



Report of Executive Member, Health and Social Care

Meeting of	Date	Ward(s)
Executive	4 January 2018	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Effectiveness of improving access to psychological therapies (iapt) services – Executive Member’s response to the Health and Care Scrutiny Committee recommendations

1. Synopsis

1.1 On 23rd November 2017 the Executive received a report from the Health and Care Scrutiny Committee which considered local arrangements for accessing Improving Access to Psychological Therapies (IAPT) services and the effectiveness of these services in helping people recover from mental health conditions. The Scrutiny Committee’s recommendations are directed towards other organisations in addition to Islington Council, including Islington Clinical Commissioning Group (ICCG) and Camden and Islington NHS Foundation Trust (CIFT). The recommendations set out a range of measures to be taken by these organisations to improve the effectiveness of IAPT services. This report summarises the Executive’s response to that report and those recommendations.

2. Recommendations

2.1 To approve the actions being taken forward to address the recommendations of the Health and Care Scrutiny Committee’s review of the effectiveness of IAPT services.

3. Background

3.1 In September 2016 the Health and Care Scrutiny Committee commenced a review of IAPT services in Islington to understand local arrangements in accessing IAPT and similar

services, and the effectiveness of these services in helping people recover from mental health conditions.

3.2 The objectives of the scrutiny review were:

- To understand current arrangements and mechanisms for accessing IAPT services
- To review waiting times for IAPT services
- To assess the effectiveness of IAPT services
- To feedback the findings of the scrutiny to providers
- Publicity and awareness of the service

3.3 The Committee formulated a set of recommendations which are intended to assist in improving the effectiveness of IAPT services and access for patients. The Committee acknowledged the positive work that is already underway across Islington IAPT services and other talking therapy services delivered by the voluntary sector. Their recommendations seek to build on this foundation to further improve patient access to psychological therapy treatments for depression and anxiety disorders.

4. Response to the Recommendations

4.1 Improving access to psychological therapies for Islington residents is particularly important given the high rates of mental health issues in comparison to other London boroughs and nationally. The Executive welcomes the Health and Care Scrutiny Committee's review and recommendations on IAPT services, and thanks the Committee for its hard work, its final report and for the collaborative way in which the review was conducted.

Whilst the review's recommendations are predominantly directed towards NHS partners, the Council will work actively with partners as necessary to support implementation, as set out below in section 4.2.

4.2 Response to individual recommendations

4.2.1 Recommendation 1

Given the target for access to treatment is set to increase to 25% from the current target of 15%, as part of the 5-year plan for Mental Health, commissioners, the Council and the CCG should look to build on any opportunities to access additional funding from National Health Service England, as it becomes available, and to press for funding to be increased pro-rata across the service to support future delivery of the service in line with the Five Year Forward View.

Response:

The Council and CCG recognise that these targets are a stretch within current funding levels. However the CCG has limited influence over the amount of funding allocated to Islington services, as this is set nationally by NHS England. NHS England have made some additional funding available, to which Islington and Haringey CCGs made a successful. It is time limited funding for 17/18, however the CCG is committed to continue this funding should positive milestones and positive outcomes be achieved. This

extension of the IAPT service specifically focuses on supporting people with long-term conditions; diabetes or Chronic Obstructive Pulmonary Disease (COPD) (respiratory illness).

Joint commissioners will seek to access any additional funding opportunities from NHS England that become available and to exploring new approaches to service delivery to strive towards meeting the new targets.

4.2.2 Recommendation 2

Work should continue to increase the focus on supporting people with long term conditions or medically unexplained systems, as well as supporting people into employment.

Response:

A joint bid was successfully submitted by Islington and Haringey CCGs to support the development of an Integrated IAPT Service for long term conditions, as outlined above.

The one-year funding from NHS England will support Islington and Haringey IAPT services to develop an offer to support people with diabetes and/or COPD, whose physical needs are met either through primary care, or Whittington Health community and acute services. This new 'Integrated IAPT Service' will be delivered in addition to the core local IAPT offer already available in each borough. The long term aim of the service would be to expand into other health conditions including medically unexplained conditions.

Islington CCG leads a specialist employment support trial for people with long term conditions that specifically includes those in receipt of IAPT services, funded by NHS England. In addition we have locally commissioned employment services for people with mental health conditions, including the Mental Health Working service delivered by Remploy.

