



Report of: Service Director – Adult Social Care Strategy and Commissioning

Meeting of:	Date	Ward(s)
Health & Care Scrutiny Committee	9 October 2018	All

## **SUBJECT: Effectiveness of improving Access to Psychological Therapy (IAPT) Services – 12 months service update to the report of the Health and Care Scrutiny Committee**

### **1. Synopsis**

- 1.1 On 23<sup>rd</sup> 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. Subsequently on 4<sup>th</sup> January 2018 the Executive agreed its response to the recommendations set out in the scrutiny report. This report updates the Health & Care Scrutiny Committee on progress with the recommendations agreed by the Executive

### **2. Recommendations**

- 2.1 To note the progress made set out in paragraph 4 of this report.

### **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 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, particularly those from black minority ethnic and refugee groups. 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. Recommendations and Service Update**

### **4.1 Recommendation 1 – Access to funding**

**NHS England sets CCGs a range of targets in relation to IAPT these include an access rate to treatment, which relates to a percentage of the local population who are estimated to be experiencing mild to moderate anxiety or depression. This access rate to treatment has been set to increase to 25% of the estimated population being in treatment, from the current target of 15% [16/17]. This is part of the 5-year plan for Mental Health, known as the Five Year Forward View. The Council and Islington Clinical Commissioning Group (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.**

#### **4.1.1 Response to Recommendation 1:**

The Council and CCG recognise that reaching these targets is not feasible within current funding, 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 begun to make some additional funding available, but with a specific focus on supporting people with long-term conditions. Islington and Haringey have been successful in obtaining additional IAPT funding which is being used specifically to support people with diabetes or COPD (respiratory illness). Joint commissioners will seek to access any additional funding opportunities from NHS England that become available.

#### **4.1.2 Service Update – September 2018 to Recommendation 1**

Following the NHS England bidding round for increased access to IAPT for long term conditions, where Islington submitted a successful bid as outlined above, the pilot funding from NHSE has now ended and the funding is now made from the CCG. The CCG is responsible for ensuring that the access rates for IAPT increase in line with the Five Year Forward View trajectories. Funding is not ring-fenced within the CCG budget however, there is a commitment to invest in this area and IAPT is on target to achieve the 19% access rate required for 18/19.

### **4.2 Recommendation 2 – Supporting people with LTC and employment support**

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

#### **4.2.1 Response to Recommendation 2**

A joint bid was successfully submitted by Islington and Haringey CCGs to support the development of an Integrated IAPT Service, supported by a range of providers including:

- Camden and Islington NHS Foundation Trust
- Whittington Health NHS Trust
- Tavistock and Portman NHS Foundation Trust

- GPs

The service went live in summer 2017 and implementation meetings are taking place monthly, including commissioner and clinical input from across Haringey and Islington.

The one-year funding from NHS England will support Islington and Haringey IAPT services to develop an offer to support people with type 1 or type 2 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 new service offer will initially focus on people with diabetes, with the intention to expand to include people with COPD once the model has been tested.

It is not a primary aim of IAPT services to support people into employment however there are specialist services within the borough which the Islington IAPT service can refer to specifically to support people with mental health problems into employment, 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.

#### 4.2.2 **Service Update – September 2018 to Recommendation 2**

The new IAPT service for Long Term Conditions Service is continuing to be funded as business as usual. The referral sources for the service are being expanded from Autumn 2018 to include cardiac care and musculoskeletal conditions (the service has initially focussed on people with diabetes and/or COPD).

It is a high priority of the Council to support people with poor mental health into employment as this improves both mental well-being and individuals' financial situation. The Council is currently reviewing the mental health employment offer with a view to re-procuring the service. This is to ensure the new service meets the needs of people with mental health needs and there is a more joined up relationship with Islington IAPT. It is anticipated this will go out to procurement in November 2018. IAPT also has a presence in job centre plus.

### 4.3 **Recommendation 3 – Improving access rates**

**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 (NCL) 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.**

#### 4.3.1 **Response to Recommendation 3**

IAPT Islington currently has a Service Development and Improvement Plan (SDIP) in place [17/18] 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 to identify how Islington can implement best practice from Haringey and other NCL boroughs.

#### **4.3.2 Service Update – September 2018 to Recommendation 3**

Islington IAPT achieved an 18% access rate for 2017/18, which exceeded the 16.8% access target. The service is on track to meet the 2018/19 NHSE treatment plan target of 19% access rate by March 2019. It is also achieving the national 50% recovery rate target following treatment.

Commissioners regularly meet with commissioners across NCL to share good practice and learning. For example there is now more targeted promotion of IAPT to specific demographic groups, such as older people, and younger people, and those with long-term conditions as mentioned above where benefits have been achieved in other areas.

