National IAPT Update

North West Innovation and Leadership Forum

3.5.17

Key Publications

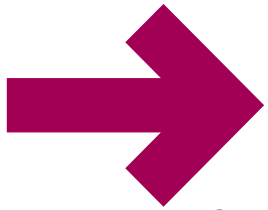
GENERAL PRACTICE
FORWARD VIEW
APRIL 2016

NHS Operational Planning
and Contracting Guidance
2017-2019

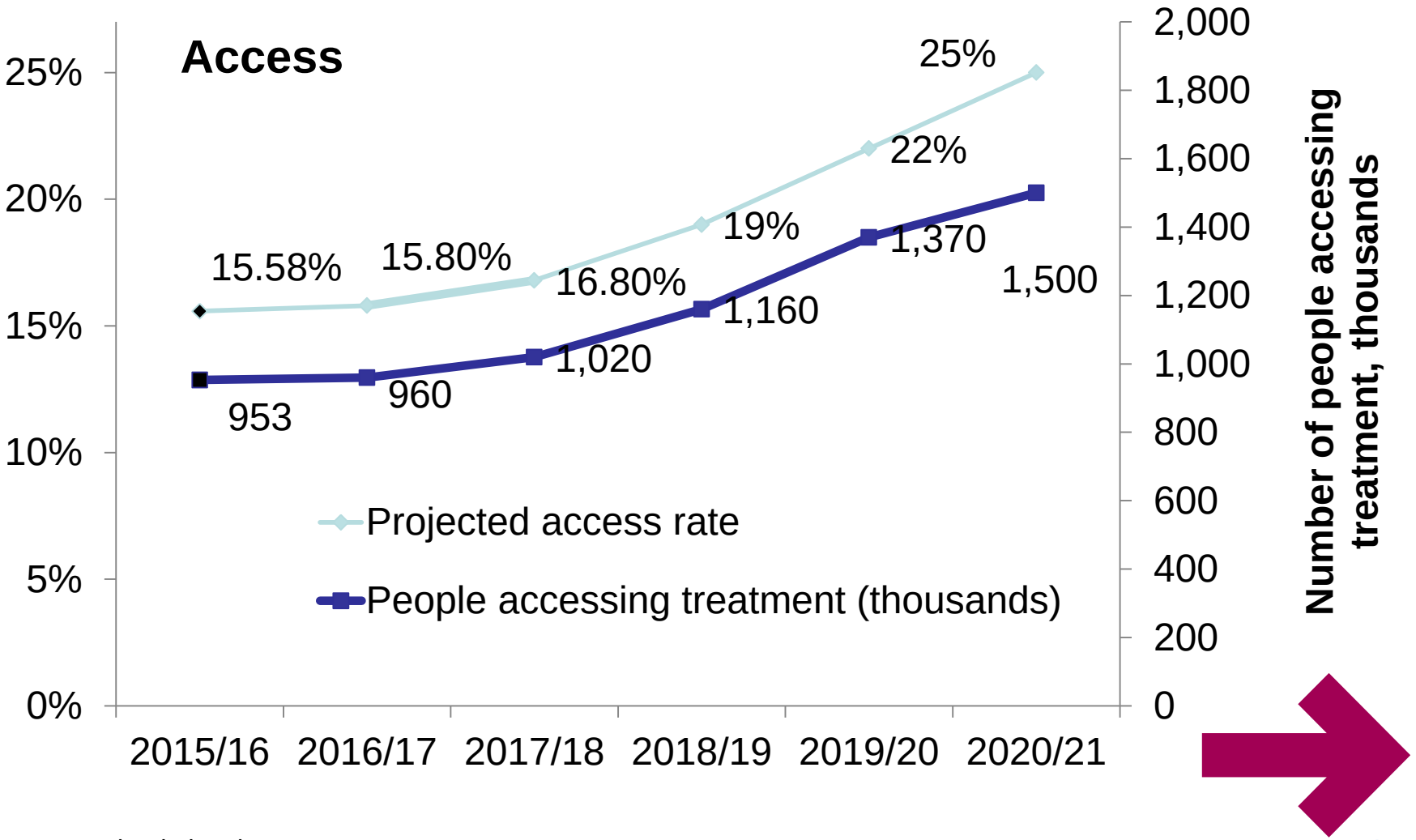
NEXT STEPS ON THE NHS FIVE YEAR FORWARD VIEW

NHS Operational Planning and Commissioning Guidance 2017-2019

- CCGs should commission additional IAPT services, in line with the trajectory to meet 25% of local prevalence in 2020/21.
- 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.
- This should include increasing the numbers of therapists co-located in general practice by 3000 by 2020/21.



