

East Lancashire Clinical Commissioning Group

Agenda Item No: 4.5.1

REPORT TO:	Governing Body	
MEETING DATE:	25th January 2016	
REPORT TITLE:	East Lancashire CCG Improving Access to Psychological Therapies (IAPT)	
SUMMARY OF REPORT:	The report is to update the Governing Body on the Performance on East Lancashire CCG - Improving Access to Psychological Therapies (IAPT) provided by Lancashire Care Foundation Trust (LCFT) Mindsmatter and The Community Wellbeing Service, within the Voluntary Sector.	
REPORT RECOMMENDATIONS:	To note the update on IAPT Performance	
FINANCIAL IMPLICATIONS:		
REPORT CATEGORY:	Formally Receipt	Tick √
	Action the recommendations outlined in the report.	
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	Denise Woodburn Service Redesign Manager - Mental Health/Learning Disability	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Cathy Gardener Head of Commissioning	
OTHER COMMITTEES/ GROUPS CONSULTED:	No	
EQUALITY ANALYSIS (EA) :	Has an EA been completed in respect of this report?	N
RISKS:		N
CONFLICT OF INTEREST:		N
PUBLIC ENGAGEMENT:		N
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	
3	Improve access, quality and choice of service provision within Primary Care	
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	√

NHS EL CCG Governing Body

25 January 2016

Improving Access to Psychological Therapies (IAPT)

1. Introduction

- 1.1 IAPT performance is being monitored Lancashire wide and is led by BwD CCG and supported with robust Data through the Commissioning Support Unit (CSU BI).
- 1.2 The report is to update the Committee on the Performance on East Lancashire CCG - Improving Access to Psychological Therapies (IAPT) provided by Lancashire Care Foundation Trust (LCFT) Mindsmatter and The Community Wellbeing Service, within the Voluntary Sector.
- 1.3 Whilst this monitoring has been put in place considerable progress has been made against referrals and treatment waiting times.
- 1.4 Meeting the prevalence target improvements have been made but there are still challenges locally.
- 1.5 To strengthen local IAPT services in East Lancs we have developed the Community Wellbeing Service who are also contributing to the target and therefore monitored through the Health and Social Care Information Centre (HSCIC).

2. Purpose / Background

- 2.1 The report is to update the Governing Body on the IAPT Performance.
- 2.2 **April 2015 to November 2015**

Current Month and Year to Date Variance Compared to Target – LCFT Only

No. of IAPT Referrals to LCFT			No. Entered into Treatment LCFT			Referrals Into Treatment Year to Date Attrition
* Target set based on estimated attrition -25%	Nov-15	Year to date		Nov-15	Year to date	
*Referrals Target	769	6152	Treatment Target	592	4735	
Referrals Received	939	6867	Entered Treatment	645	4983	-1884
Variance	170	715	Variance	53	248	-27.4%
% Variance	22.1%	11.6%	% Variance	9.0%	5.2%	

2.3 LCFT Lancashire wide Referrals

Monthly Referrals									
CCG	Referrals Required	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015
NHS BLACKBURN WITH DARWEN CCG	307	321	296	346	322	338	304	355	449
NHS EAST LANCASHIRE CCG	740	800	808	963	769	865	856	867	939
NHS CHORLEY AND SOUTH RIBBLE CCG	322	334	351	375	330	414	338	325	438
NHS GREATER PRESTON CCG	398	566	475	757	552	570	598	394	755
NHS WEST LANCASHIRE CCG	217	193	175	258	194	231	216	236	262
NHS FYLDE & WYRE CCG	271	262	264	261	288	313	270	263	360
NHS LANCASHIRE NORTH CCG	285	280	277	338	284	324	253	256	343
	Referrals required: assumption includes 25% DNA rate								

2.4 The assumption of 25% DNA rate is in excess of current DNA rates and means referral rates are in excess of that required to meet prevalence target. Preston has had a significant excess over the numbers required in year to date This impacts on waiting times. Referral rates continue to be monitored with targeted promotion where required. Current referral numbers are sufficient to meet prevalence target.