#### **4.4 Recommendation 4 – Improving recovery rates**

**The recovery rate for IAPT 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 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.**

##### **4.4.1 Response to Recommendation 4**

The Islington service has met the 50% recovery rate target for quarter two [17/18] and we expect continued improvement over 2017/18. Commissioners will continue to review the Service Development and Improvement Plan with IAPT 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. IAPT also has a working group that meets regularly specifically to review recovery rates and actions needed to address this.

##### **4.4.2 Service Update – September 2018 to Recommendation 4**

The Islington IAPT Service met the 50% recovery rate target for 2017/18 (50.34%) and the recovery rate for quarter 1 2018/19 is 53%.

#### **4.5 Recommendation 5 – Completion of Family and Friends questionnaires**

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

##### **4.5.1 Response to Recommendation 5**

It is the responsibility of the IAPT 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.

##### **4.5.2 Service Update – September 2018 to Recommendation 5**

The current completion rate of Family and Friends questionnaires is approximately 20% (which is comparable with other NHS services). In addition to the Family and Friends questionnaire, at the end of treatment clinicians invite patients to provide feedback via the Patient Experience Questionnaire (PEQ).

Feedback from service users is now a standing item as part of quarterly contract monitoring meetings, whereby CIFT discuss with commissioners any feedback they compile from PEQs, Friends and Family Test and complaints reports. Commissioners are currently working with CIFT

to implement attendance from an IAPT Service User Advisory Group (SUAG) representative at quarterly contract monitoring meetings, in order to establish a feedback loop between the monitoring process and the SUAG. Commissioners will now be attending the SUAG bi-annually.

#### **4.6 Recommendation 6 – Increasing reach to BAME groups**

**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.**

##### **4.6.1 Response to Recommendation 6**

Actions to target underrepresented 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 IAPT to ensure these actions are delivered and that alternative methods of advertising and accessing the service are explored as part of this work.

##### **4.6.2 Service Update – May 2018 to Recommendation 6**

The demographics of patients using the IAPT Service closely matches the local borough demographics. However, in order to increase this IAPT is promoted at external community events, such as the Finsbury Park Mosque community day and Manor Gardens open-day. Islington Council also commissions counselling services which specifically target Black, Minority Ethnic and Refugee (BMER) communities, Child Sexual Abuse and Domestic Violence survivors (CSA/DV) and bereavement, who may be less willing to attend traditional IAPT services.

#### **4.7 Recommendation 7 – Managing waiting lists**

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

##### **4.7.1 Response to Recommendation 7**

Commissioners made a similar observation around waiting times as part of contract monitoring and are in the process of benchmarking this to other IAPT services, and will continue to raise with CIFT. Commissioners will discuss options with CIFT to support individuals who are on the waiting list and IAPT will need to investigate these options. This includes the use of online support and interim phone support, information that's received for self-referrals and self-help tools.

##### **4.7.2 Service Update – May 2018 to Recommendation 7**

The median wait time in quarter one 2018/19 (April to June) was 21 days, between referral and first appointment described as treatment. Any person for whom low intensity support, such as online or self-help tools, is suitable are offered this as an intervention. IAPT meets and exceeds national waiting list targets.

#### **4.8 Recommendation 8 – Access to Turkish-speaking therapists**

**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.**

##### **4.8.1 Response to Recommendation 8**

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.

#### **4.8.2 Service Update – May 2018 to Recommendation 8**

CIFT continue to actively recruit those who speak other languages commonly used within the local community. The service has in the past employed a number of Turkish speaking members of staff who have subsequently moved on to further training and career progression. The Council's BMER service does have Turkish speaking counsellors.

#### **4.9 Recommendation 9 – Access to after-work appointments**

**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.**

##### **4.9.1 Response to Recommendation 9**

Whilst evening appointments are currently offered by IAPT, 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.

##### **4.9.2 Update – September 2018 to Recommendation 9**

CIFT have increased out of hours appointments by 50% at both clinics North and South of the borough. IAPT Islington deliver initial assessment sessions in the Archway Job Centre Plus and some therapy groups are delivered from local libraries.

#### **4.10 Recommendation 10 – Reporting inaccuracies**

**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.**

##### **4.10.1 Response to recommendation 10**

A Service Development and Improvement Plan (SDIP) is in place to address and improve IAPT 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 IAPT 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. IAPT 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 IAPT and CIFT 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 IAPT. 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 IAPT 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, IAPT 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.

#### **Update – September 2018 Recommendation 10**

4.10.2

The discrepancy between local and NHS Digital national data, has reduced significantly, and is now negligible (less than 1%). Key discrepancies continue to be discussed at quarterly contract monitoring meetings. CIFT have developed a process of checking data at various submission points, including accessing Open Exeter data files to identify where discrepancies may exist.

Ethnicity and nationality data is routinely captured by IAPT.

## **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 Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

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 Impact Assessment:**

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

# **6. Conclusion and reasons for recommendations**

- 6.1** This report details the Service Updates to the recommendations of the Health and Care Scrutiny Committee.

## **Final report clearance:**

### **Signed by:**

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Date: 20th September  
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