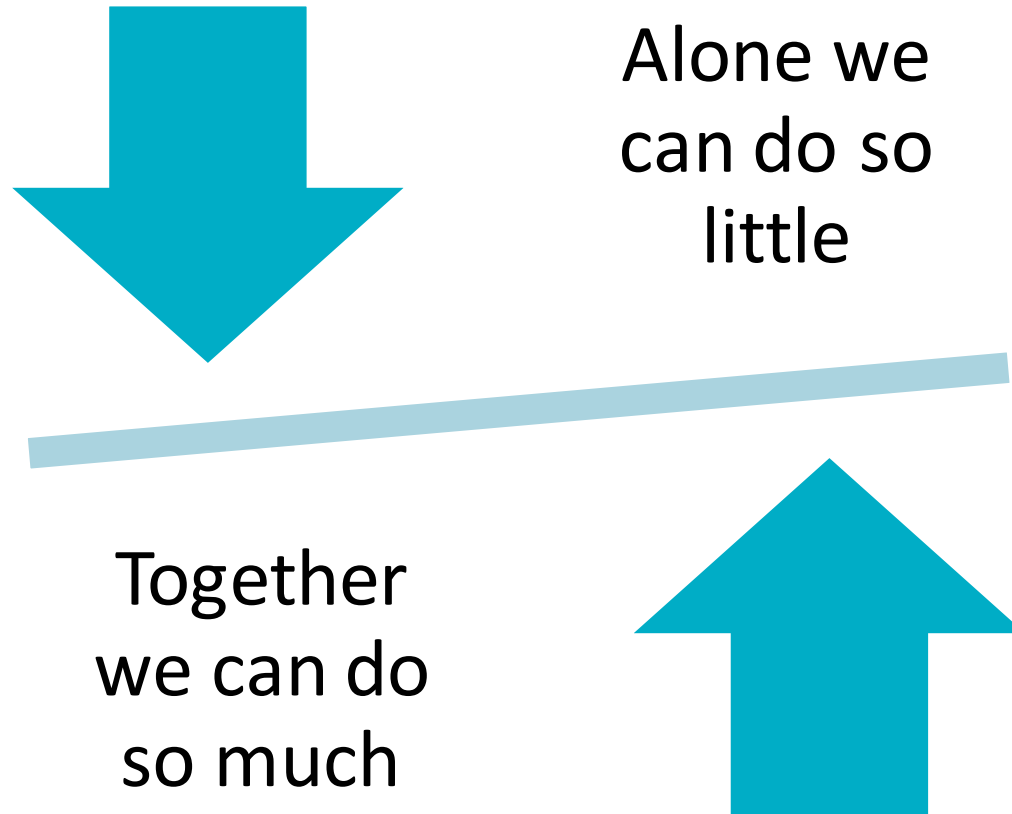# NHS England IAPT Programme

An update on the Five Year Forward View commitments for IAPT

IAPT Connect 2017

Ursula James – National IAPT Programme Manager

One Year On…

Alone we can do so little

Together we can do so much

2016 conference - What do the national IAPT team's priorities look like for services?

- Designing and developing with local areas new integrated IAPT service models and business cases to support their spread – in both primary and secondary care.
- Improving the equality of access and outcomes for all adults (older people and people from minority ethnic groups are underrepresented in services. The proportion of older people in services has risen following focused local and national work to improve it, but still needs work)
- Improving the quality of services – improving and sustaining the recovery rate, addressing variability, improving the outcomes for people using services in the perinatal period, improving choice of treatments in services
- Improving the productivity of services – starting with encouraging appropriate use of digital services.
- Supporting the implementation of activity and outcomes based payment in IAPT
- Improving the sustainability of the IAPT workforce
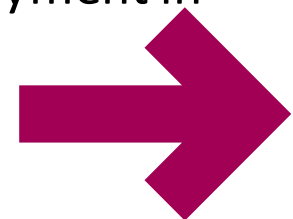
2016 conference - What do the national IAPT team's priorities look like for services?

NHS England

- Improving the equality of access and outcomes for all adults (older people and people from minority ethnic groups are underrepresented in services. The proportion of older people in services has risen following focused local and national work to improve it, but still needs work)

