

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 23 JANUARY 2017

### REPORT OF EAST LEICESTERSHIRE AND RUTLAND CCG

#### LEICESTERSHIRE COUNTY AND RUTLAND: IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES UPDATE REPORT.

##### Purpose of report

1. The Improving Access to Psychological Therapies (IAPT) programme aims to increase the availability of NICE (National Institute for Health and Care Excellence) recommended psychological treatments for mild to moderate depression and anxiety disorders within NHS commissioned services in England. IAPT offers a realistic and routine first-line treatment, combined where appropriate with medication.
2. This report details performance to date of the Let's Talk Wellbeing IAPT service for West Leicestershire Clinical Commissioning Group and East Leicestershire & Rutland Clinical Commissioning Group.

##### Policy Framework and Previous Decisions

3. The IAPT programme is consistent with the delivery of the CCG Operational Plans, Better Care Together and Sustainability Transformation Plan.

##### Background

4. Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) commenced service delivery on 1 April 2014 having replaced Re:Think as the provider of the IAPT service.
5. Following the award of the contract to Nottinghamshire Healthcare NHS Trust the processes and systems necessary to achieve targets were rolled out. The most significant development was an organisational change of the service to establish a robust management framework, to ensure the service works as efficiently as possible.

##### Performance Targets

6. IAPT Key Annual Targets:
  - 15% of the prevalent population accessing the service – **not currently being met**
  - 50% of patients move to recovery – **consistently being met.**
  - 75% of people who have completed treatment who waited less than 6 weeks to begin treatment. – **improving currently approx. 71%**

- 95% of people who have completed treatment who waited less than 18 weeks to begin treatment – **consistently being met**

### **Changes Implemented**

7. Alongside the organisational change and recruitment there were a number of strategic approaches to increase efficiency and effectiveness. In summary these were:
  1. Increasing performance of all staff
  2. Reduction in DNA rates
  3. SMS text messaging
  4. Self-referral
  5. Increase in opt-in rates
  6. Introduction of Stress Control Rolling Programme (see paragraph 8 below)
  7. Introduction of Silver Cloud (see paragraph 10 below)
  8. Modified buildings
  9. Organisational Change
  10. Introduction of insomnia based referrals and treatment
  
8. NHCFT increased the expected direct clinical contacts from 20 *planned* hours to 22 *actual* hours. The service also implemented more group treatments, to increase throughput in the service. They successfully created a rolling modular stress control course, allowing patients to access the course at any time rather than having to wait to start a new course.
  
9. The three bases from which the service operates went through considerable remodelling; the physical changes provided an environment where staff are able to undertake increased telephone work, particularly telephone assessments.
  
10. The service also introduced Silver Cloud a social-media-platform with self-help packages which are moderated by clinical staff. This is for use as a step 2 intervention and as a preparation phase for people prior to step 3 high intensity treatments.
  
11. A major development was to introduce self-referrals across the whole of the county which aimed to increase the number of referrals and improve the quality of the referrals whilst increasing the motivation of the patient for active treatment. Self-referrals will also increase the ease of access to the service by breaking down any unnecessary obstacles and help with reaching hard-to-reach groups.
  
12. Consistent with the national picture the service has periodically had issues with maintaining staffing levels across the Leicester County and Rutland. This has affected performance intermittently. The Low Intensity (Psychological Wellbeing Practitioner PWP) workforce is fairly transient and suffers from a high turnover of staff due to many of the staff further progressing their career in other areas of psychological therapies. There are very few experienced PWP's within the market place and due to short notice periods many services including Let's Talk Wellbeing also use trainees, and over recruit to this post to try and achieve succession planning. However, trainees do not have full caseloads for some time and are also

risk averse when treating patients, these features can affect moving to recovery targets and waiting times. More recently staffing issues have been kept to a minimum and therefore an emerging issue in 2016/17 has been the need to increase referrals in order to achieve the national targets. In order to address this they worked in collaboration with De Montfort University to develop a curriculum which aims to address some of the recruitment issues experienced with PWP workers. This has provided training places for two cohorts per year (April and September) of up to 50 trainees.

### **Increasing referrals**

13. The service has for some time been looking to increase referrals and self-referrals through various means. The service introduced self-referrals in December 2014 and the apportionment of referrals is now made up of 75% self-referrals and 25% GP referrals through proactive marketing.
14. Some of the initiatives the service has undertaken to increase referrals are:
  - Approached 10 large companies within Leicestershire to offer work place stress and anxiety groups
  - Modular based stress and anxiety groups within the community
  - Attendance at a large number of CCG events
  - Regular updates to GP's
  - Leaflets within Patient transport vehicles
  - Leaflets within GP surgeries and community venues
  - Insomnia leaflets within pharmacies
  - Increasing the number of referrals via GP contracts (ELRCCG)
15. Other avenues which are currently being explored include working with community staff (nursing and therapists) to help to identify people in the community whether they are patients or carers, who may be suffering with anxiety or depression who would benefit from IAPT. The service is looking to train some of the community staff to help identify anxiety and depression and aid in referrals.
16. The service is also looking to expand the insomnia offering. Although insomnia self-referral leaflets are available within pharmacies the intention is to investigate whether it is possible to place a leaflet within prescriptions for hypnotics, therefore targeting directly those people who may have sleeping issues.
17. The national service model is to extend the offer to people with long term physical conditions, as the evidence indicates significant clinical and public sector benefits. This has led to CCGs looking at ways to integrate IAPT staff into multi-disciplinary teams within physical health settings. This is aimed predominantly at patients with long terms conditions, specifically Chronic Obstructive Pulmonary Disease, Cardiovascular Disease and Dementia. If this is implemented as per national guidance, this will involve increasing staffing levels and potentially treating people in their homes via face to face treatment or Skype/webinars etc.
18. There has recently been an exciting opportunity to further increase awareness and reach of the service. Funding has been agreed to pilot a 6 month community radio

campaign on Hermitage FM radio, if this proves successful there may be an opportunity to expand this pilot to other areas within the county.

19. Work will be undertaken by the provider's communications team and the CCG communications team to develop material for media campaigns, for example rolling adverts on GP televisions screens, twitter, you tube etc. Other options being explored are placing self-referral leaflets in the following locations: Medical schools, Nursing schools, Job Centres, the probation service, courts, 6<sup>th</sup> form schools and universities.

### **GP engagement and Training**

20. Throughout the provision of the IAPT service by Nottinghamshire Healthcare NSH FT, there has been regular updating of GPs through newsletters, attendance at locality meetings and attendance at formal CCG committees and boards. Although a lot of work has been carried out engaging with GPs it is acknowledged that engagement is needed again, due to some of the initiatives being considered.
21. The service has also attended locality meetings to specifically describe clinical pathways and suitable criteria.
22. In order to reinvigorate GP engagement and to provide potentially training for GPs, especially around the opportunity to refer patients to the insomnia group sessions, how to stop depression, it is proposed that the service attends GP protected learning times (PLT). This had previously been arranged however due to changes in PLT agendas this was never completed.
23. Additionally the service are considering offering GP spirit training subject to funding, the aim across Leicester City, Leicestershire and Rutland (LLCR) would be to use this programme to raise awareness of IAPT and to teach very basic CBT-informed skills to people using self-help materials. The training would be delivered to primary care (including GP's), voluntary sector, employment support and other targeted staff, including those with hard to reach groups and patients with long term conditions. The course will seek to develop knowledge and skills in the application of the 5 Areas Cognitive Behavioural therapy model, including using structured CBT self-help materials with a variety of mental health diagnoses.

### **Officer to Contact**

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