

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 October 2017

Subject: Improving Access to Psychological Therapies

Report of: Professor Craig Harris, Executive Nurse and Director of Commissioning and Quality & Deborah Partington, Greater Manchester Mental Health NHS Foundation Trust

Summary

This paper provides a outlines the IAPT services available in the city within the context of the national IAPT programme, required national key performance indicators (KPI's) and the transformation programme within Greater Manchester Mental Health Foundation NHS Trust.

The paper is intended to provide an update and highlights the strengths of and challenges for our IAPT services going forward.

Recommendations

To note the contents of the paper.

Wards Affected: All

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Background documents (available for public inspection): None

1. Introduction

On 2nd March 2017, the Health Scrutiny Committee received a progress report on Manchester Mental Health Services, following the acquisition on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH), which outlined the planned transformation programme over the next two/three years in line with the Manchester Locality Plan and the Greater Manchester Mental Health Strategy.

One of the transformation programmes is ‘Improving Access to Psychological therapies (IAPT)’.

The Improving Access to Psychological Therapies (IAPT) is a national programme which began in 2008, whereby IAPT services provide evidence based treatments for people with anxiety and depression.

IAPT is delivered through a ‘Stepped Care’ Model with entry at Step 2, a lower intensity intervention level designed to manage mild to moderate anxiety and depression, through to Step 3 and Step 3+ for people who present with more entrenched, or complex needs, requiring higher intensity psychological intervention in order to have the best chance of overcoming the life-limiting difficulties they are experiencing.

Treatment options in IAPT services, across all Steps, are all evidence based and derived from NICE and best practice guidance for anxiety disorders and depression. They are characterized by three things:

- 1. Evidenced based psychological therapies** (implementing NICE guidelines: with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimize outcomes.
- 2. Routine outcome monitoring:** so that the person having therapy and the clinician offering it have up-to-date information on an individual’s progress. This supports the development of a positive and shared approach to the goals of therapy and as this data is anonymized and published this promotes transparency in service performance encouraging improvement.
- 3. Regular and outcomes focused supervision:** so practitioners are supported to continuously improve and deliver high quality care.

NHS England, in October 2014, published the Five Year Forward View for Mental Health which committed to expanding services further, alongside improving quality. The KPI’s associated with delivery of improving access to psychological therapy are:

At least 25% of people with common MH conditions	2016/17 18.8%	2017/18 16.8%	2018/19 19.0%	2019/20 22.0%	2020/21 25.0%
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access Psychological therapies each year.					
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- 50% recovery rate
- 75% people to have waited no longer than 6 weeks
- 95% to have waited no longer than 18 weeks

2. Manchester’s year end performance in 2016/17 was:

IAPT Achieving better access 13.89%, against a target of 15%
 IAPT Recovery 36.6% against a target of 50%
 IAPT Waiting times (6 weeks) 56% against a target of 75%
 IAPT Waiting times (18 weeks) 85% against a target of 95%

Whilst below expectations, the March 2017 position represented an improvement on previous years which had consistently seen NHS Manchester’s IAPT provision within the lowest performing decile of the North of England CCGs.

3. Manchester’s provision

Currently Mental Health Care (MHCC) commissioners invest for 15% access in South and Central Manchester and 20% Access for North Manchester. However, planning work, in line with the national Mental Health 5 Year Forward View, is in process for the commissioning of services to reach 25% across the whole city by 2025.

The providers who deliver IAPT services, and are commissioned by the MHCC within the city are:

- Great Manchester Mental Health NHS Foundation Trust
- Self Help Services
- The Gaddam
- 42nd Street
- Survivors
- African Caribbean Mental Health Service
- LGBT Foundation

Commissioners specified within the Manchester Mental Health and Social Care Trust acquisition process, the need for improvement, and for the city to have an integrated care pathway for depression and anxiety, whereby there is collaboration amongst all providers to ensure a clear pathway of care, so people wanting to access IAPT support and treatment are offered the least intensive but effective treatment which also offers choice.

In response to this, the GMMH transformation programme includes an IAPT work stream and, working closely with Self-Help Services, the largest provider of Step 2 services, the following outlines this programme from January 2017.

The initial plans were prepared on intelligence held prior to the acquisition; these had to be adapted when a fuller understanding of the service was gained.

GMMH discovered that the way in which the waiting list was constructed and managed masked the true number of people who were waiting for their first therapy appointment. Using transformation funds, GMMH are currently recruiting to posts to address this, this then inevitably amends the initial timescales set for the project.

4. Overview of the Transformation Programme to date:

The GMMH programme has learnt from high performing IAPT services, our own involvement in service transformations—for the populations of Trafford, Salford and Bolton—and the conditions for service improvement and effective leadership advocated by The National Improvement and Leadership Development Board's (2016) framework. A plan defining the detail of the changes to service philosophy and provision required was shared with commissioners in May 2017.

