

Islington Health Scrutiny Committee, 17 November 2016

Islington IAPT Services

1. Introduction

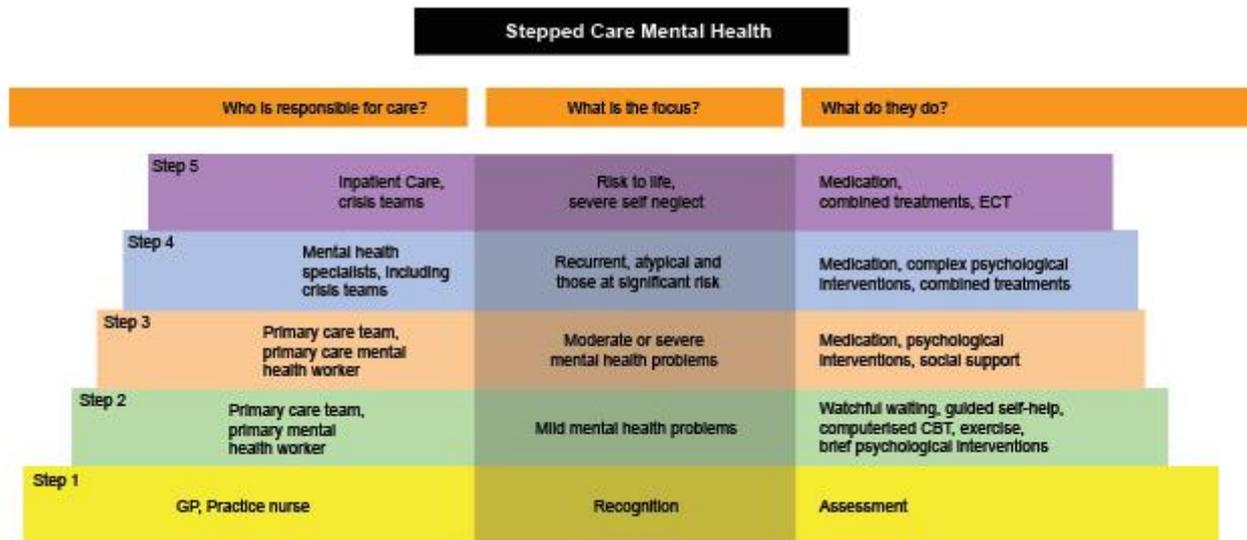
- 1.1. Improving Access to Psychological Therapies (IAPT) is a national programme, which aims to deliver NICE compliant treatments for adults suffering from depression and anxiety disorders (also described as 'common mental health problems').
- 1.2. The programme was rolled out nationally in 2010 to adults of all ages, with service provision commissioned by local Clinical Commissioning Groups (CCGs). In Islington, the service is delivered by Camden and Islington Foundation Trust (C&IFT), and is known locally as the iCope service. The service is open to all adults who live in Islington.
- 1.3. This report sets out the performance of the iCope service against national targets for the last three years, as well as current challenges for the service and areas of development for the future.

2. Background

- 2.1. IAPT services are based on three key criteria:
 - **Evidence based psychological therapies:** delivered by fully trained and accredited practitioners, with type and level of treatment matched appropriately to the mental health problem
 - **Routine outcome monitoring:** to enable both patient and clinician to have up-to-date information on progress made. Data is anonymised and published by NHS England to promote transparency and support service improvement
 - **Regular, outcomes-focussed supervision:** to support clinicians to continuously improve and deliver high quality care
- 2.2. IAPT services are delivered using a 'Stepped care' model. This approach seeks to deliver the minimum amount of treatment required to deliver a positive outcome (so as not to 'burden' the patient), whilst ensuring that the intensity of treatment can be increased or decreased in line with people's need and progress towards recovery (i.e. stepped up or stepped down).
- 2.3. Examples of treatments available include:
 - Cognitive Behavioural Therapy (CBT)
 - Interpersonal Psychotherapy (IPT)
 - Brief Dynamic Interpersonal Therapy (DIT)
 - Couple Therapy for Depression
 - Counselling for Depression

Local Delivery Model

- 2.4. Islington has one of the highest levels of mental health need in the country, with over 31,000 adults estimated to have depression and anxiety disorders, and higher rates of serious mental illness than the national average. The IAPT stepped care model is based on NICE guidance, and aims to support the majority of people suffering from depression and/or anxiety, whose needs fall within Step 2 or 3, as demonstrated in the diagram below:



2.5. In Islington:

- **Low intensity interventions (i.e. Step 2)** can include - guided self-help; computerised cognitive behavioural therapy (CCBT); advice and support in taking antidepressant or other psychotropic medication prescribed by GPs; psycho-educational groups; support with accessing local community resources including employment support and exercise on prescription; and pure self-help (Books on Prescription).
- **High intensity interventions (i.e. Step 3)** can include - cognitive behaviour therapy (CBT) (individual and group), interpersonal psychotherapy (IPT), behavioural couples therapy, and, for PTSD, eye movement desensitisation and reprocessing therapy (EMDR).

IAPT Plus

- 2.6. In addition, Islington CCG commissions C&IFT to deliver a 'Step 4a' service, known locally as 'IAPT Plus'. This service supports patients who present with longstanding complex problems of depression or anxiety, often associated with major adverse historical and/or current life circumstances, co-morbidities such as personality and relationship difficulties, long term physical health conditions and medically unexplained symptoms. This can include patients who are not able to yet engage elsewhere, have a lack of insight into their difficulties, are not currently motivated to engage with the 'treatment' model or who have had a significant history of previous treatment.
- 2.7. The aim of the intervention is to support the management of individuals within primary care and help people to feel more able to manage their problems and achieve personally defined goals, rather than anticipating significant clinical improvement on existing IAPT measures, i.e. many will not be expected to report having recovered, as per the clinical definition. Patients in these groups are offered a range of interventions appropriate for 'Step 4a' clients, to help support their management within primary care with additional psychological support. Interventions are offered in a variety of settings, including in a patient's home.

Referral and Assessment

- 2.8. IAPT services sit within Primary Care and can be accessed either through referral by a professional, or via self-referral, including online. Online self-referral consists of a simple form and requires minimal information i.e. GP surgery (if registered with a GP), name, date of birth, address, and information on the type of support required (if known). Individuals can also self-refer via telephone if they prefer.
- 2.9. Following referral to the service, initial assessment is carried out by a Psychological Wellbeing Practitioners (PWP), to determine whether the service is suitable for an individual. Where

possible, assessments will take place via telephone, however, face-to-face assessments are also available.

- 2.10. IAPT services have been developed to meet the needs of people with depression and/or anxiety – known as ‘common mental health problems.’ For those individuals assessed as having a level of need which exceeds that which can be met by the service, practitioners will seek to identify and refer onto a more appropriate service, including secondary care mental health services.

3. Performance

National Targets

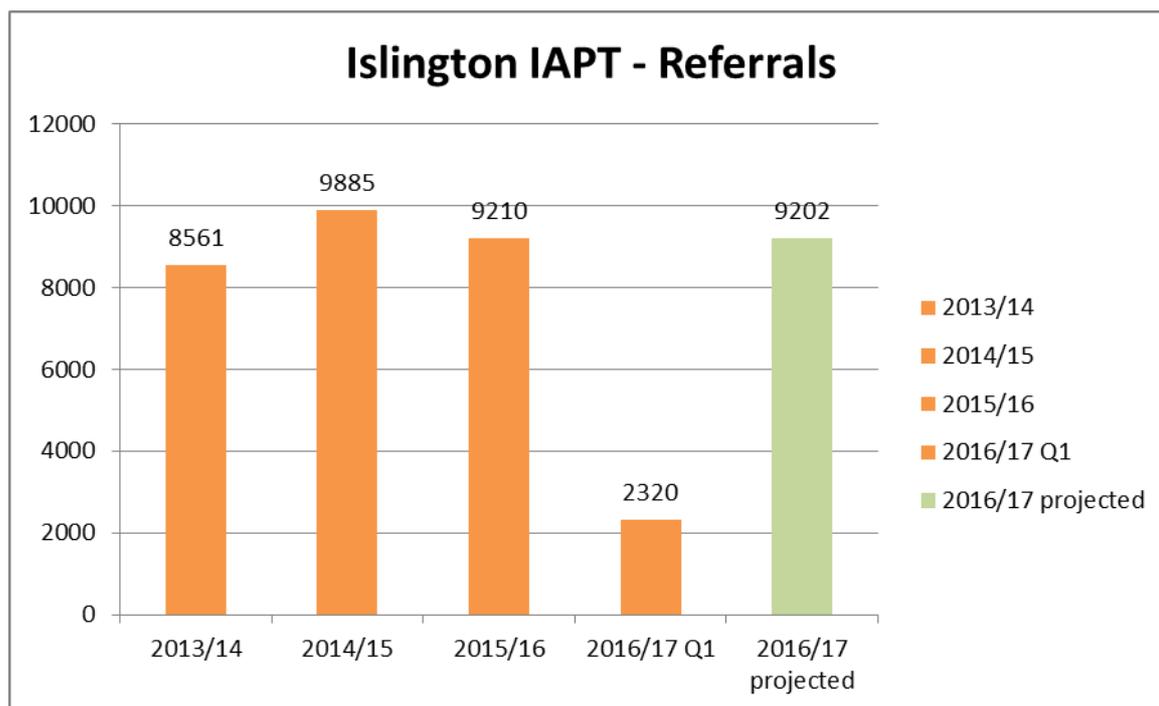
3.1. IAPT services are subject to national performance measures. For 2015/16 and 2016/17, the following targets have been set:

- **15%** of adults with relevant disorders will have timely access to IAPT services (Islington population = 31,031)
- **50%** of people accessing IAPT will recover
- **75%** of people referred to the IAPT programme begin treatment within 6 weeks of referral, and **95%** begin treatment within 18 weeks of referral.

3.2. The tables below show the performance of the Islington iCope service, and includes comparison with the other five boroughs within the North Central London footprint. The data provided is based on the nationally published data as reported by NHS Digital, which provides national information, data and IT systems for health and care services. Data published nationally differs from the data collected and reported locally up to 2015/16. The reasons for these discrepancies are addressed further under paragraphs 3.11 – 3.14.

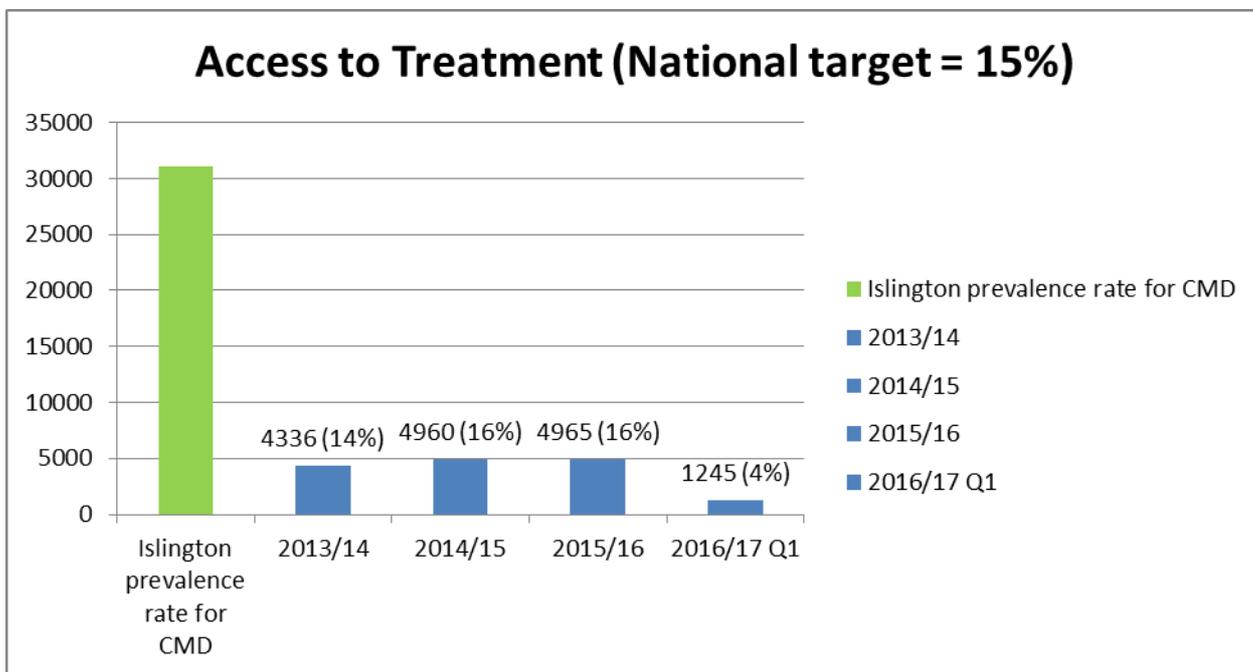
3.3. The rate of referrals to the service increased by 13% year-on-year between 2013/14 to 2014/15. The service employed a number of methods to promote the service amongst both professionals and the general public, and the increase in referrals is likely to be a result of this work. Although the number of referrals fell slightly in 2015/16, it is still noticeably higher than 2013/14. Similarly, projected figures for 2016/17 suggest referrals are expected to reach approximately 9,202.