  - ❖ Quality Premium 2017-2019
  - ❖ Work through Clinical Networks
  - ❖ Action Plan with actions for providers, clinical networks and commissioners
  - ❖ Awareness campaign
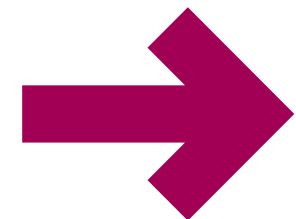 - ❖ Work through Age UK
  - ❖ Conferences
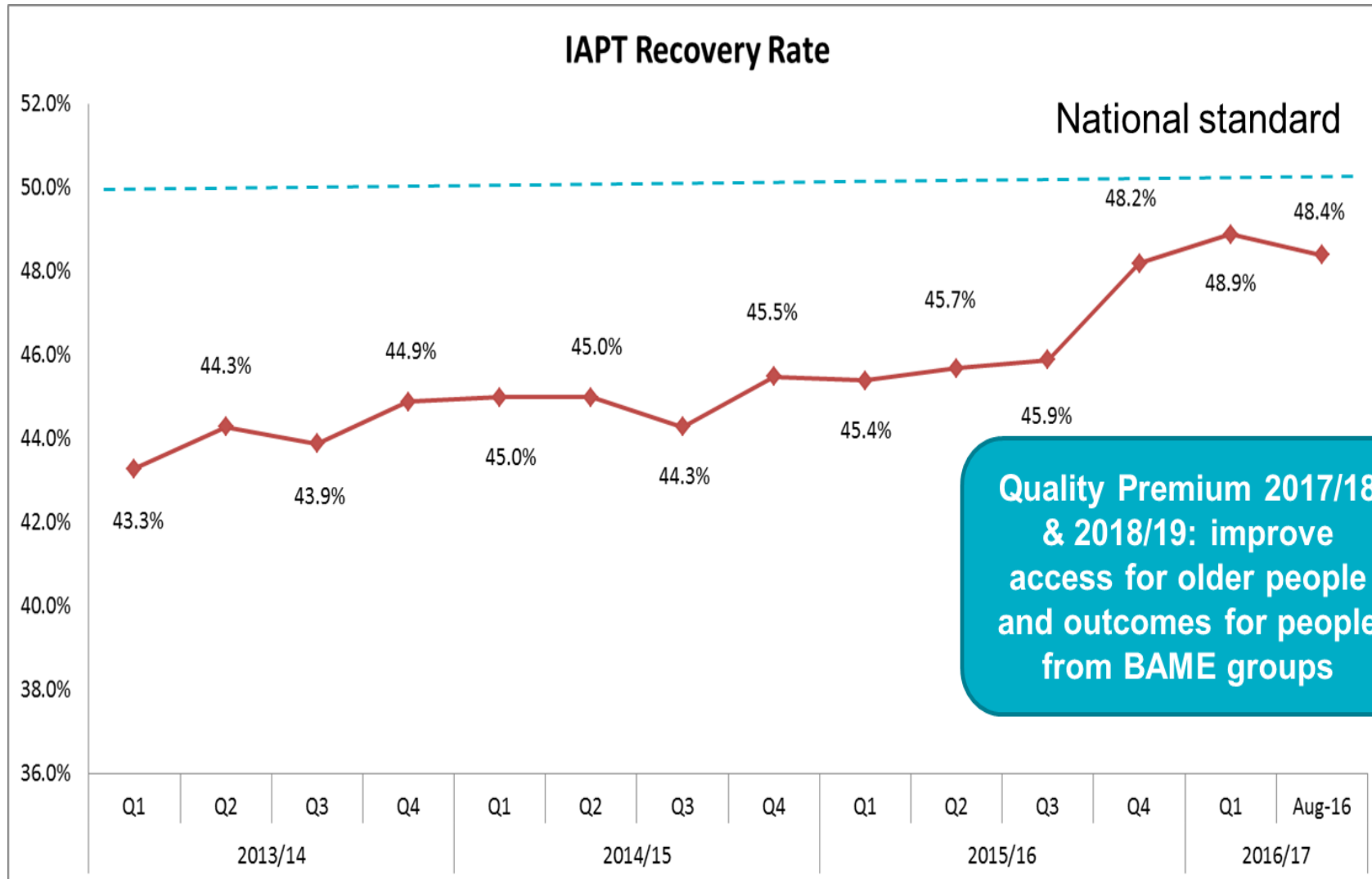   8th November Reading South Region Clinical Networks
    https://www.eventbrite.co.uk/e/iapt-older-adults-conference-tickets-37414276107
    22nd November Midlands Clinical Networks (not yet available to book)

NHS England

22/09/2017, 19:30
📖 **@sophieshaesam #IAPT** Prog Manager.
#ClinicalNetworks improving access to psychological therapies for older adults.
ow.ly/xYrf30ff3hm pic.twitter.com/uCXGoala1H
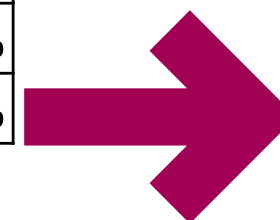
Quality Premium 17/18 and 18/19

IAPT Recovery Rate

National standard

Quality Premium 2017/18 & 2018/19: improve access for older people and outcomes for people from BAME groups

Data points: 43.3%, 44.3%, 43.9%, 44.9%, 45.0%, 45.0%, 44.3%, 45.5%, 45.4%, 45.7%, 45.9%, 48.2%, 48.9%, 48.4%

