Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: June 28, 2016

Agenda item:

Wards: ALL

Subject: MERTON IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) SERVICE

Lead officer:

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

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Recommendations:

A. The Panel are asked to comment on this update.

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This paper was prepared at the request of the Merton Overview and Scrutiny Panel, to provide an update on performance, and an account of patient experience, in the newly commissioned Merton IAPT (Improving Access to Psychological Therapies) service. The specific queries addressed by this paper are:-

- the number of people using the service,
- how well is the service working.
- the service's venues, location and numbers accessing each venue.

2 DETAILS

2.1. **Introduction and Background Information**

Improving Access to Psychological Therapies (IAPT) is a national programme that aims to make evidence based, clinically effective, talking therapies available to the (adult) population of England with mild to moderate forms of depression and anxiety. The national benchmark is that each Clinical Commissioning Group (CCG) district should commission an IAPT service with sufficient size and capacity to treat 15% of the estimated local population with depression or an anxiety disorder.

2.2. IAPT services in Merton were initially provided by South West London and St George's Mental Health NHS Trust (SWLStG). For a number of years, the SWLStG service was unable to deliver the quantitative and qualitative standards expected by commissioners. The decision was taken to revitalise performance, and Merton CCG conducted an open procurement for a new IAPT service. The organisation Addaction won the tender and has provided the Merton IAPT service, 'miapt', since October 2015.

2.3. **Overcoming Initial Barriers to High Performance**

2.4. At first, the new service was not as successful as Addaction and commissioners had anticipated. Addaction identified the following obstacles:-

- Smaller than expected workforce transferred from the SWLStG service
- Larger than expected number of patients transferred from SWLStG
- Inconsistencies in the quality of clinical practice and record keeping in staff.
- Working practices and culture slow to change post transition.

2.5. Merton CCG and Addaction agreed a time limited recovery plan, delivered by Addaction between January and March 2016, to address service deficits; additional investment was committed by Merton CCG and Addaction to underpin the turnaround in performance. Over the past 6 months, the service has worked hard to resolve the issues and to bring the service to a more stable position. Key achievements are:

- Successful recruitment to managerial, Step 2 and most Step 3 roles, meaning that the service is almost at capacity.
- Utilisation of agency staff and staff from across Addaction's other services to fill any vacancies during the recovery period now curtailed.
- All patients transferred from SWLStG have been reviewed and treated.
- Extensive data quality checks and monitoring is now in place, meaning the data reported by the service is more accurate, and reflective of performance.
- Strong clinical governance structures have been brought in by senior clinical staff, and further development of this is planned with recruitment to senior clinical roles within the service.
- Addaction met the targets agreed with commissioners for the first six months in terms of access for clients, and have exceeded the target for those moving to recovery.

2.6. **Number of people using the service**

- The service has received 2,186 referrals since October 2015.
- Since October 2015, 1,482 people have successfully entered treatment, and 831 have successfully completed treatment.
- The quality of the service is high. This report will provide further detail on patient reported outcome measures. The recovery rate (a measure of the extent to which patients are getting better) is also noteworthy, peaking at 56% in March 2016, compared with a national target of 50%, and a London average somewhere around 47%.

2.7. **How Well the Service Is Working**

2.8. **Current position, as Measured by Select Key Performance Indicators**

Headline national and local key performance indicators (KPIs) are concerned with waiting times, the number of patients entering treatment, and recovery rates.