Table 1: Referral data



3.4. Access to treatment is measured nationally, with a target of 15% of the prevalent population to access treatment each year. The access rate in Islington has gradually increased year-on-year, exceeding the target from 2014/15 onwards.

Table 2 – Access to treatment

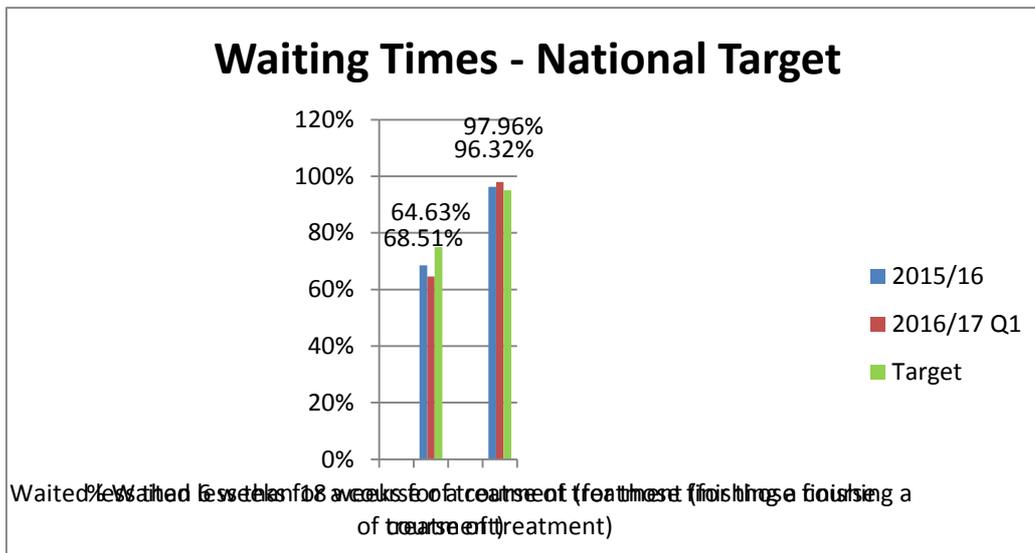


3.5. Waiting time targets are set nationally (as of 2015/16) against six weeks and 18 weeks as follows:

- 75% of people referred to the IAPT programme begin treatment within 6 weeks of referral
- 95% begin treatment within 18 weeks of referral.

Performance shows that waiting times against the 18 week target were exceeded in 2015/16, and have continued this trend into 2016/17. However, the proportion of people accessing treatment within six week of referral has fallen short of the target in 2015/16, with results for Q1 showing similar results.

Table 3: Waiting Times



3.6. Recovery rate targets are set nationally, with the expectation that 50% of people entering treatment will report to be ‘in recovery’ at the end of the treatment period. Recovery rates are defined by:

“the number of service users moving to below caseness on clinical outcome scores, as a proportion of the number of people ending contact with services and receiving at least two sessions of treatment.”

3.7. IAPT services use a number of well-validated, patient completed questionnaires to measure change in a person’s condition. Most of the questionnaires are administered at each appointment, making it possible to track improvement by comparing scores over time.