Commitments: Increase access to 1.5m people a year

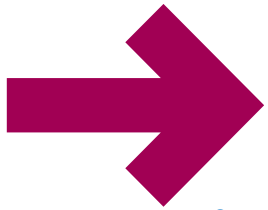


Commitments: More than double the number of employment advisors in IAPT

Around 90 CCGs to take part in extensive testing of employment advisors in IAPT – gathering rigorous information for 2020/21

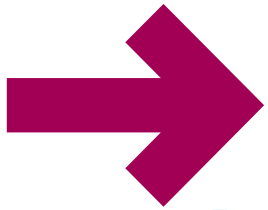
Employment

- Key part of original IAPT model, 2 Joint Unit led projects:
  - Doubling the number of employment advisors in IAPT, and introducing formal curricula / training. Rigorous evaluation planned to show benefit. First wave to start in 2017
  - Evaluating the impact of digital CBT treatment on employment outcomes – feasibility study to start in 2017
  - New data being collected as part of projects – current data quality on employment can be improved



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
- From 2018/19, CCGs to commission integrated IAPT services

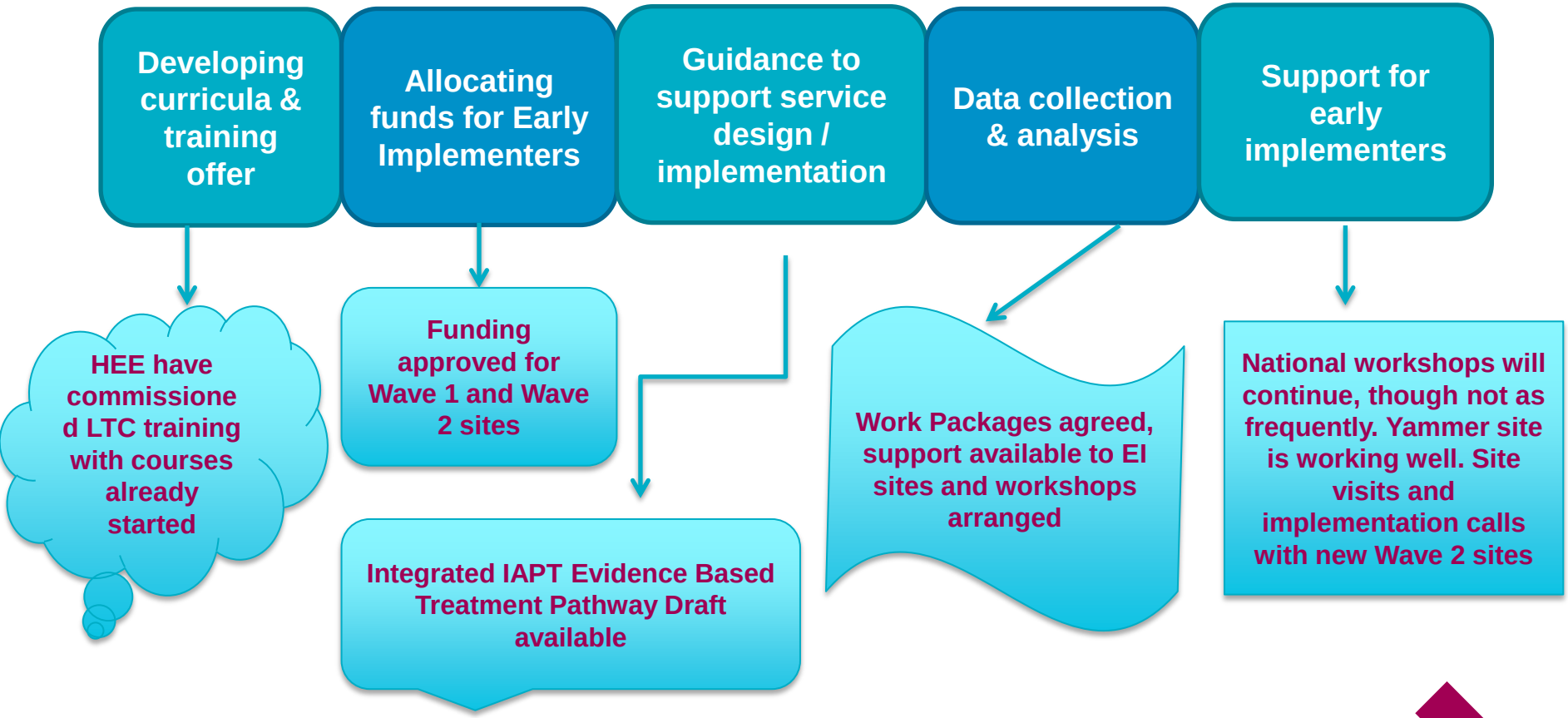


		2016/17	2017/18	2018/19
Financial Incentives	Outcomes based tariff	Preparation	Shadow implementation	Full implementation
	Quality Premium		Quality Premium Active	
Supporting productivity		Digital information for commissioners scoping	Development of a digital therapy endorsement programme	
Guidance and building evidence	Guidance	Interim implementation guidance for integrated IAPT	Updated guidance for integrated IAPT. Updated Core IAPT guidance published	
	New evidence	Commission analysis of early implementers	Initial evidence from analysis	Final evidence from analysis
	Comms	Regular communications on the case for expansion – including evidence, best practice and fit with system priorities		