Q1, Q2, Q3, Q4 — 2013/14
Q1, Q2, Q3, Q4 — 2014/15
Q1, Q2, Q3, Q4 — 2015/16
Q1, Aug-16 — 2016/17

Older Adults Actions

NHS England

Action	By Whom
Ask IAPT providers to supply activity and outcome data for Older People take up of IAPT services. This data should be compared with local population data to see if the IAPT service is meeting the needs of the older local population. The following data would be useful to collect broken down by age: • The numbers of people referred for treatment • The numbers of people entering treatment • The numbers of people completing treatment • The numbers of people reaching recovery	Mental Health Commissioners Clinical Networks
Incentivise IAPT services to engage older people in therapy.	Mental Health Commissioners
Ensure that funding is available to ensure that IAPT services are able to offer home visits to provide treatment	Mental Health Commissioners
Ensure that all therapy staff complete the IAPT older peoples' training module. This module is embedded within current IAPT accredited training courses. People who completed their IAPT PWP & HIT training (including four modality training prior to the 2011/12 academic year should receive the training as continuous professional development. This training provides IAPT therapists with knowledge and techniques that will enhance their treatment of older people.	IAPT Services HEE
Ensure that IAPT service undertake outreach activity to engage older people. The IAPT programme is working with Age UK to promote IAPT services to older people. Materials have been distributed to all GPs and Age UK centres and supporters. We ask IAPT services to distribute materials to libraries, luncheon clubs, bowls clubs and other places that older people might get to see information about their IAPT service in their own localities.	IAPT Services
Contact local Age UK centres to see if you can work with them to increase referrals from older people	IAPT Services
Ensure that local IAPT services are able to provide home visits as many older people may have mobility issues that mean it is difficult for them to come to your premises for treatment	IAPT Services
Continue to monitor the equality of access, outcome and experience of older people's use of IAPT services	IAPT Programme
Continue to work with Age UK to promote IAPT services to older people	IAPT Programme

Ethnicity – rates of referral

| Ethnic group	Referrals Received 2014/15	Referrals Received 2015/16
Asian or Asian British (Includes all)	4.77%	5.1%
Black or Black British (Includes all)	2.91%	3.06%
Mixed - Any Other Mixed Background	2.25%	2.39%
Other Ethnic Groups - Any Other Ethnic Group	1.28%	1.39%
Chinese	0.21%	0.22%
White - Any Other White Background	4.31%	4.28%
White - British	83.45%	82.83%
White - Irish	0.82%	0.79%

Ethnicity Actions

NHS England

Action	By Whom
Ask IAPT providers to supply activity and outcome data for BME take up of IAPT services. This data should be compared with local population data to see if the IAPT service is meeting the needs of the local population. The following data would be useful to collect broken down by ethnicity: • The numbers of people referred for treatment • The numbers of people entering treatment • The numbers of people completing treatment • The numbers of people reaching recovery	Mental Health Commissioners Clinical Networks
Monitor the performance of their IAPT services in meeting the needs of their communities. IAPT services should be held to account for their performance in ensuring that people from black and minority ethnic communities are getting equitable access, outcome and experiences from IAPT services.	Mental Health Commissioners Clinical Networks
Look to incentivise IAPT services to engage more people from BME communities	Mental Health Commissioners
Ensure high levels of data completion of ethnicity data. In 2015/16, 9.4% of IAPT clients did not have valid ethnicity data recorded.	IAPT Providers
Ensure that you have up to date and accurate ethnicity data for the area you serve to act as a benchmark.	IAPT Providers
Ensure that your IAPT service undertake outreach activity to engage people from BME communities. Faith groups and ethnic minority community groups are a useful starting point.	IAPT Providers
Try to ensure that your IAPT workforce reflect the demography of your local population, try to recruit workers who will help your staff group reflect the local community	IAPT Providers
Do not assume that any client will want to be seen by someone from their own community. This is not necessarily the case. Ask the client what they require and respond to their needs	IAPT Providers
If you are using interpreters in your service, ensure that you train your interpreters to understand the language and processes of therapy. Also ensure that you train your IAPT therapists to use interpreters effectively.	IAPT Providers
Continue to monitor the equality of access, outcome and experience of people from black, Asian and minority ethnic communities use of IAPT services	IAPT Programme
Ensure that the Good Practice Case Studies, on the barriers to BME communities using IAPT services and how these have been overcome to improve both access and outcomes, is widely disseminated to IAPT services and mental health commissioners through Clinical Networks	IAPT Programme

2016 conference - What do the national IAPT team's priorities look like for services?

- Improving the quality of services – improving and sustaining the recovery rate, addressing variability, improving the outcomes for people using services in the perinatal period, improving choice of treatments in services