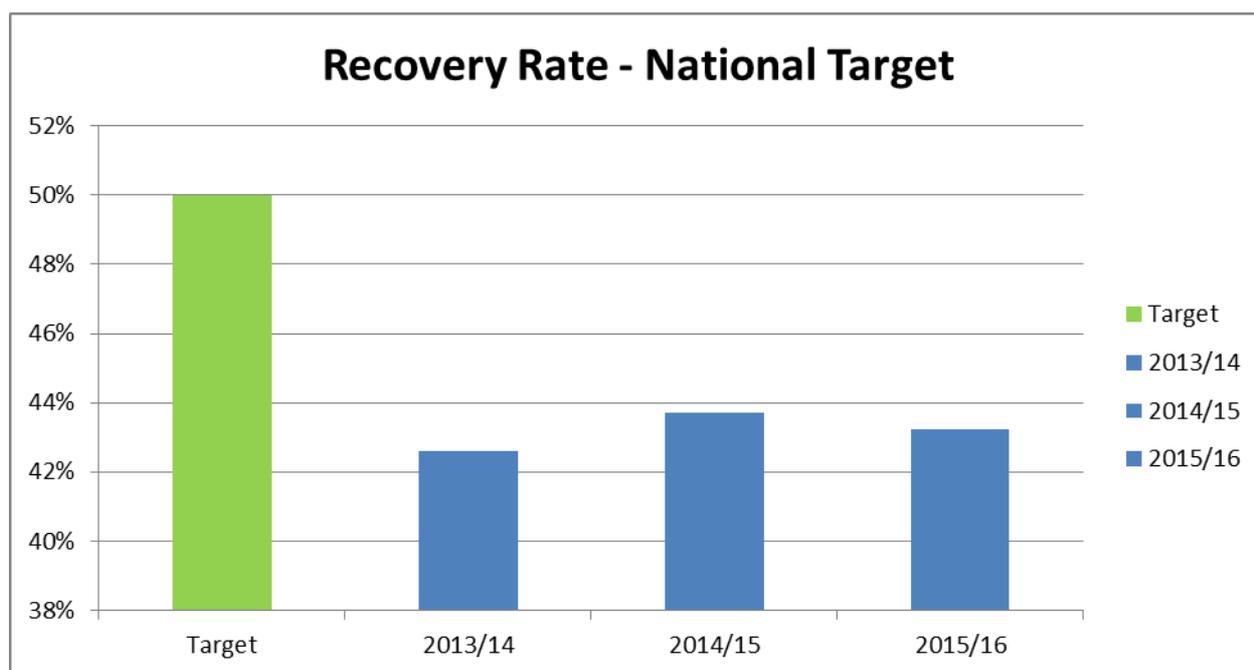
3.8. A number of factors can affect whether an individual meets the criteria of having recovered, including:

- Severity of need at the start of treatment
- Delayed discharge from treatment
- Clinical decisions
- Whether an individual has met the ‘threshold’ for recovery, prior to being discharged

The widening of the acceptance criteria for the iCope service (to include those whose needs fall within Step 4a) means that the service is more inclusive and supports a much broader range of patients within primary care. However, due to the way in which recovery is measured nationally, it is acknowledged by commissioners that this has an impact on the recovery rate.

3.9. The recovery rate for Islington iCope has risen each year, however, it is still below the target of 50%. In 2014/15, an action plan was put in place to address the poor performance against recovery levels, which delivered a small increase by the end of the year. However, it is recognised that this is a key area for improvement in 2016/17.

Table 4: Recovery



Local Comparison

3.10. The performance of the Islington IAPT service in 2015/16 is shown below, in comparison with other CCGs within North Central London. Although Islington has met the targets for access and 18-week waiting times, the performance of Haringey in particular exceeds Islington.

CCG	Access Rate (Target 15%)	Recovery Rate (Target 50%)	6-week waits (Target 75%)	18-week waits (Target 95%)
Islington	16%	44%	69%	96%
Camden	16%	44%	74%	93%
Barnet	11%	46%	72%	87%
Enfield	14%	46%	84%	96%
Haringey	17%	46%	92%	99%

Local Reporting Challenges

3.11. The IAPT service is subject to quarterly monitoring by Islington CCG as part of the wider NHS contract for mental health services in Islington.

3.12. National published performance data is generated through the reporting of local performance data. The data is ratified by NHS England, prior to being published.