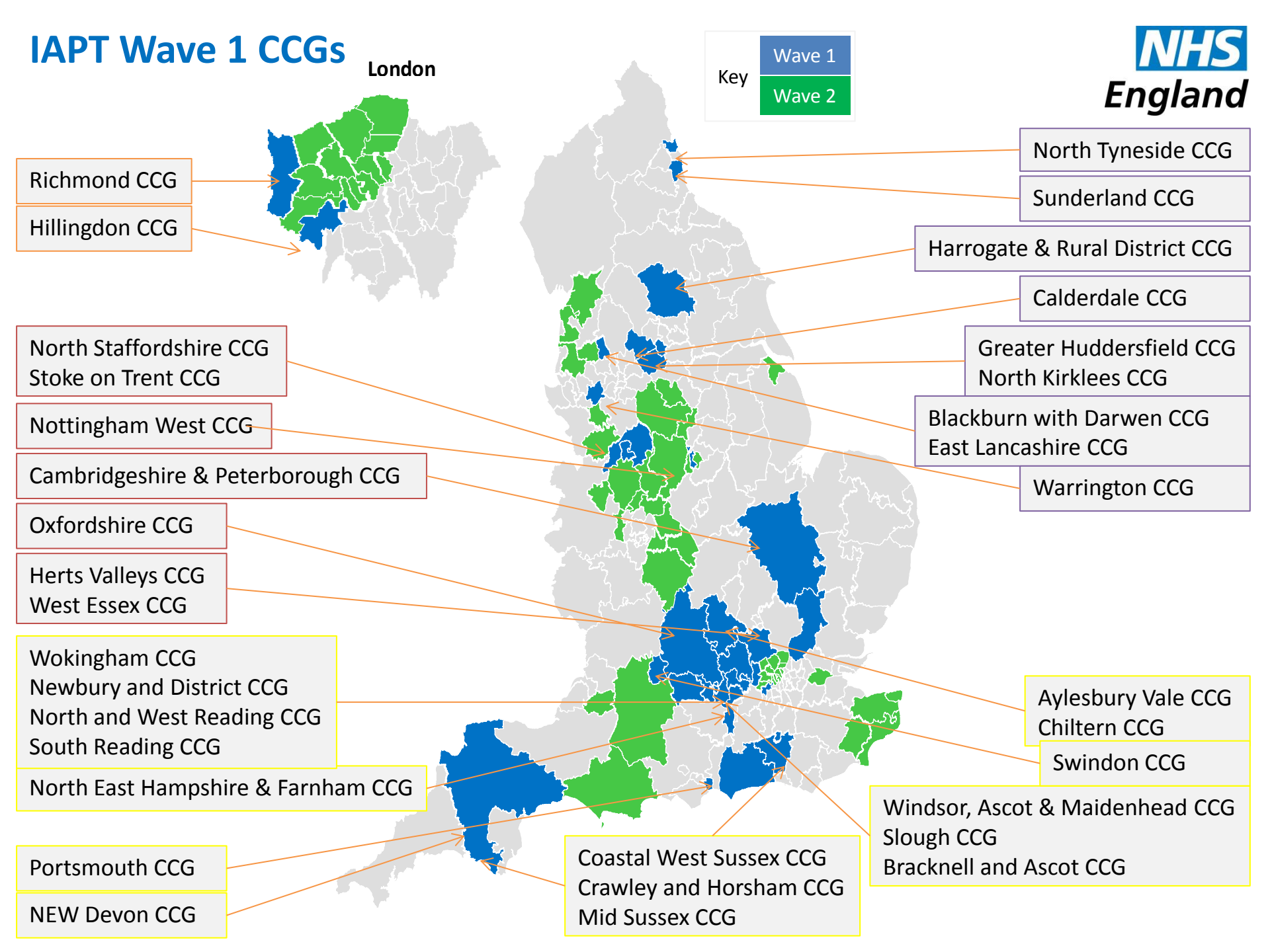
IAPT EI Programme Update

Working with 22 areas covering 30 CCG's in Wave 1 (started January 2017), with