These conditions are described as needing to:

- i. Develop a high quality integrated care pathway; in partnership
- ii. Develop compassionate, inclusive and effective leadership at all levels
- iii. Improve data quality and knowledge of how to use improvement methods
- iv. Develop better support systems for optimal service delivery and learning
- v. Develop service level reflective practice and enable supportive and aligned regulation and oversight.

Progress towards these foundations were adapted for the Manchester IAPT services, to achieve a sustained high performance. The progress against these and the remaining challenges, is documented below.

4.1 Develop a high quality integrated care pathway; in partnership

To achieve this engagement is a key principle. This has been achieved through partnership working with Step 2 partners, thus ensuring a trusting relationship is developed. Essential to this has been the co-design and production of all Steps in the IAPT pathway.

To support this, it has been essential to ensure there is effective data quality, especially on measuring the flow in the Steps. The programme has been able to pull together accurate information from the full pathway system, including data on outcomes that then is able to show the impact of the changes. Implementation of this will be fully achieved through collaboration with partners within and across organisational, professional and geographical boundaries to produce seamless integration.

Remaining actions:

GMMH and partners need to fully implement the agreed revised pathway with entry through Step 2, and integrate complex case provision within Step 3+ of IAPT. This redesign is ongoing and due for full completion by the end of the calendar year.

4.2 Develop compassionate, inclusive and effective leadership at all levels

To achieve this the service has mapped the leadership capacity, capability and requirements in the pathway. It is imperative that the staff are able to be self-directed on performance monitoring and management. It does need to be noted that recruitment has been difficult due to the national recruitment shortage but also the fact that the posts required are highly specialised and appropriate candidates are limited in availability, putting increased pressure on timescales.

The programme will ensure there is sufficient leadership and supervision expertise to promote excellence. Following integration of complex case psychology staff from within GMMH services, appropriately qualified clinical leads will be appointed within each service.

Remaining actions:

GMMH will now align services with the new Trustwide organisational form and in doing so support existing service management teams in development of new approaches. Appoint clinical leadership and ensure system infrastructure is embedded.

4.3 Improve data quality and develop knowledge of how to use improvement methods, at all levels

The service is now able to understand the current performance and quality improvement capability of systems and has commissioned an appropriate clinical information system to maintain this in the form of an IT solution known as PCMIS, a system that is purpose built to collect all required data fields for the monitoring and reporting of IAPT activity.

GMMH noted that there were a number of errors in the accuracy of the internal and externally reported data prior to January 2017. To address this the service has implemented routine data quality checks and appointed a Data Quality and Systems Manager.

Remaining actions:

GMMH to implement PCMIS in October 2017.

4.4 Develop better support systems for optimal delivery and learning

Support infrastructure is inevitably essential to the delivery of all services, this includes estates. The programme has mapped estate requirements across locations to ensure there is sufficient appropriate accommodation. Ensuring aligned geographical coverage will promote ease of access and efficient use of resource.

IT needs are also essential and the programme has ensured both systems and equipment for efficient service delivery are either already in or planned to be in place as required.

Remaining actions:

We are currently completing the updating of IT equipment and networking to enable ease of access to PCMIS, appointing all new clinical leaders and implement new meeting and reporting structures. Despite ongoing joint work with commissioners to identify sufficient consulting space across the city this remains limited and any future expansion of IAPT services will require investment in the estate to support successful service delivery. At present, the Trust and the Commissioners have committed significant investment to enable additional consulting rooms in the Harpurhey Wellbeing Centre, which will become an important clinical hub for the IAPT provision in North. This project is currently being discussed with local groups.

Plans for Chorlton House include the addition of 12 consultation rooms to enable the establishment of a clinical hub for Central Manchester. Work is ongoing to identify a further clinical hub for the South of the city.

4.5 Develop service level reflective practice and enable supportive and aligned regulation and oversight

Performance expectations are agreed and about to be embedded. These will ensure the service is sustainable and aligned to its expected purpose. By having a culture of continuous learning it enables all constituent parts of the system—from the commissioners to patient facing staff—to be consistently aligned in their behaviour with achieving objectives and speaking with one voice and vision. It needs to be noted that good progress has been made in this area.

This has ensured a shared and sophisticated view of quality and collaborative working that encourages an approach to improvement.

Remaining actions:

To fully embed these enablers of high quality care within the new service culture.

