NHS
Brent
Clinical Commissioning Group

Central and North West London NHS
NHS Foundation Trust

Report to: **Brent Health Scrutiny Committee**

Report from: **Central and North West London NHS Foundation Trust & NHS Brent Clinical Commissioning Group**

Date of meeting: **29th January 2013**

RE: **IAPT and Pathways to Psychological Therapy Services**

---

1. Executive Summary

- It has been suggested that there is a gap in available psychological provision for step 4 interventions within secondary care services.
- As such the current psychological services within IAPT and the Recovery Service Line have been reviewed.
- Following the review, it is proposed to combine funding within IAPT and vacant sessions in secondary care services to increase the provision of step 4 interventions within secondary care.
- In addition, a thorough review of psychology, art therapies and psychotherapy services is proposed to further support access to psychological interventions within secondary care.

2. Recommendation

The Health Scrutiny Committee members are requested to *note* the progression of this proposal to improve patient care through providing psychological support for all levels of need.

The transfer of funding from IAPT to secondary care to support investment to into psychological therapies for complex needs with a view to providing additional capacity for tier 4 interventions within specialist services.

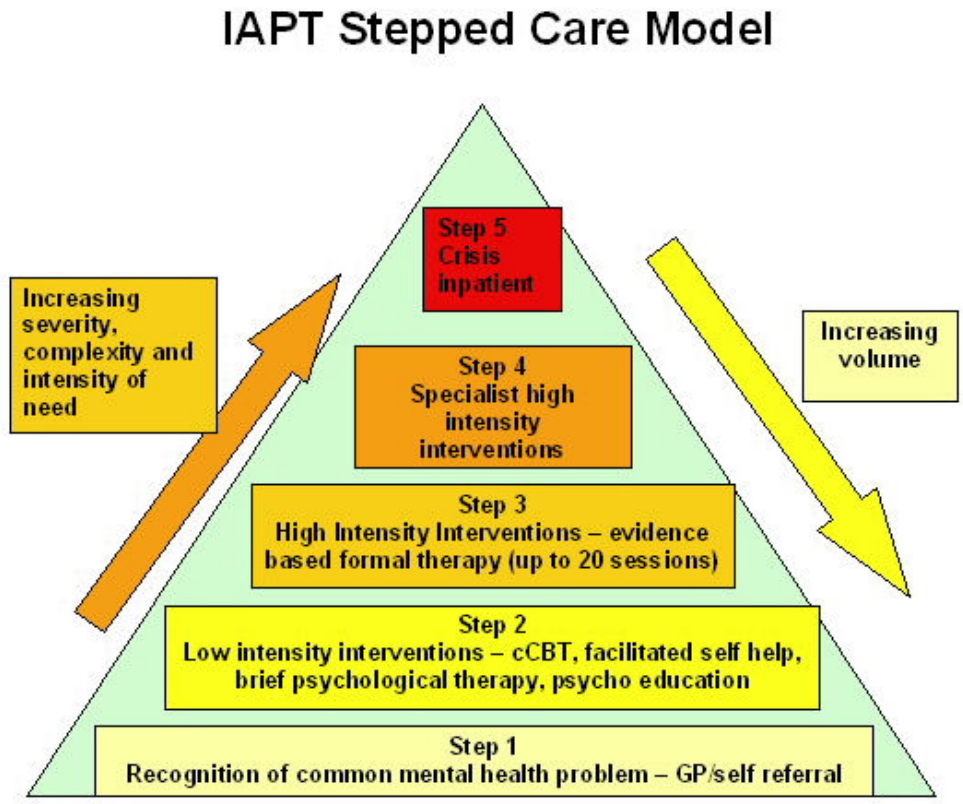
3. Detail

3.1 Purpose of report

- To present the review of the current provision and the pathway for psychological therapies from primary care provision to secondary care (step 2 to step 4).
- To share the proposals for addressing the current levels of need for provision of psychological interventions for people with more complex mental health needs.