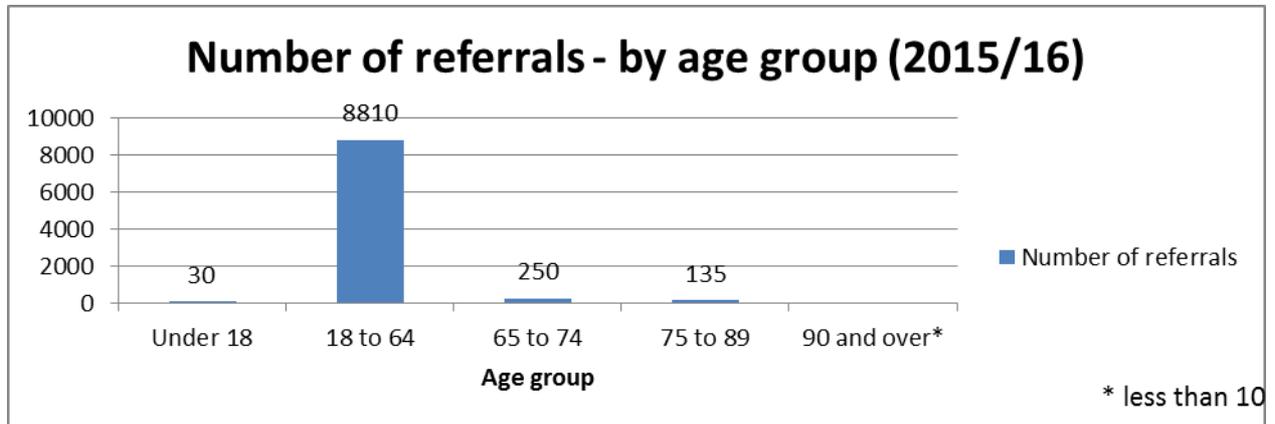
3.13. In early 2016/17, it was identified that there were significant discrepancies between the locally reported data and the national published data for 2015/16. Upon further investigation, it was identified that errors within the performance monitoring programme used by the IAPT service had led to these discrepancies.

3.14. It should therefore be noted that the published performance for the Islington IAPT service for 2015/16 does not fully reflect the work that was delivered. The service has taken steps to address the errors identified in the 2015/16 reporting process, and it is expected that reporting for 2016/17 will be much more accurate.

Demographics

3.15. The majority of adults accessing the service are between the ages of 18 and 64. Adults over the age of 64 are currently under-represented, and the service is working to identify ways to increase levels of engagement from this group.

Table 5: Age breakdown



3.16. Ethnicity data shows that 30% of all referrals were from adults who identified as White British, whilst 19% identified as being from non-white backgrounds. Both figures are below the Islington population, as determined by 2011 Census, which recoded 48% of the population as White British, and 32% from non-white backgrounds. However, the ethnicity data must be treated with caution for the following reasons:

- Census population data relates to all ages, not just adults. The younger population in Islington (under age 24) is significantly more ethnically diverse than the older population.
- Almost 40% of all adults referred to the service either chose not to state their ethnicity, or their ethnicity was not recorded. It is therefore possible that the ethnicity breakdown would look very different if the ethnicity of all referees was reported. Ethnicity reporting has improved in 2016/17, with 95% of ethnicity data recorded.

Table 6: Ethnicity (referrals)