  - ❖ Perinatal Mapping Exercise Q4 16/17
  - ❖ Recovery rate met for first time January 2017 nationally
  - ❖ Working with clinical networks to address variation
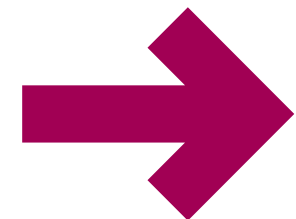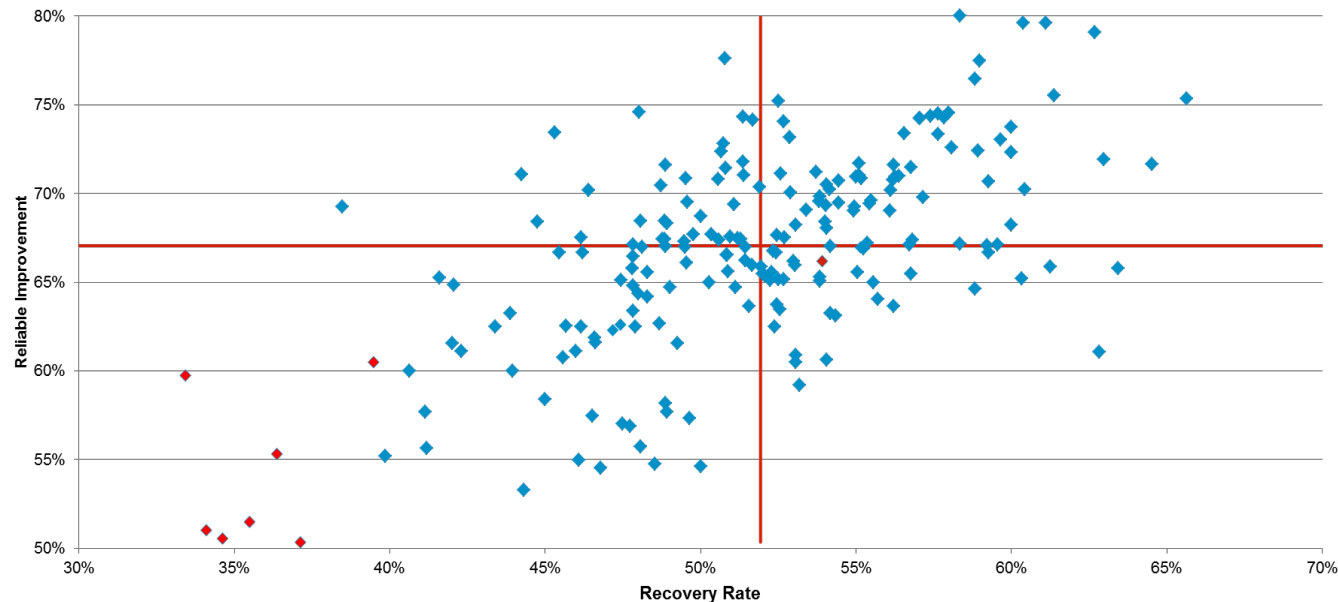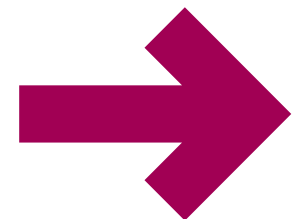
Improving quality and reducing variance

NHS England

NICE National Institute for Health and Care Excellence

## The Improving Access to Psychological Therapies Manual

Commissioned by NHS England

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

2016 conference - What do the national IAPT team's priorities look like for services?

- Improving the productivity of services – starting with encouraging appropriate use of digital services.

  ❖ James Woollard to present on Digital work streams and use of digital methods of delivering NICE approved evidence based treatments
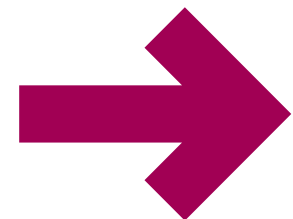
2016 conference - What do the national IAPT team's priorities look like for services?

- Supporting the implementation of activity and outcomes based payment in IAPT

  ❖ National Tariff – activity and outcomes-based payment in IAPT from April 2018

- **Policy objectives**
  FYFVMH - Recommended payment system that will increase transparency in the payment system and support improvements by linking payment to quality and outcome measures
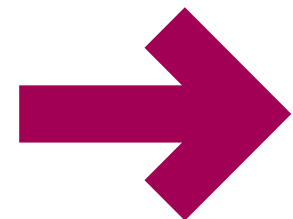
- **2017/19 National Tariff**
  Local pricing rule 8 requires:
  - the adoption an outcomes-based payment approach
  - use of the 10 national outcome measures collected in the IAPT data set

 Work jointly led by NHS England and NHS Improvement

  FAQs are being developed

  All services must be clustering patients now to establish a baseline and develop a local tariff
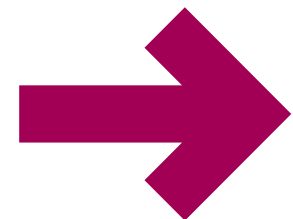
2016 conference - What do the national IAPT team's priorities look like for services?

- Improving the sustainability of the IAPT workforce

  ❖ Recruitment of Workforce Wellbeing Project Manager – Rebecca Minton

  ❖ Scoping the work done so far

  ❖ Literature Review

  ❖ Working with HEE

  ❖ Wellbeing and sustainability section in IAPT Manual (NCCMH EBTP)
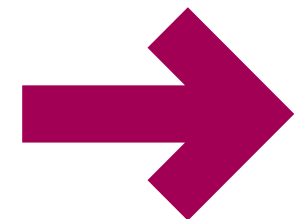
2016 conference - What do the national IAPT team's priorities look like for services?

- Designing and developing with local areas new integrated IAPT service models and business cases to support their spread – in both primary and secondary care.

  - **FYFV Commitments: Integrated IAPT services**

    - Two thirds of expansion, by 2020/21, to be 'Integrated IAPT' services – integrated with physical health pathways for people with long term conditions or distressing and persistent medically unexplained symptoms.

    - In **2016/17** and **2017/18**: Early Implementers supported centrally

Lessons from the research literature and IAPT to date: why integrate?

LTCs

- People with depression and/or anxiety disorders who also have LTCs are already being seen in IAPT but have been under-represented

- Treating mental health problems reduces physical **health care costs by around 20%** and mainly pays for itself (Layard & Clark, 2014). Local example: Hillingdon & COPD.