3.2 Background - Current Psychological Therapy provision for Brent Residents

3.2.1 Figure 1: Brent Improving Access for Psychological Therapies (IAPT)



Brent IAPT is a psychological therapy and counselling service within primary care. Improving Access to Psychological Therapies (IAPT) is a Department of Health initiated national programme with the principal aim of, '*to support Primary Care Trusts in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders*.' At the time of setting up demonstration sites in 2005 -2006, only a quarter of the 6 million people in the UK with these conditions were in treatment, with debilitating effects on society. IAPT provides evidence based psychological therapy services to people with 'common' mental health problems such as anxiety and depression, delivering improvements in health, well-being and in maintaining people or returning people to employment and community participation.

The national roll out programme started in 2008, with 34 wave 1 IAPT sites. This was followed by wave two sites in 2009-2010 and wave three sites in 2010-2011. Central government funding was provided for developing the IAPT services. However, it was important that any PCT wishing to create an IAPT site needed to demonstrate there was capacity within its existing resources to support the development.

In line with DH guidelines, the development of an IAPT service was part of NHS Brent commissioning plans for 2009-2014 as part of the mental health strategy. Brent PCT was successful in its application in 2010 to develop an IAPT service. Brent IAPT is a "third wave" IAPT site, which was supported by Commissioning for

London but received smaller funding in comparison to wave 1 and wave 2 IAPT sites. Brent PCT achieved its initial goal in investing in this service by re-designing existing mental health services including psychological services provided by CNWL. As part of this re-design, a proportion of investment from secondary care psychological services was diverted to the primary care based IAPT service.

This was based on an analysis of the annual referrals and examination of therapy provision by IAPT London Lead, which indicated that the majority of the referrals currently seen in secondary care would be appropriate for an IAPT service. Furthermore, as Brent Adult Psychology was already providing therapy services in a number of GP surgeries, this confirmed the rationale for reconfiguring resources to support the development of IAPT for Brent.

A plan to move some of the investment from psychology provision at step 4 to IAPT at step 3 was agreed in a meeting held between NHS Brent, CNWL and London IAPT Lead, National IAPT Lead and other members of Commissioning for London (CSL). CNWL and NHS Brent agreed to transfer 6 clinical staff in total to IAPT. Five Clinical Psychologists at a basic grade level (newly qualified) and an appropriate grade to deliver step 3 therapies were transferred. To provide clinical leadership and clinical supervision of the IAPT workforce, two Principal Clinical Psychologists were also transferred with the remit of clinical leadership, supervision and seeing more complex patients with common mental health problems.

Brent IAPT provides IAPT services for step 2, step 3 and some step 4 services in order to achieve seamless arrangements for IAPT service users who need to be stepped up for more intensive treatment. A smaller proportion of the psychology resources (four members of staff and 3.4 WTE) were retained to provide a service for those with severe mental illness including psychosis. Further information is provided below about other services which provide psychological therapies.

Brent IAPT has a range of therapies offered at step 2, low intensity therapies by Psychological Well Being Practitioners, and step 3 by High Intensity Therapists and by Counsellors who deliver IAPT specific therapies as well as generic counselling for service users, which include step 4.

Figure 2

Staff	Disorder	Intervention
Step 1: GPs/nurses	Recognition of problem	Assessment/watchful waiting
Step 2: Low intensity service	Depression – mild to moderate	cCBT, guided self-help, behavioural activation exercise.
	Panic disorder – mild to moderate	cCBT, guided self-help, pure self-help, psycho-education groups.
	General Anxiety Disorder (GAD) – mild to severe	cCBT, guided self-help, pure self-help. Psycho-education groups.
	OCD – mild to moderate	Guided self-help