5. Milestones towards Key Performance Indicators

5.1 Prevalence

The GMMH programme is working on a plan that gives good progress to achieve the prevalence targets. The assumption is, that in line with high-performing services, most people (around 80%) will quickly commence therapy at Step 2, some of whom will be 'stepped-up' to complete their episode of care in Step 3 or Step 3+. In total around 55% of people will receive all or some of their care at Step 3. Such patient flow mirrors high performing services and is designed to balance timely access with best chance of problem resolution/clinical effectiveness. Implementing this, assuming sufficient referrals, will achieve the Commissioners prevalence expectations of 17% (citywide) and 20% in the North of the City. Work is ongoing with commissioner on how to achieve 25% across the City by 2025.

5.2 Referral to Treatment (RTT)

RTT at entry to Step 3 is a target for March 2018. As the Commissioner RTT target is for the overall proportion of people entering treatment, pathway redesign, flowing through an accessible Step 2 provision, will place compliance with RTT (at discharge) on track by the end of March 2018.

5.3 Recovery

Addressing data quality errors and coordinating all GMMH psychological therapy provision within an integrated IAPT Plus pathway will quickly have a positive impact on recovery. This data should be visible in the Step 3 recovery figures by March 2018. Sustained meaningful change in clinical effectiveness will be achieved through the increased clinical leadership and related support and capability-building conditions set out previously. Implementation in Q3 2017-18, will see a realistic target of MHCC pathway compliance with recovery for end of Quarter 1 2018-19.

There are also strategies in place within Self Help Services and other third sector providers to achieve improvement in recovery rates.

Mental Health Grants Scheme

Early in 2017, North, Central and South Manchester NHS Clinical Commissioning Groups (CCGs) (prior to formation of MHCC) funded a grants programme of £330,000 whose aims are:

- to improve the number and effectiveness of relationships between VCSE organisations and statutory providers of health and social care services based in neighbourhoods
- to assist CCGs to improve the way they commission neighbourhood-based services

This grants programme is administered by MACC and has resulted in 13 (out of a total of 35) community and third sector organisations receiving investment to deliver projects which link with the IAPT services in the city, with the aim of:

- increase access to services and improve recovery
- develop the way that IAPT services are provided to make it work for Manchester and for the One Team
- deliver the interventions and support in a way which is meaningful for the people who need it
- use the strengths of communities and organisations to help mental health services deliver differently and in collaboration

The 13 projects that deliver their activities to increase the take-up of Improving Access to Psychological Therapies (IAPT) services, among communities that find them difficult to access, are as follows:

Project delivering under Objective 2	IAPT Partner
Cheetham Hill Advice Centre	Manchester Mental Health and Social Care Trust
Just Psychology CIC (CC)	Survivors Manchester
The Proud Trust	The Gaddum Centre
TLC-St Luke's	The Gaddum Centre
LMCP Care Link	Self Help Services
African Caribbean Mental Health Services (ACMHS)	N/A
Trinity House Community Resource Centre	The Gaddum Centre & Self Help Services
ALL Arts & Media t/a ALL FM	African and Caribbean Mental Health Services
Northmoor Community Association	Self Help Services
BHA for Equality	African and Caribbean Mental Health Services
Manchester Carers Forum	The Gaddum Centre
42 nd Street	SHS, The Gaddum, Survivor and LGBTF
The Tree of Life Centre Wythenshawe	Self Help Services

- There is a GMMH link worker for every grant holder organisation to help build a good interface between the grant projects and IAPT services; there are also MH&CC officers badged to all 35 projects.

6. Conclusions

- GMMH are committed to working on the pathway for the City and this will include working closely with Self-Help Services, and other providers, to continue to enhance and improve this IAPT pathway offer across all steps in the journey.
- GMMH have made progress in addressing the conditions required to enable quality improvements that will deliver sustained adherence to IAPT KPIs, despite the position not being as initially understood at the point of acquisition.
- A number of conditions need to be established in order to achieve the desired performance by March 2018. Once the whole pathway redesign is implemented, the additional staff are in place, and the new service model for Step 3+ is fully operational, specific progress towards adherence with KPIs will be easier to chart.
- Our ambition is to see the highest level of recovery achieved within the Manchester IAPT pathway: with an expectation of 50% by March 2018. Our medium-term goal for Step 3 is to see recovery independently rise to over 40% and outperform the pathway average for CCGs with comparable populations (41% for the 10 CCGs with the highest Indices of Multiple Deprivation).

- To make it as easy as possible for people to access, continue to attend and complete therapy, IAPT Services are heavily reliant on the availability of community consulting rooms in appropriate locations. To enable achievement of all objectives, there is a need to secure community support for the use of the Harpurhey Wellbeing Centre and further investment in establishing locality IAPT Hubs and access to clinic space in satellite locations. There is an immediate opportunity to provide a Clinical Hub in Chorlton House.
- Finally, the use of transformation funds will enable the backlog of service users on the Step 3 complex cases waiting list to be cleared. This will take up to 12 months which is an additional work stream to the original plan based on the initial intelligence.