- **Best outcomes** are achieved with adapted treatments that take into account the LTC and are embedded in its care pathway (LTC Pathfinder Results).
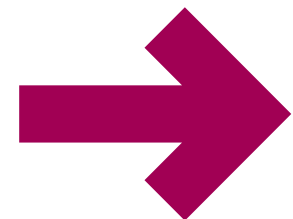
Lessons from the research literature and IAPT to date: why integrate?

MUS

- Medically unexplained symptoms are common. Individuals with persistent and distressing MUS can be severely disabled and are frequent users of the NHS

- RCTs have shown that psychological therapies are effective. The therapies are mainly based on CBT principles and build on the core competencies of the IAPT workforce but include additional procedures

- Engagement in treatment can be a challenge, many of the key principles have already been touched upon in HI training of health anxiety and panic disorder: e.g. positive evidence for psychological modulation, using the right terms (symptom management)
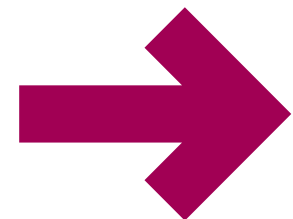
Lessons from IAPT programme, including LTC/MUS: data is critical

NHS England

- Getting outcome data on *everyone* is critical. It helped core IAPT go from 38% recovery (2009) to 51% now.

- LTC/MUS pilots fell below this standard – important to integrate data into business as usual (session by session, data view in every supervision, IT system support, digital input).

- Integrated services need to collect some additional data on the perceived impact of the LTC and healthcare utilization (e.g. CSRI)

- Important to be clear from the beginning about what to collect, when, why, and how data completeness is monitored.

IAPT-LTC Definition

NHS England

What defines an Integrated IAPT service?

An integrated service will expand access to psychological therapies for people with long term health conditions or MUS by providing care genuinely integrated into physical health pathways working as part of a multidisciplinary team, with therapists, who have trained in IAPT LTC/MUS top up training, providing evidence based treatments collocated with physical health colleagues.
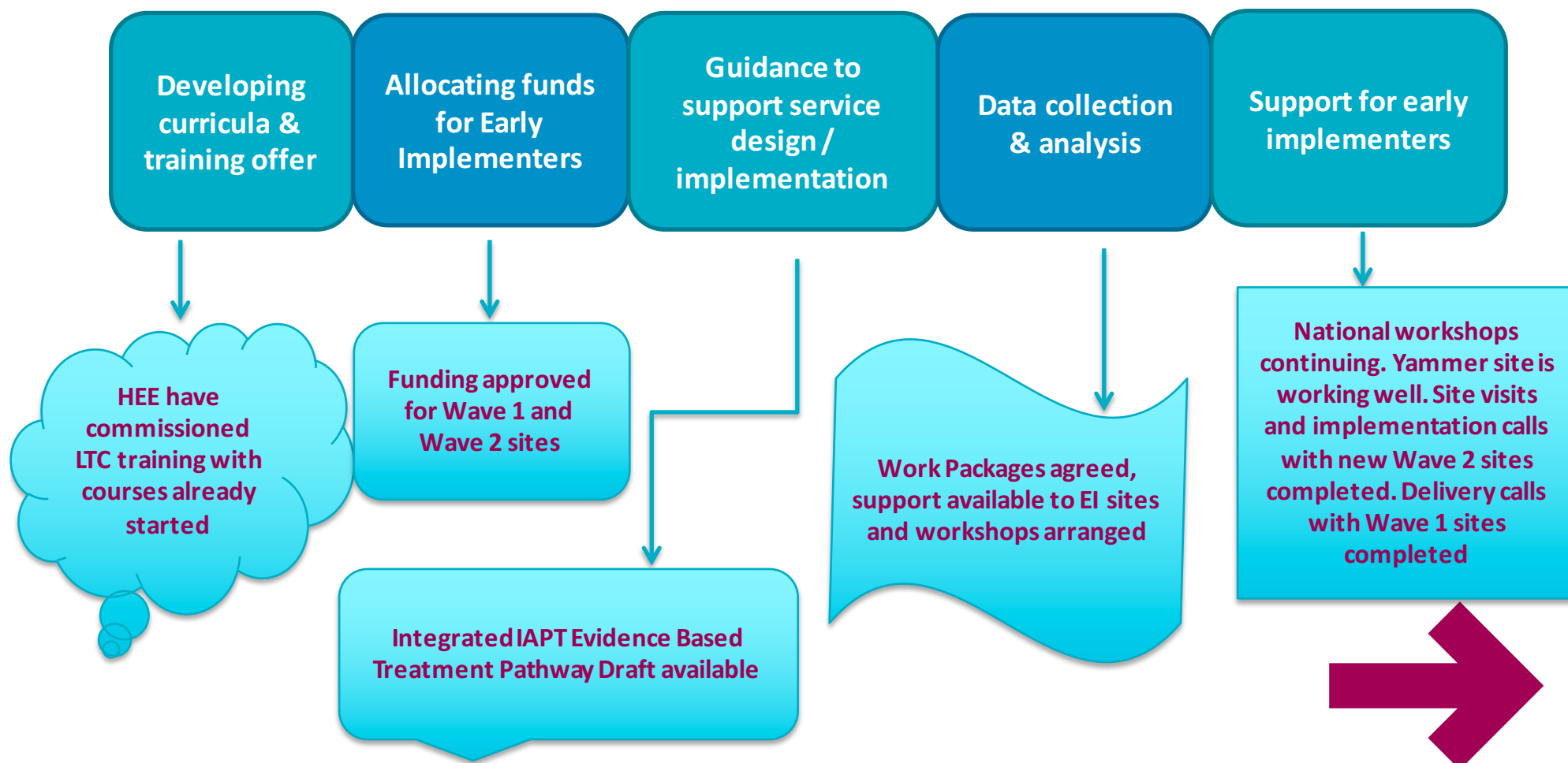
It is important to keep this definition in mind when setting up your integrated service. It may be that, in the beginning, all these requirements are not met. However, you should be aiming for a service model which satisfies all 3 of the criteria above.