further 16 areas covering 40 CCG's in Wave 2 (starting from April 2017)

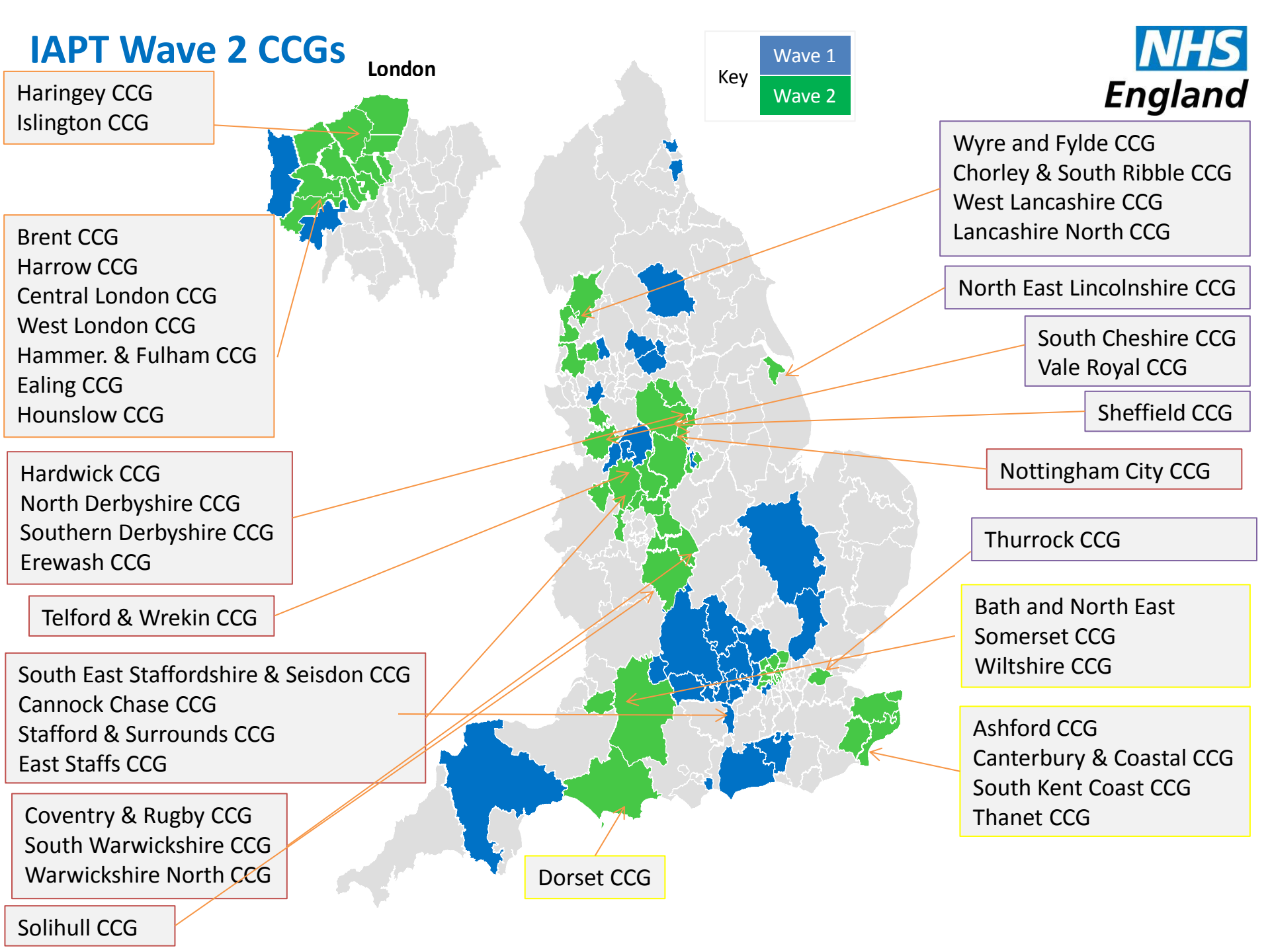
Components of expansion programme:



IAPT Wave 1 CCGs

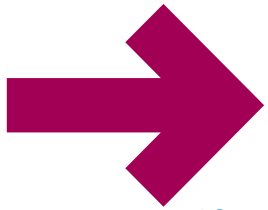


IAPT Wave 2 CCGs

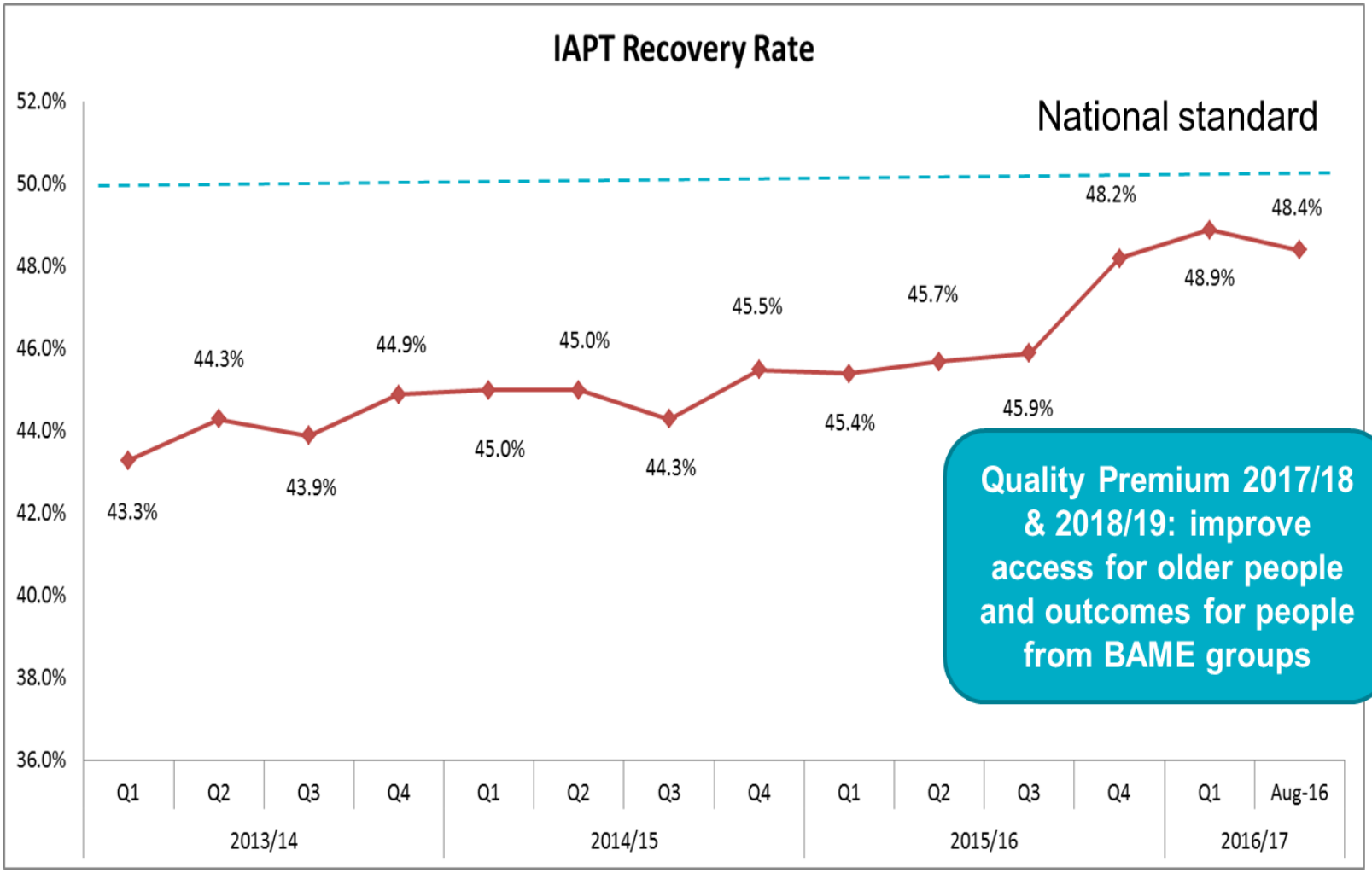


Other Hot Topics

- Focus on Older Adults and increasing the rate of access within IAPT services (FYFV, mandate, “Hidden in Plain Sight” Age UK Report)
- Reaching the national standard for recovery for Q4
- Data Quality
- The appropriate use of ADSM’s and the link to performance



Quality Premium 17/18 and 18/19



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

OLDER ADULTS IN IAPT

- Access for people over 65 is increasing year on year, but growing slowly, and most access in 65-75 age range. Outcomes remain well above the working age population. Quality premium and new payment scheme incentivise better access for older people.