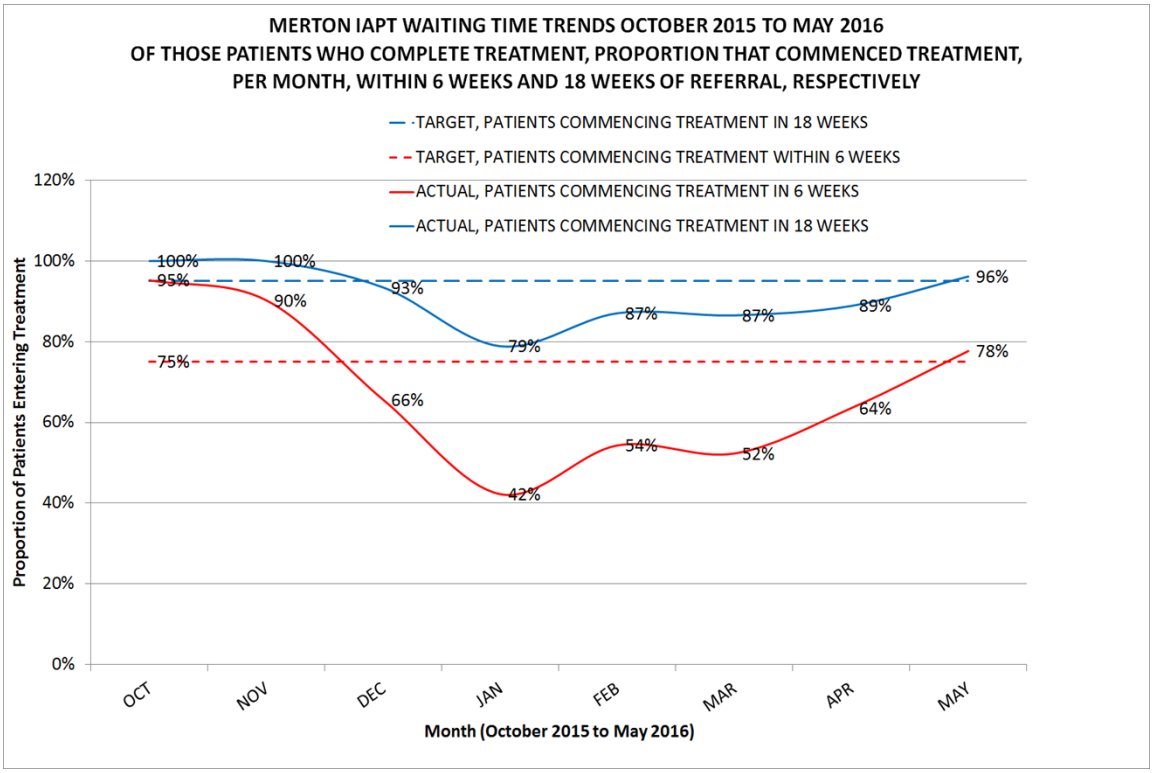
Patients are expected to commence treatment in a timely manner:- 75% within 6 weeks of referral, and 95% within 18 weeks of referral.

In Merton, the estimated adult population with depression and anxiety is 25,322, therefore the service is expected to accept in the region of 3,800

new patients into treatment during the first year of the contract (October 2015 to September 2016).

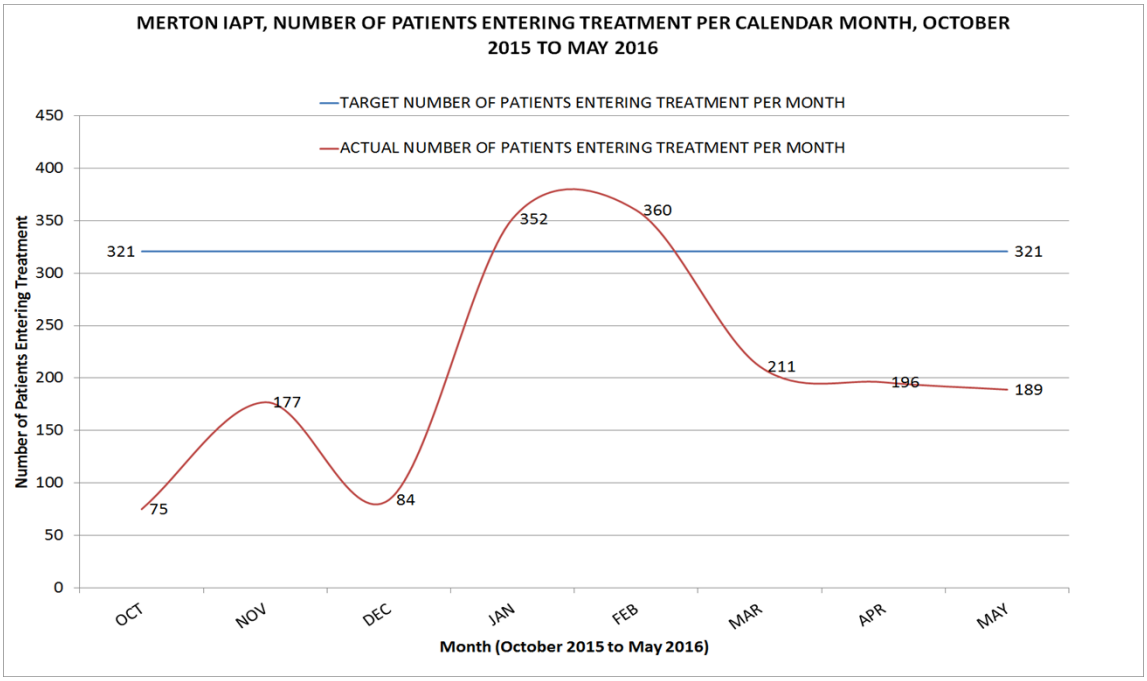
Nationally, IAPT services are expected to ensure at least half of all patients (50%) who leave the service are 'moving toward recovery' (ie getting better); in Merton, the IAPT service is expected to achieve a recovery rate of 52%.