IAPT EI Programme

NHS England
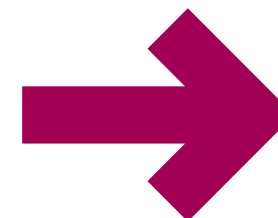
Working with 22 areas covering 30 CCG's in Wave 1 (started from January 2017), with further 15 areas covering 38 CCG's in Wave 2 (started from April 2017)

Components of expansion programme:

Developing curricula & training offer	Allocating funds for Early Implementers	Guidance to support service design / implementation	Data collection & analysis	Support for early implementers

HEE have commissioned LTC training with courses already started

Funding approved for Wave 1 and Wave 2 sites

Integrated IAPT Evidence Based Treatment Pathway Draft available

Work Packages agreed, support available to EI sites and workshops arranged

National workshops continuing. Yammer site is working well. Site visits and implementation calls with new Wave 2 sites completed. Delivery calls with Wave 1 sites completed

www.england.nhs.uk

Learning from process so far

- There is enthusiasm in providers and CCGs to develop integrated services, and there are examples of services that are already providing psychological therapies in this way

- Joint working across NHS England national and regional teams, HEE, and the MH IST has strengthened the process and results from early implementers

- The financial context means some EI areas have had concerns about financial risk – for instance taking on staff – despite a strong savings case on integrated psychological therapies

- National direction is to support areas to make the case for the programme – the publication of the implementation plan helped in making clear direction of travel.
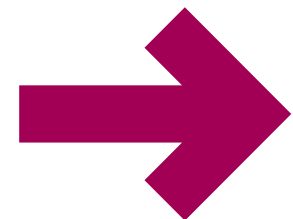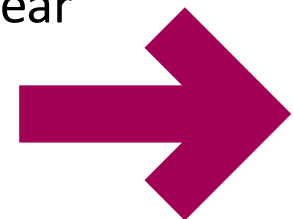
Learning from EI's- Commissioners

- Start early! Engagement, relationships and development of pathways does take time

- Develop a good implementation plan which is co-produced, has both physical and mental health input along with service user collaboration

- Think about future proofing the investment whilst developing the implementation plan, how local evaluation evidences savings

- When developing pathways, carefully consider local nuance – where lends itself to integrated working? What do the Right Care packs show?

- Mapping exercise to prevent duplicate commissioning- what is commissioned from the physical care envelope
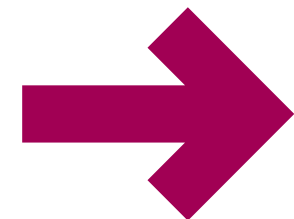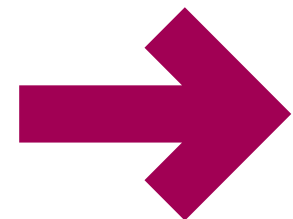
Learning from EI's- Commissioners (2)

- Ensure there is clarity re the distinctions between IAPT LTC, Liaison Psychiatry and health psychology, and that the pathways between all three are clear

- Link in with existing work streams in physical health

- Can you make this work across the STP/ vanguard

- Use a patient focus group

- Use GP champions

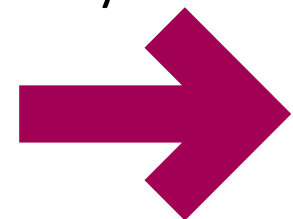- Consider what the GP priorities are in terms of conditions

Learning from EI's- Providers

- Start early- Engagement, relationships and development of pathways does take time

- Make links top down and bottom up

- Cast your net widely

- Don't underestimate the important of publicity and marketing- start this early too