2.5 Current Month and Year to Date Variance Compared to Target, and LCFT plus Lancashire Women's Centres (LWC)

April 2014 – November 2014

No. of IAPT Referrals to LCFT+LWC			No. Entered into Treatment LCFT+LWC			Referrals Into Treatment Year to Date Attrition
	Nov-15	Year to date		Nov-15	Year to date	
* Target set based on estimated -25% attrition						
*Referrals Target	769	6152	Treatment Target	592	4735	
Referrals Received	1141	7803	Entered Treatment	800	5688	-2115
Variance	372	1651	Variance	208	953	-27.1%
% Variance	48.4%	26.8%	% Variance	35.1%	20.1%	

2.6 Referral Process into LCFT Mindsmatter IAPT Service

Mindsmatter will aim to contact people within 2 weeks after the referral date. The first point of contact will be a Welcome Call from a member of the team. There are many ways to refer to the service:

- Telephone referral
- GP referral
- Health professional
- Self-Referral – Leaflets are in GP Practices and other public venues

2.7 Community Wellbeing Service

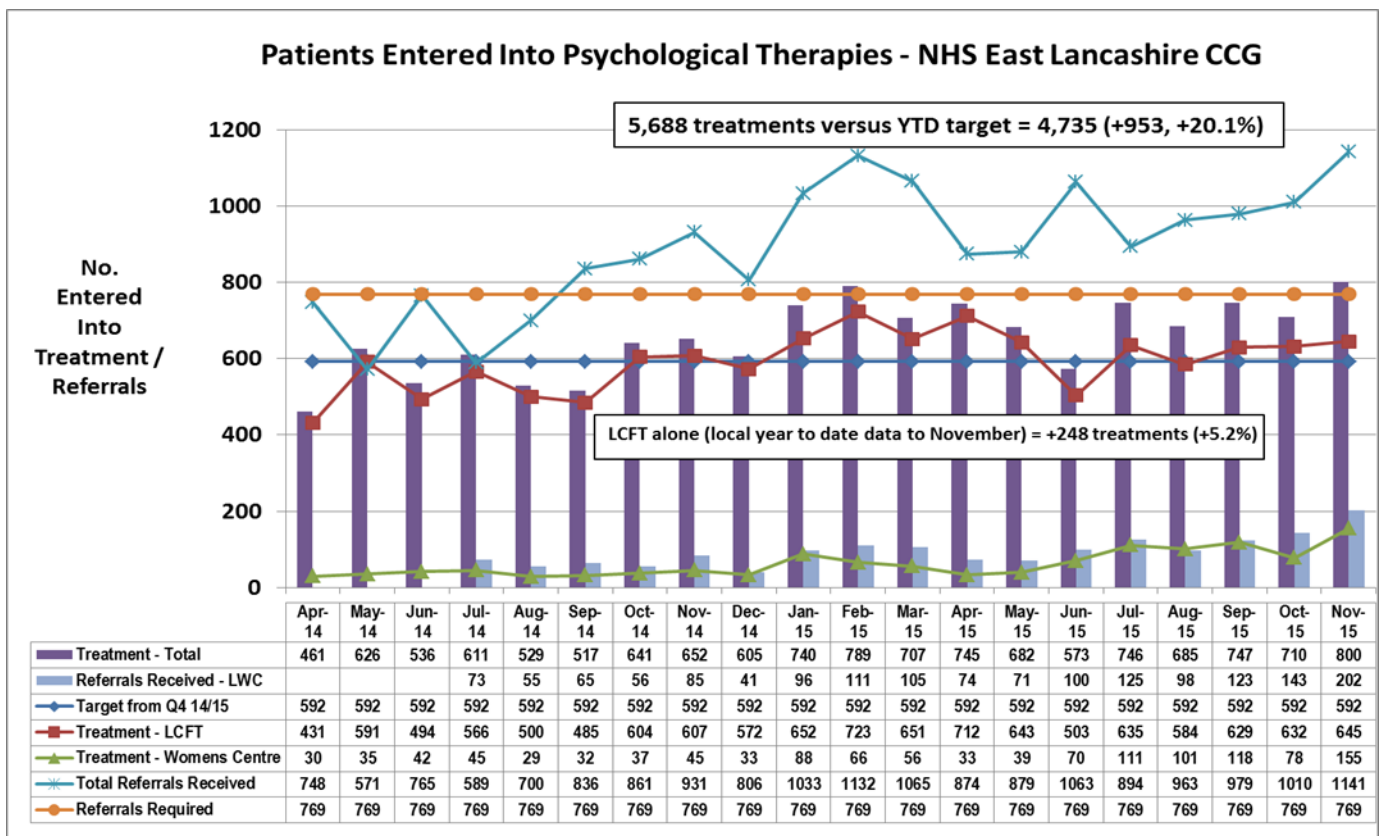
The Community Wellbeing Service also provides a welcome call as above. Lancashire Women's Centre is the lead on a NHS standard Contract and a sub contract with 4 smaller Providers, which includes:-