Staff	Disorder	Intervention
Step 3: High Intensity service	Depression mild – moderate	Counselling for Depression Dynamic Interpersonal Psychotherapy Behavioural Couples Therapy
	Depression moderate – severe	CBT Interpersonal Psychotherapy
	Panic Disorder	CBT
	GAD	CBT
	Social Phobia	CBT
	PTSD Single and multiple trauma	CBT, Eye Movement Desensitisation Reprocessing (EMDR), Trauma focused Therapy
	Obsessive Compulsive Disorder (OCD)	CBT

The Brent IAPT service is subject to rigorous performance monitoring to ensure that the service meets its performance targets, given its national and local prominence. The service, in addition to other IAPT services such as employment and counselling, provide regular monthly performance reports to the Brent IAPT Performance and Monitoring Group and quarterly performance reports to the NHS Brent CCG and CNWL Mental Health Contract Monitoring meetings and the IAPT national data base. Performance information from the service since implementation in December 2010 has identified that referrals to the IAPT service have dramatically increased and the number of patients entering treatment is also high. The latest figures show that referrals are increasing by approximately 10% per annum.

Referral figures

Figure 3: Brent IAPT Incoming Referrals from 2010-2012 onwards

Period	No of referrals
1st December 2010 – 31st March 2011	1230
1st April 2011 – 31st March 2012	4089
1st April 2012 – 31st December 2012	3276

A recent report in January 2013 from the National IAPT Board shows that Brent IAPT, which is part of the cluster of IAPT services within the NW London region achieved the second highest performance of patients entering treatment (KPI4).

Currently, the IAPT service is meeting the needs of approximately 10% of the number of people who have depression and/or anxiety disorders in Brent. The level of need in the general adult population is known as the rate of prevalence and is defined by the Psychiatric Morbidity Survey. The NHS Planning Guidance for 12-13 and 13-14 have emphasised the need for local IAPT services to improve this to meeting the needs of 15% of the population.

NHS Brent Clinical Commissioning Group have responded to the increased demand and requirements to improve performance by increasing investment in a phased manner for the IAPT service. The first phase of investment was made in 2012/13 and further investment is planned in 2013/14. The phased investment will result in an increase in staffing/capacity within the service by 60%. Of note, the increase in capacity will support additional capacity for step 3 provision, where it is most needed and by 100% (see figure 2 below for details).

Figure 4: Clinical Establishment changes in IAPT.

Clinical Establishments	**WTE 2010-11**	**WTE 2011-2012**	**WTE 2012-2013**	**Total Increased Investment Between 2010-2012**
Clinical Lead/Coordinators (8b grade)	1.0	1.0	1.0	0
Senior Clinician	1.0	1.0	1.0	0
High Intensity Counsellors	2.8 (104 hrs)	4.4 (154 hrs)	6.0 (204 hrs) (in April 13)	100 per cent. Further increase to 218 hours in 2013/14.
High Intensity Trainees (Band 7)	2.0	3.0	3.0	Funding from LHP for six months – CNWL met the shortfall
High Intensity Worker (Band 7)	5.0	7.0	10	100 per cent
PWP Qualified (Band 5)	2.0	5	5	0 (Additional investment not required)
PWP Trainees (Band 4)	3.0	0	0	(No additional investment as funding was available)
Total IAPT CBT clinical establish	14.0	17.0	20.0	
Total with Counsellors	16.8	21.4	26.0	
Other Establishments				
Administrators (band 4)	2.0	2.0	2.5	0.5 wte increase to support counselling service intervention.
Community Development Worker	1.0	1.0	1.0	0 additional Investment
Employment Advisers Retain & Regain	1.0	1.0	3.0	Change of contractor and increased investment
Total Other Establishments	4.0	4.0	6.5	
Total IAPT establishments	20.80	25.4	32.5	The total work force increase for the step 3 service (CBT and counselling) is 100 per cent)