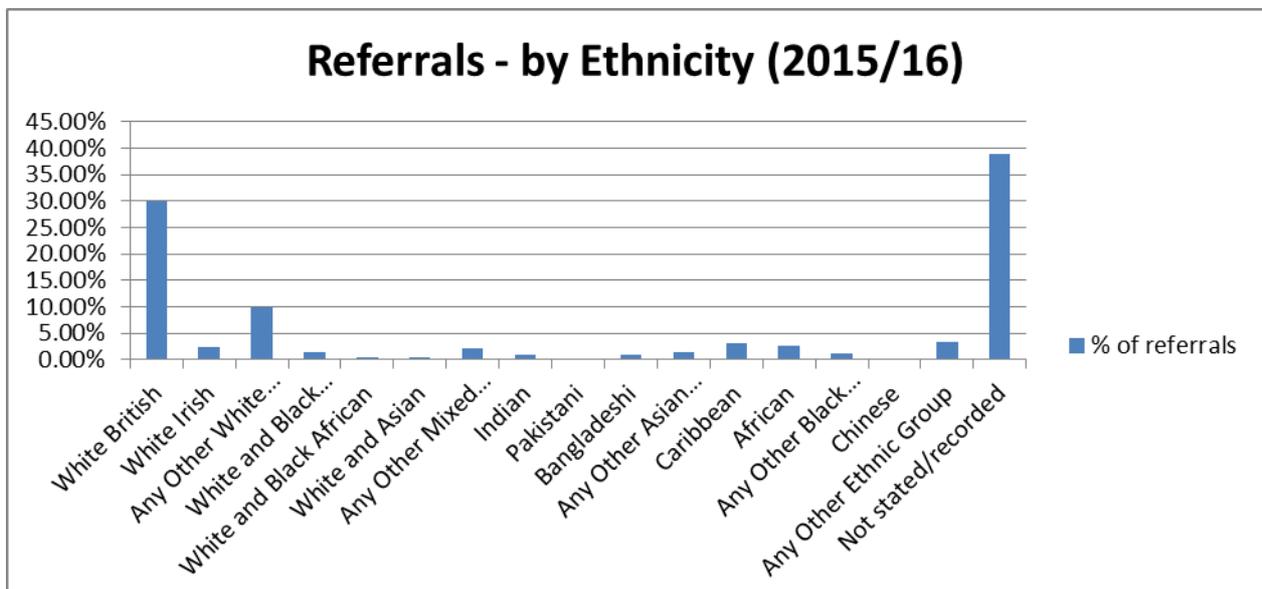
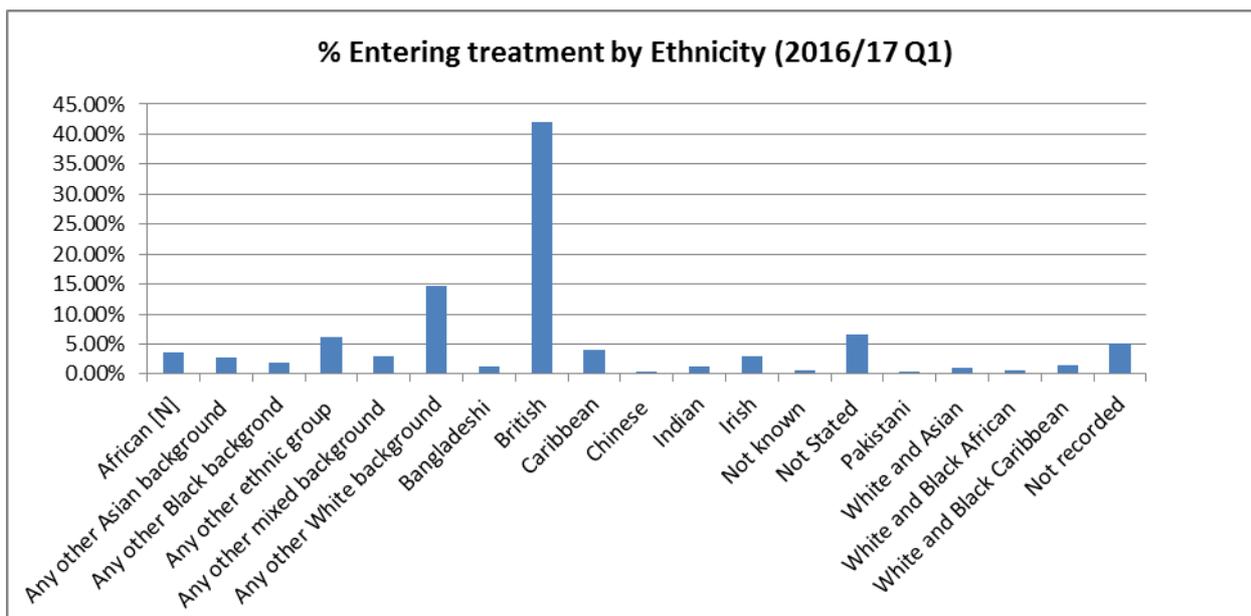


Table 7: Ethnicity breakdown (for those entering treatment – 2016/17 Q1)



Additional Outcome Measures

3.17. The IAPT service employs a variety of methods to measure outcomes and progress of individuals accessing the service. These include:

- Work and Social Adjustment measures
- Enablement Instrument (this tool has been adapted by the IAPT service to suit the client group)

3.18. These measurement tools allow the service to capture outcomes relating to a number of aspects of an individual’s life, and progress made in these areas before, during and at the end of treatment. Examples of the areas measured include:

- Ability to understand and cope with problems
- Work
- Social Activities
- Family and relationships

3.19. Templates of the full set of measures are attached at Appendix 1.

Long-term physical health conditions

3.20. It is widely accepted that physical and mental health are closely linked; having a long term mental health condition can increase the likelihood of developing a physical health need, whilst people with long term physical health conditions can develop mental health problems. As part of the Five Year Forward View for Mental Health¹, IAPT services will be expected to increase their focus on supporting people with long-term physical health conditions (LTCs). Targets have not yet been set, however, the Islington IAPT service already reports this data locally. Reporting for 2015/16 and Quarter 1 2016/17 shows over one fifth of all adults who access treatment via the iCope service also have a long-term physical health condition:

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Measure	2015/16	2016/17 Q1
Number of referrals with LTC	<i>Not collected</i>	411
Number who accessed service with LTC	980 (21%)	303 (24%)
Number who recovered with LTC	42%	47%

4. Service Promotion and Service User Engagement

- 4.1. The Islington iCope service promotes the service in a number of ways, including:
- Leaflets
 - Posters
 - Co-location in GP surgeries and other community settings to encourage ease of access
 - Partnership working with local organisations and giving talks to members of those organisations
- 4.2. The iCope service has an established service user advisory group, which includes both current and former service users. The service consults the user group and seeks feedback in order to identify areas of the service that can be improved, and to support around developing new ideas to promote and deliver the service.
- 4.3. In addition to the group, all service users are encouraged to complete patient experience questionnaires, friends and family feedback; and there are suggestion boxes for anonymous feedback at our team bases.
- 4.4. The service is in the process of recruiting to peer mental health worker (paid) roles to co-facilitate treatment workshops and for other opportunities of supporting delivery.

5. Challenges and areas for improvement

- 5.1. There are a number of challenges facing the Islington IAPT service, alongside areas where commissioners expect performance to improve.
- 5.2. As shown by the performance data above, the current target for access to treatment is 15% of the prevalent population, and the service is this year on track to achieve 16-17% access. This was also achieved in 2015/16. As set out in the Five Year Forward View for Mental Health, access rates are expected to increase to 25% by 2020. Access targets for the next two years will be set at:
- 17% in 2017/18
 - 19% in 2018/19

This will pose a significant challenge within current resources, and commissioners will be working with the service provider to identify how to address this.

- 5.3. In addition to increased access rates, as part of the Five Year Forward View for Mental Health, there will be an expectation that IAPT services will increase focus on supporting people with long term conditions or medically unexplained symptoms, as well as supporting more people into employment. The Islington service already works well with our local Mental Health Working (employment support) programme, and local reporting of long-term conditions is already underway.
- 5.4. The recovery rate for the service continues to be below target. Although local data for 2015/16 showed a recovery rate of 48%, once ratified at a national level, this fell to 43%. The service

provider has in place an action plan which seeks to address this challenge, and continues to work to identify areas of practice which may affect the final performance in this area.

- 5.5. The level of mental health need in Islington is high, both in comparison with other London boroughs, and nationally. The recent 'Healthy Lives, Healthy Minds' report by Camden and Islington Public Health Team identified that local data shows that approximately 29,900 adults in Islington have diagnosed, unresolved depression or anxiety (16% of residents aged 18 and over), whilst an additional 15,897 adults are estimated to have a common mental health disorder which has not been diagnosed.
- 5.6. This high level of need, and the severity of those needs, presents a challenge for the IAPT service, not just in terms of capacity, but also with regards to being able to provide interventions that support people to move into a state of sustainable recovery. Where an individual's needs require more intensive support, the IAPT Plus service is available to provide a variety of interventions, however, it is recognised that many people accessing the IAPT Plus service will not meet the criteria for recovery.

Appendix 1 – Outcome measurement tools

Work and Social Adjustment

Common Fields

Stage: **Step 3 Assessment**

Score:

Comments:

Date completed:

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

1. **WORK** - if you are retired or choose not to have a job for reasons unrelated to your problem, please select N/A (not applicable) 0 Not at all 1² Slightly 3⁴ Definitely 5⁶ Markedly 7⁸ Very severely, I cannot work N/A

2. **HOME MANAGEMENT** - Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc 0 Not at all 1² Slightly 3⁴ Definitely 5⁶ Markedly 7⁸ Very severely

3. **SOCIAL LEISURE ACTIVITIES** - With other people, e.g. parties, pubs, outings, entertaining etc 0 Not at all 1² Slightly 3⁴ Definitely 5⁶ Markedly 7⁸ Very severely

4. **PRIVATE LEISURE ACTIVITIES** - Done alone, e.g. reading, gardening, sewing, hobbies, walking etc 0 Not at all 1² Slightly 3⁴ Definitely 5⁶ Markedly 7⁸ Very severely

5. **FAMILY AND RELATIONSHIPS** - Form and maintain close relationships with others including the people that I live with 0 Not at all 1² Slightly 3⁴ Definitely 5⁶ Markedly 7⁸ Very severely