- Magdelene Project
- Freeflow,
- Child Action Northwest
- Action for Children

Referrals into the service are made via:-

- GP referral
- Self-referral
- E-mail
- Telephone

2.8 The two providers combined has met the target as seen below



LCFT and LCW combined has met the target in November (+35.1%), and in year to date figures (+20.1%).

2.9 IAPT Waiting Times at LCFT

Following the publication of "Improving Access to Mental Health Services by 2020" (NHS England and the Department of Health, 2014), a new set of mental health access and waiting time standards have been introduced across the NHS in England for 2015/16. These standards are:

- 75% of people referred to IAPT services, to commence treatment within 6 weeks of referral; and
- 95% of people referred to IAPT services, to commence treatment within 18 weeks of referral

Total Number of Patients Who Completed Treatment	Oct-15 352	Nov-15 356
Of Which.....		
Number Who Had Commenced Therapy >6 Weeks After Referral	282 (80.1%)	284 (80.0%)
Number Who Had Commenced Therapy >18 Weeks After Referral	343 (97.4%)	346 (97.2%)

2.10 LCFT have implemented a new IT system 'IAPTus', definitive completed waiting time data has caused delays with the data being submitted and CCG;s have been made aware.

2.11 The flow of this data commenced as of October 2015, therefore this is more robust data and reveals the following data for EL patients having completed treatment in October 2015 and November 2015:-

Therapy Type	Total Number of patients Waiting		Change
	April-15	November-15	
Psychological Wellbeing Practitioner	1155	332	-823 (-71.3%)
Cognitive Behavioural Therapy (CBT)	543	381	-162 (-29.8%)
Counselling	362	235	-127 (-35.1%)
TOTAL	2060	948	-1112 (-54.0%)

2.12 In terms of the breakdown of how long people have been waiting, 53.1% have been waiting less than 4 weeks:-

There has been a significant improvement in waiting times as indicated below,

To improve waiting times systems and processes have be put into place and also the Community Wellbeing Service has also contributed.

East Lancashire CCG	November 2015						November Total
	0 - 3 wks	4 - 6 wks	7-10 wks	11-16 wks	17-25 wks	26 wks+	
Psychological Wellbeing Practitioner	222	40	25	31	14	0	332
Cognitive Behavioural Therapy (CBT)	174	145	49	9	4	0	381
Counselling	107	59	48	18	3	0	235
Total	503	244	122	58	21	0	948
	53.1%	25.7%	12.9%	6.1%	2.2%	0.0%	

There are varying proportions of patients waiting beyond 6 weeks, depending on the type of therapy:

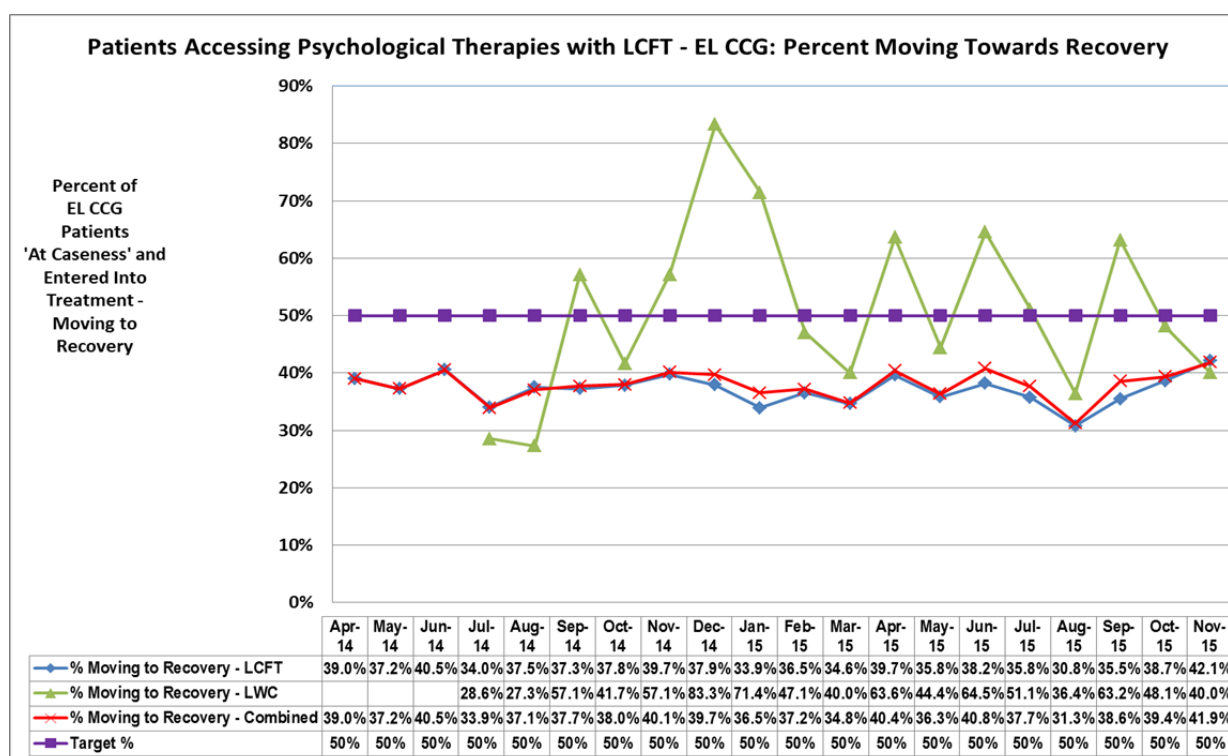
East Lancashire CCG	Total Waiting	Waiting Weeks >6	% Waiting Weeks >6
Psychological Wellbeing Practitioner	332	70	21.1%
Cognitive Behavioural Therapy (CBT)	381	62	16.3%
Counselling	235	69	29.4%
Total	948	201	21.2%

2.13 Waiting Times Community Wellbeing Service

As indicated in the table below there is less waiting times within the voluntary sector

Snapshot of Waiting Times 2015/16			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Year to Date Waits
ELCCG Total	Psychological Well Being Practitioners (PWP)	0 - 3 wks	16	12	11	8	12	9	0	1					69
		4-6 wks	3	5	2				0	1					11
		7 - 10 wks							1	1					2
		11 - 16 wks													0
		17 - 25 wks													0
	Total	19	17	13	8	12	9	1	3	0	0	0	0	0	82
	Cognitive Behavioural Therapy (CBT)	0 - 3 wks	13	9	8	11	14	11	2	6					74
		4-6 wks	4	4		4			5	2					19
		7 - 10 wks													0
		11 - 16 wks													0
		17 - 25 wks													0
	Total	17	13	8	15	14	11	7	8	0	0	0	0	0	93
	Counselling	0 - 3 wks	64	48	51	43	42	30	24	47					349
		4-6 wks	15	13	9	10	11	3	13	18					92
		7 - 10 wks								1					1
11 - 16 wks														0	
17 - 25 wks														0	
Total	79	61	60	53	53	33	37	66	0	0	0	0	0	442	
Total on Waiting List			115	91	81	76	79	53	45	77	0	0	0	0	617