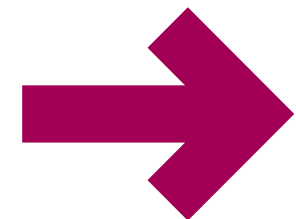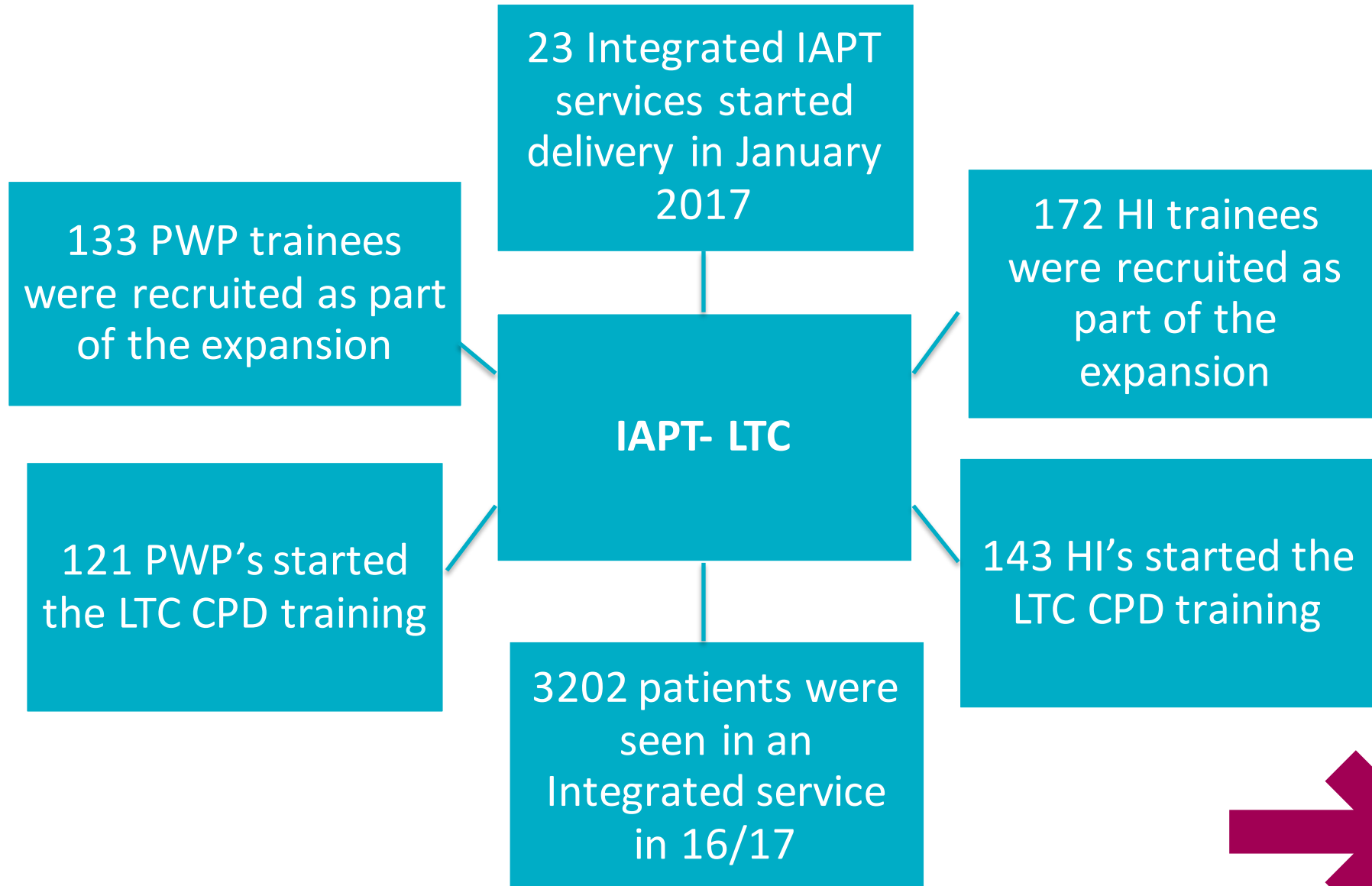- How should you brand your service to appeal to the target audience
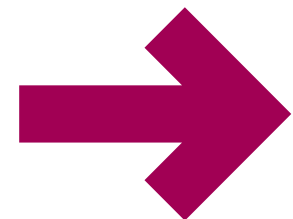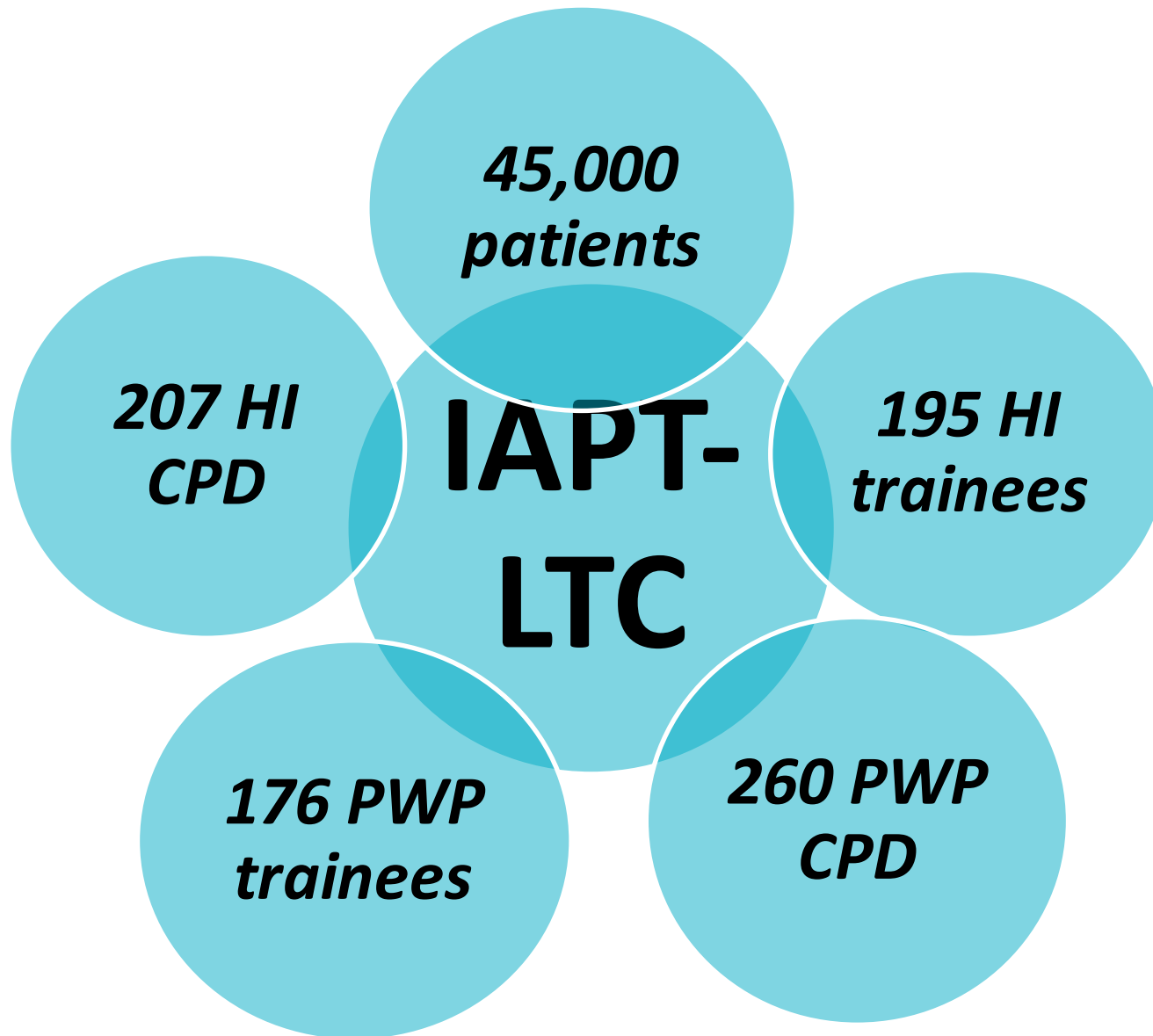
Learning from EI's- Providers (2)