Graph 1: Merton IAPT, Improving Waiting Times



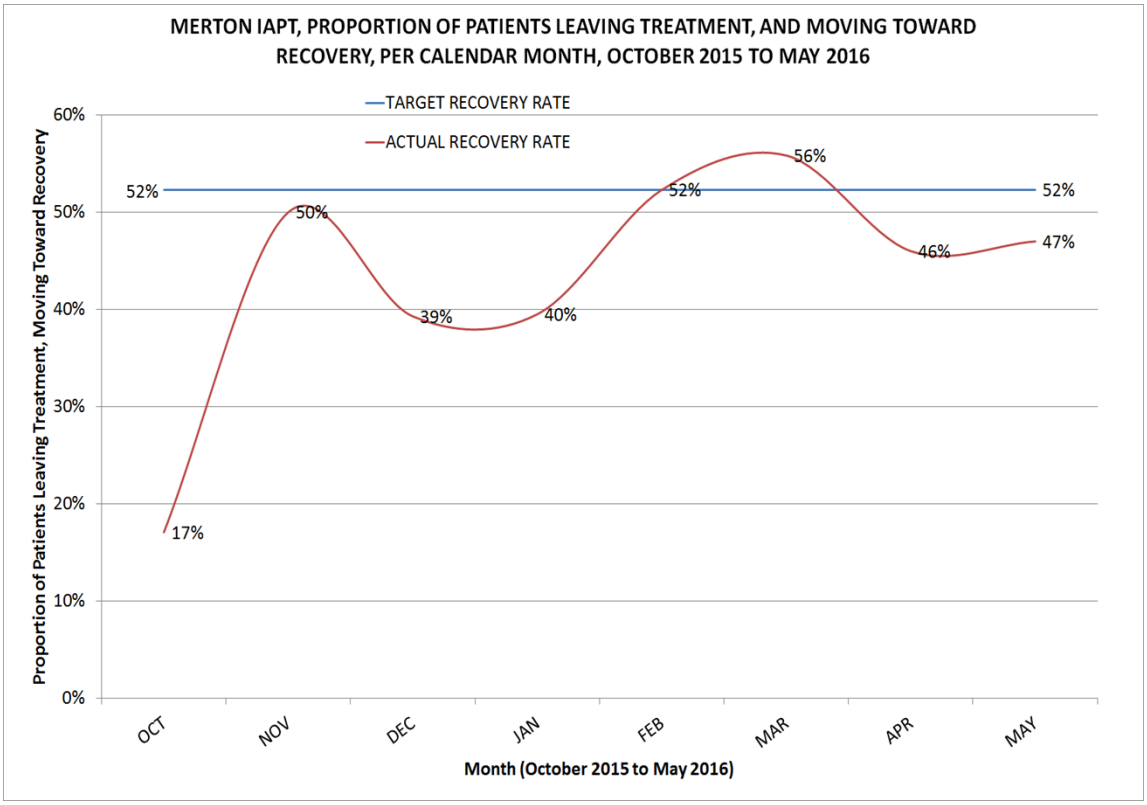
In May 2016, the IAPT service reported the average waiting time from referral to first treatment was 11 days. However, the waiting times key performance indicator measures the waiting times of those patients that have completed treatment in the reporting period. May data shows waiting times are now within the parameters expected by the CCG. However, the service is managing the legacy of extended waiting times that prevailed during the handover period, when patients were transferred from SWLStG to Addaction. The last of these patients should have been discharged from the service during April and May 2016. Addaction have advised the waiting time KPI should be within required parameters henceforth.