2.14 East Lancs CCG Recovery LCFT and LWC – Target 50%



2.15 LCFT - Recovery Lancashire Wide

Indicative Recovery 2015/16	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Cumulative Completed Treatment	Cumulative Moved to Recovery	Cumulative Not at Caseness	Year End Trend
NHS BLACKBURN WITH DARWEN CCG	30.6%	34.4%	29.6%	34.9%	32.2%	35.7%	40.6%	41.9%	1083	354	70	34.9%
Burnley	32.0%	28.6%	31.5%	35.0%	19.1%	28.2%	32.1%	44.4%	698	205	63	32.3%
Hyndburn	38.6%	41.8%	42.2%	31.1%	31.1%	37.5%	41.0%	42.6%	639	233	22	37.8%
Pendle	39.0%	26.4%	42.2%	37.5%	41.7%	41.1%	47.7%	51.1%	519	182	68	40.4%
Ribble	55.6%	52.6%	37.0%	41.0%	40.0%	57.7%	41.7%	45.2%	268	110	26	45.5%
Rosendale	49.3%	42.4%	38.9%	35.9%	25.0%	29.7%	36.0%	30.8%	517	174	43	36.7%
Other	0.0%	25.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	20	1	6	7.1%
NHS EAST LANCASHIRE CCG	39.7%	35.8%	38.3%	35.0%	30.8%	35.5%	38.7%	42.1%	2661	904	228	37.2%
NHS CHORLEY AND SOUTH RIBBLE CCG	42.5%	33.8%	38.9%	33.5%	47.5%	40.3%	42.8%	45.3%	1414	544	77	40.7%
NHS GREATER PRESTON CCG	32.5%	33.1%	36.9%	43.1%	36.1%	41.3%	32.7%	36.2%	1711	559	165	36.2%
NHS WEST LANCASHIRE CCG	39.8%	36.0%	37.9%	36.3%	44.7%	42.7%	50.0%	41.3%	842	320	57	40.8%
NHS FYLDE & WYRE CCG	29.4%	40.0%	42.4%	30.1%	21.6%	37.7%	37.3%	30.8%	844	254	82	33.3%
NHS LANCASHIRE NORTH CCG	29.9%	31.0%	41.4%	30.3%	35.9%	35.4%	37.8%	28.2%	1151	344	115	33.2%
Unknown/Other			40.51%	38.46%	66.67%	42.86%						
Recovery Target	50%											

2.16 Recovery - Performance shows continuous improvement in a majority of CCG Footprint.

2.17 Following discussion at previous CCG Performance Meeting the Mindsmatter service has introduced measures for severe presentations as measured by PHQ 9 (20 and above) and GAD 7 (15 and above) and referred onto the Assessment & Treatment team (ATT). This is consistent with approach taken in other IAPT services.

3. In-Patient Bed Admissions

LCFT are currently experiencing unprecedented pressures on in-patient bed admissions. As a consequence, and with agreement with commissioners, appropriately trained staff from across the system, including Mind Matters staff, have been drafted to work on the admission and discharge of in-patients including addressing the escalating OATs situation. LCFT, CCG Commissioners, NHSE, and LCC have held daily telecalls to manage the situation. This approach has proved to be successful and the situation is now under control. However it has been agreed to continue with the current arrangements until 4th February 2016.

3.1 This will have an impact on referrals to Minds Matter and also to the availability of therapy of those in treatment. The impact of this is yet to be realised. In east Lancs,

3.2 East Lancashire is fortunate to have an alternative in the Community Wellbeing Service and commissioners would encourage referrals to this to ensure patients receive a timely service and ELCCG targets on IAPT do not suffer. The Community Wellbeing Service is fully aware of the situation in LCFT and has made plans to ensure that it can cope with the increase in demand.

4. NHSE Funding

Additional funding has been secured for the Community Wellbeing Service to develop a bank of therapists. We are continually working to improve East Lancashire IAPT model and make efficiency savings where possible whilst not compromising on quality of service.

5. Summary

LCFT have responded to commissions concerns around the performance of IAPT services across Lancs. This has been closely monitored through the contract held with BWDCCG and in addition a local Pennine Lancs performance monitoring meeting was set up to address local issues. The service has rebranded from Healthyminds to Mind Matters and focuses on improvement on the core principles of an IAPT service. Developed and promoted self-referral routes. Developed clear boundaries around IAPT and CMHTs, by defining the appropriate cohort of patients, ie mild to moderate depression and anxiety. Focussed on clearing the waiting list and improved the referral route by developing the welcome call facility which aims to contact people within 2 weeks of referral. Purchased a new data collection system 'IAPTus' which is able to provide better quality data for monitoring purposes and also aligns with national data submission requirements to HSCIC. Improved links with voluntary sector services and consequently issues around social inclusion are addressed sooner. Worked in partnership with Lancashire Women's Centre and have been included in the development of the Community Wellbeing Consortium.

6. Conclusion

6.1 The above information provides the current position for LCFT and Lancashire Women's Centre. The service continues to be monitored through BwD IAPT meetings and locally.

7. Recommendations

7.1 To note the update on IAPT Performance

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Mental Health/Learning Disability**