- Do you need to use alternative language

- Do you need to train PHC staff

- Can you dual train practitioners

- Be clear on the design - NOT signposting- need integration and co-location

- Need to think about how to "sell" this to physical health colleagues to demonstrate the benefits

- Designing the pathway so that the service can catch people when they are first diagnosed rather than further down the pathway

Headline figures for 16/17

NHS England

23 Integrated IAPT services started delivery in January 2017

133 PWP trainees were recruited as part of the expansion

172 HI trainees were recruited as part of the expansion

IAPT- LTC

121 PWP's started the LTC CPD training

143 HI's started the LTC CPD training

3202 patients were seen in an Integrated service in 16/17

Plan for 17/18

NHS England

45,000 patients

207 HI CPD

IAPT-LTC

195 HI trainees

176 PWP trainees

260 PWP CPD

NHS Operational Planning and Commissioning Guidance 2017-2019

NHS England

- Ensure local workforce planning includes the number of therapists needed and mechanisms are in place to fund trainees.

- From **2018/19**, commission IAPT services integrated with physical healthcare and supporting people with physical and mental health problems.

NHS Operational Planning and Commissioning Guidance 2017-2019
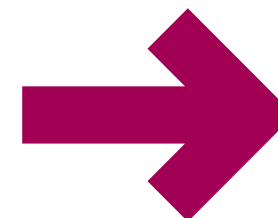
NHS England
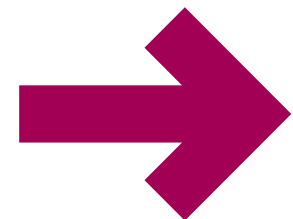
- Overall planning of workforce should include increasing the numbers of therapists co-located in general practice by 3000 by 2020/21.

- HUGE thanks to Mayden for their help with baselining
  - We are calculating each CCG's share of the additional 4,500 therapists and the 3,000 MH therapists in primary care
  - This is based on simplistic assumptions using prevalence
  - We will share these with regions and use them a starting points for refinement based on local intelligence
  - This will be an iterative process

In wave 1 352 additional practitioners started working in primary care as a result of the expansion
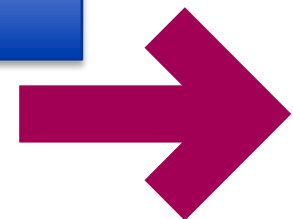
Ensuring Rollout

- Commissioning IAPT-LTC events in every clinical network

- Suite of guidance produced

  - FAQs

  - Evidence Based Treatment Pathway

  - Developing the business case document

  - "How To" guide

  - Local evaluation guide – evidencing savings

  - Data handbook