The Mental Health Working service is commissioned by Islington Council to provide specialist employment support to people with mental health conditions to move into training, education, employment or volunteering and offers support to those who are already in work, to help them remain in employment.

4.2.3 Recommendation 3

Whilst the performance of Improving Access to Psychological Therapy services in Islington has met its targets for 2015/16 in relation to access and 18 week waiting times, the performance of other Clinical Commissioning Groups in the North Central London area, particularly in Haringey, exceed that of Islington in a number of areas. The Committee suggests Haringey's performance be used as a driver for improvement with sharing of best practice pursued to achieve this target.

Response:

iCOPE Islington currently has a Service Development and Improvement Plan (SDIP) in place which is an NHS tool outlining key actions required to deliver improved access rates. Commissioners will continue to monitor progress of actions at quarterly contract monitoring meetings and continue to work actively with the service to ensure 2017/18

and 2018/19 access targets are met. The service is currently on track to meet the access rate target for 2017/18.

Commissioners will also facilitate the sharing of best practice between Haringey and Islington IAPT services and work with the iCOPE service to identify how Islington can implement best practice from Haringey and other NCL boroughs.

4.2.4 Recommendation 4:

The recovery rate for ICOPE has risen each year, but is still below the target of 50%. Whilst an action plan is in place to address the poor performance against recovery levels, this is an area that needs improvement. The Committee recommends that the action plan is reviewed, and that best practice be shared with other boroughs to try to improve recovery rates.

Response:

The iCOPE Islington service has met the 50% recovery rate target for quarter two and we expect continued improvement over 2017/18. Commissioners will continue to review the Service Development and Improvement Plan with iCOPE to ensure continued progress in this area and will facilitate the sharing of best practice with other high performing boroughs within the North Central London footprint. iCOPE also has a working group that meets regularly specifically to review recovery rates and actions needed to address this.

4.2.5 Recommendation 5

All service users using the ICOPE service be encouraged and supported to complete Family and Friends patient experience questionnaires, and provide comments in relation to their experience of the service.

Response:

It is the responsibility of the iCOPE service to ensure that all service users are encouraged and supported to complete the patient experience questionnaire. Commissioners will review this with CIFT to ensure that this is being actioned. In addition to the Family and Friends questionnaire, there are a number of other ways that service users can feed into the development of the service which Camden and Islington Foundation Trust facilitate.

4.2.6 Recommendation 6

Given the under representation of Hard to Reach and Black, Minority, Ethnic Refugee groups in accessing mental health services, alternative methods of advertising and accessing the service be pursued.

Response:

Action to target under-represented groups and professionals who have contact with these groups is identified within the Service Development and Improvement Plan for improving access rates and there is a plan for this targeted work as part of the IAPT communications strategy. Commissioners will continue to work with iCOPE to ensure these actions are delivered and that alternative methods of advertising and accessing the service are explored as part of this work.

In addition Islington Council and CCG commission specific voluntary sector services to help improve accessibility for BMER communities. Commissioners are working with these services to ensure that their activity and outcomes can be added to the official IAPT data set.

4.2.7 Recommendation 7

Given that many service users experience long waiting times, the service needs to develop some form of interim support for those on waiting lists.

Response:

National waiting time targets are met and often over achieved. However commissioners will discuss options with CIFT to support individuals who are on the waiting list and the iCOPE service will need to investigate these options. This includes the use of online support and interim phone support, and self-help tools.

4.2.8 Recommendation 8

It has been suggested that there is a particular shortage of Turkish speaking therapists. The service provider should attempt to improve recruitment for this community group.

Response:

Camden and Islington NHS Foundation Trust (CIFT) could undertake targeted recruitment when filling current vacancies. Commissioners will discuss this with CIFT to ensure this is explored as part of ongoing contract monitoring.

Islington Council also commissions a non-IAPT talking therapies service, which includes three targeted services for Black, Minority Ethnic and Refugee (BMER) communities, Child Sexual Abuse and Domestic Violence (CSA/DV) and bereavement. This complements the existing IAPT provision and supports an increase in access to psychological therapy for identified under-represented communities. This service provides access to therapists with a range of language skills, including Turkish speaking and enables individuals to overcome cultural barriers by matching service users to therapists with the same background.

4.2.9 Recommendation 9

In order to enable equality of access to the services more after-work appointments should be made available. Efforts should be made to locate these appointments in non-National Health Service (i.e. community) premises, as there is an element of stigma attached to attending a National Health Service building for mental health treatment.