Graph 2: Merton IAPT, Patients Entering Treatment



The Merton IAPT service is expected to accept in the region of 3,800 new patients into treatment in its first contract year (roughly 320 new patients per month). The service is falling short in this regard, but, as described later in this document, the service provider has embarked on a marketing and publicity campaign to increase referrals, and has changed working practices to increase the proportion of patients who go on to commence treatment, post referral.

Graph 3: Merton IAPT Recovery Rates



2.9. **Current position, as Measured by Client Feedback**

At the end of treatment, Addaction asks clients to complete the Patient Experience Questionnaire, and of those who have completed this, 96% have reported a positive experience with the service. The following is a sample of statements taken from Patient Experience Questionnaires collected during the period 1st October 2015 to 30th April 2016.

- "I have been very lucky to have my therapist who has been able to get me to challenge some of my very fixed and entrenched ideas and to see how they have contributed so much to my own difficulties."
- Translated from Portuguese: "It was very good to have my sessions with someone speaking my language. It made all the difference."
- "I was totally down and depressed. Did not see a way out of my situation. Taking the counselling helps me to realised the strength within and coping mechanism. My therapist is gentle and she listens and advised appropriately. She gave me ways to identify causes and dealing with my mood swings and options in getting help. My confidence is restored."
- "Telephone was option given to me, I have had some f/f previously. Although I thought it would be strange it has worked out well. better than I thought. I have a picture of Therapist in my head which helped me open up. Been worthwhile. I am definitely better than when I started. I have tools that I can continue to put into place and have hope instead of despair."
- "Very efficient. I am very impressed that this standard of service is available on the NHS."

2.10. **Venues, Locations and Numbers Accessing Each Venue (October 2015 - April 2016)**

Venue	No. of clients booked for an appointment*	
	n	%
Alexandra Road Surgery	33	2%
Central Medical Center	56	4%
Colliers Wood Surgery	10	1%
Cricket Green Medical Practice	655	41%
James O'Riordan Medical Centre	31	2%
Lambton Medical Practice - First Floor	21	1%
Lavender Fields Surgery	12	1%
Mitcham Family Practice	116	7%
Mitcham Medical Centre	92	6%
Morden Hall Medical Centre	194	12%
Ravensbury Park Medical Centre	43	3%
Raynes Park Library Hall	36	2%
Riverhouse Surgery	159	10%
The Nelson Medical Practice	32	2%
Vineyard Hill Road Surgery	64	4%
Wimbledon Village Surgery	40	3%

*The table above details booked appointments. On average 76% of booked appointments are attended. The most popular venue is the Cricket Green medical practice, followed by Morden Hall and Riverhouse Surgery in second and third place respectively.

2.11. **Conclusions and Next Steps**

Significant improvements and developments have been made to the service, as evidenced in the data from the first six months to March 2016. However, there continue to be areas of focus for the service to ensure it is meeting the required standard against Key Performance Indicators. The following issues have been identified:-

- Thus far, the marketing and publicity campaign has not brought about as big an increase in referrals as had been anticipated, which in turn is having an impact on the number of patients entering treatment.
- Of the referrals received by the service, a smaller proportion go on to enter treatment than had been expected.
- The recovery rate has fallen below contract requirements.
- Waiting times were below requirements, but have been on an improving trajectory since March, and in May the service met both waiting times standards.
- There are vacancies in the administration team which are currently covered by temporary staff. The administrative team is key to booking and following up missed appointments, and in turn is important to the number of patients entering treatment.

2.12. **Actions**

To address the above concerns, the service is currently carrying out the following actions:

- The service will continue to market the service with a view to further increasing the number of patients referred to the service, for example through work with General Practitioners (GPs) to encourage more GP referrals and sign-postings to the service.
- Addaction will continue to build local partnerships to provide bespoke interventions to the local community, such as group treatment sessions for carers.
- Addaction has implemented a more flexible approach to its engagement with clients referred to the service, with a view to making it easier for them to ‘opt in’ to treatment.
- Performance management of individual practitioners to review Move to Recovery outcomes and to ensure staff are working to the IAPT model.
- The service will review the cases of patients who leave the service without ‘recovering’ to see whether any further action can be taken to improve the recovery rate.
- Addaction will address vacancies in the administration team, and introduce improved management systems to the administration team.
- Addaction met with representatives of Job Centre plus to develop links and further joint working is in discussion.
- Continued weekly review of the performance data which is also shared on a weekly basis with commissioners.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

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12 BACKGROUND PAPERS

12.1.