OPMH Specifics

Annual report shows an increase in referrals, those entering treatment and those completing treatment for adults >65

Recovery rate for older adults for 2015/16 is 60.4% which is above the national overall recovery rate of 46.3%

In the overall national figures, 68.2% enter treatment of those referred but Older Adults show this to be 74%

Recovery rate for older adults has increased by over 2% in the last year

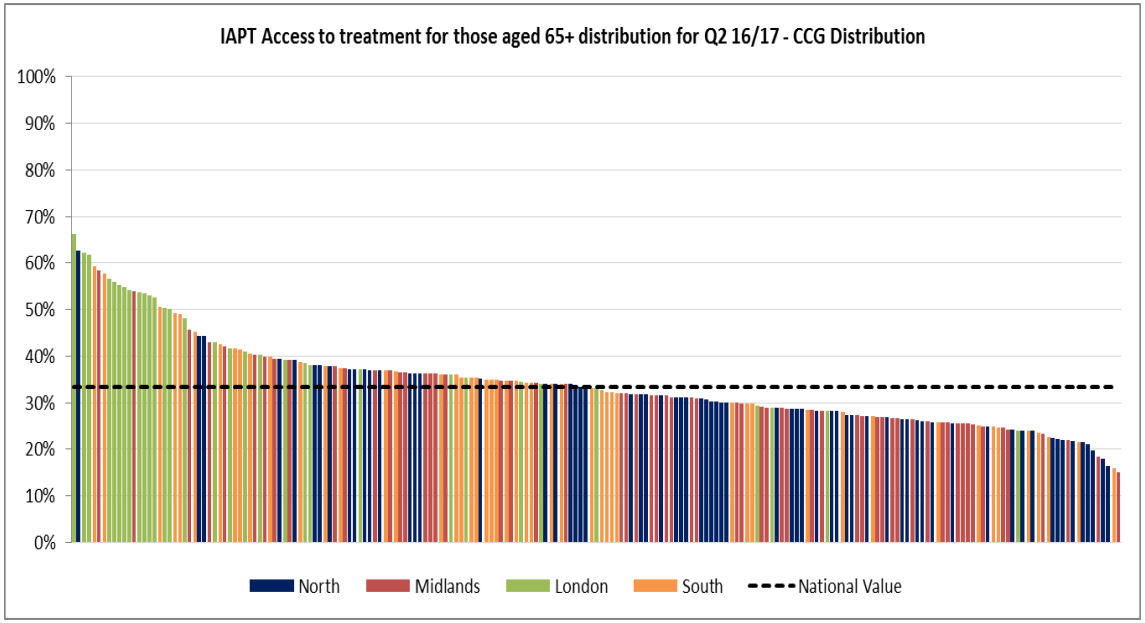
In 14/15, 6.9% of the annualised national access was for older adults which only marginally increased to 7% in 15/16