Response:

Whilst evening appointments are currently offered by iCOPE, Commissioners will discuss options with CIFT, around the after-work appointment offer to ensure provision meets demand and access is equitable for people who work full time. Commissioners will also be exploring with CIFT the potential to use community venues for evening appointments as part of a wider piece of ongoing work exploring venue options for the service.

IAPT services are intended to be closely aligned with primary care and therefore it is appropriate that appointments are offered in NHS locations such as GP surgeries. The provider has raised issues through contract monitoring meetings in terms of being able to access community premises and limited availability of venues in the borough. Commissioners will continue discussions with the service to explore how this can be addressed.

4.2.10 Recommendation

Action to be taken to identify and address the reporting inaccuracies identified in the locally and nationally published data for 2015/16 and ensure that this is more accurate in future. Efforts should be made to address the need for more comprehensive information in relation to ethnicity data when accessing the service.

Response:

A Service Development and Improvement Plan (SDIP) is in place to address and improve iCOPE data discrepancies. Good progress has been made to date and commissioners will continue to monitor this plan with the service to ensure actions are delivered and data accuracy continues to improve.

As part of the SDIP a number of actions have already been undertaken by the iCOPE Islington service including the following:

- An ongoing monitoring programme has now been established. Discrepancies are discussed in quarterly contract monitoring meetings and are monitored internally. Discrepancies on important KPIs have been observed to be declining consistently.
- Ongoing training within Islington has been implemented. This resulted in a coding protocol to assist clinical staff to accurately code contacts early to mitigate the need to retrospectively correct errors. Feedback to individual clinicians and managers has been implemented. iCOPE have also requested that any change that is needed clinically/legally but could affect sealed data is flagged to the data lead.
- Ongoing meetings between iCOPE and IT have been undertaken to ensure clarity on data collection and time points and efficiency in data extraction, processing and submission of NHS Digital data. A process of checking data at various submission points is being developed and this includes accessing Open Exeter data files to identify where discrepancies may exist.
- A number of important features have been identified to minimise false reporting of data and to ensure data is of a quality to allow minimization of error thus minimising record rejection at NHS Digital.
- A regular checking system of clients who have attended two treatment appointments has been implemented by iCOPE. This involves informing therapists to check at this time point to ensure data quality is appropriate early in a therapeutic trajectory, to minimise identifying errors later.
- Ongoing discussions between the iCOPE service and London clinical network services team to ensure the service is using the best methods to minimise data discrepancies. A visit to Hammersmith IAPT service (identified as reducing the discrepancy dramatically) has been undertaken to share good practice.

In relation to addressing the need for more comprehensive ethnicity data when accessing the service, iCOPE Islington are rolling out a new system for self-referred patients to complete demographics data online at the point of self-referral. The questions were co-designed by service users and this will be going live by the end of 2017. Commissioners have also asked CIFT to confirm with NHS England around how ethnicity data is grouped in order that data is clear and can be compared to the ethnicity of the local populations.

5. Implications

5.1 Financial implications

No financial implications are identified.

This paper provides an update and response on actions to address previous recommendations.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore do not create a budget pressure for the Council, CCG and partner organisations.

5.2 Legal Implications

Part 1 Section 1 of the National Health Services Act 2006, requires the Secretary of State to promote the provision of a comprehensive health service designed to secure the improvement of the physical and mental health of people in England and the prevention, diagnosis and treatment of illness.

Section 1 of the Care Act 2014 requires local authorities to promote an individual's 'well-being'. 'Wellbeing' includes physical and mental health as well as the emotional well-being of the individual.

5.3 Equalities Impact Assessment

The Equality Act 2010 places an obligation on the Council to have due regard to:

- a) eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- b) advancing equality of opportunity between people who share a protected characteristic and those who do not; and
- c) fostering good relations between people who share a protected characteristic and those who do not.

There are no negative impacts identified upon those who share a protected characteristic, in relation to the recommendations and actions identified within this report.

The recommendations and actions outlined in this report provide additional opportunities for advancing equality of opportunity for people who share a protected characteristic, in particular Black Asian Minority Ethnic and Refugee groups.

5.4 Environmental Implications

There are no major environmental implications associated with the actions or recommendations detailed in this report.

6 Conclusion and recommendations

The Executive is asked to note the actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of IAPT services.

Appendices: None

Background papers: None

Signed by Executive Member, Health and Social
Care



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