Of those completing treatment, 2/3 are female with 1/3 male

IAPT Access to treatment for those aged 65+ nationally and by region

NHS England

CCG Distribution



- The chart shows the distribution of CCG values for IAPT access to treatment for older people (65+) as a proportion of older people in the adult population by region. The London region has a large number of its CCGs in the upper quartile for access, with the North and South regions being the most dominant in the lower quartile.

- There is much variance in the national and regional values for IAPT access to treatment for older people (65+) as a proportion of older people in the adult population and the numbers of those aged 65 and over who are having first treatment by an IAPT service. The London region has shown the largest increase over time with access increasing by 6%. All regions have increased over time when comparing the last three years.

Sources – IAPT Quarterly Publications and ONS population figures

Why are Older People not accessing Psychological Therapies?

- Worried about the NHS having “enough resources” to treat them
- Thinking that there must be lots of younger people who need the help more
- Not being sure that change is possible “at my age”
- Thinking that depression is an inevitable consequence of aging
- Lack of awareness in healthcare professionals and low rates of diagnosis

Therapist's View

"I have found it inspirational to work with people in the later stages of life. The life experience of older people means that they have a wealth of knowledge, experience and wisdom to draw upon within therapy. My role is often to help someone recognise their abilities, knowledge and wisdom when they may be more used to people pointing out their disabilities, deficits and losses.

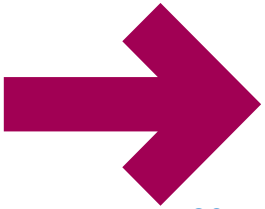
In my experience, the most reflective people in therapy have been older people. Not knowing how much time they have left encourages people to reflect on what they still want for their lives and to try to make the changes needed to achieve this. There is no greater privilege than being able to go on a journey with someone at this stage, to hear their story and create change together."

Older Adults Actions

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

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

Areas of Good Practice

- Transparency of data highlights under-represented groups
- Developing case studies where there are providers who innovate or where there are areas of good practice
- Sharing learning including:-
  - Establishing *Special Interest Group* in co-operation with specialised Older Adults services or local BME groups
  - Providing targeted skills development specific to Older Persons / BME Groups/Cultural Competency to raise awareness. Informing and up-skilling via: skills audit, practice development sessions for all team members. Specialist workshops for referrers - Health Professionals. Brief CBT training provided to Community Matrons followed up by CBT group skills supervision.
  - *Enabling access* through home visits, local venues and longer sessions where necessary.
  - Improving access – *raising awareness* of services and access routes via leaflet and aid memoire for GP's and Allied Health Professionals to help them to identify and refer. Establishing links to Community and Voluntary Sectors to facilitate direct and self-referral to IAPT Services.

How Can We Support You?

- We have a “Yammer” sharing site where services can talk to each other and share ideas – do join by emailing ENGLAND.MentalHealth@nhs.net

- Case Studies – we are gathering these and sharing with Clinical Networks and on Yammer

- IST will support services and CCGs and offer workshops via Clinical Networks on a variety of topics

- Working with Clinical Network Leads on the focus going forwards