3.2.2 Brent Adult Psychology Service for Complex Care

Psychology Provision

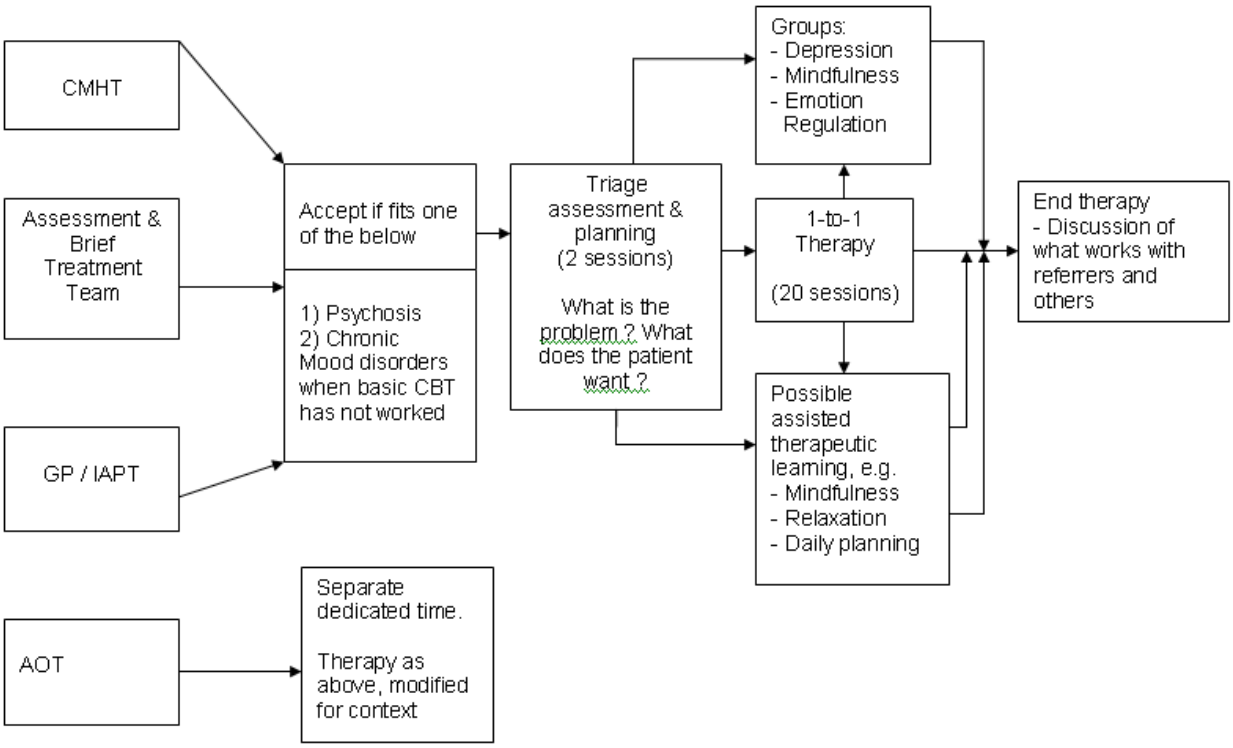
Post	WTE
Consultant Psychologist (8c)	0.6
Clinical Psychologist (8a)	0.4
Clinical Psychologist (8a)	0.7
Assistant Psychologist (4)	1.0

This service is located within secondary care and hosted within the Recovery Service Line. The team includes a Consultant Psychologist, two Principal Clinical Psychologists and one Assistant Psychologist. It receives referrals through the single point of entry to secondary care which is the Assessment and Brief Treatment team (ABT), as well as from the Recovery Team. The staff team are experienced and their special interest is in psychosis, bipolar disorder and other complex presentations. The team provide individual and group therapy as well as a consultation and an advice service to other clinical teams. Specific therapies offered by the service include:

- CBT for depression and psychosis.
- Solution-focussed and narrative therapy.
- Emotion Regulation Training in groups and 1-to-1 where necessary (see below)
- Mindfulness meditation groups.
- An on-going CBT open group for patients suffering from depression.
- Psychometric and other diagnostic assessments as required.

Other services include consultation and advice to clinical teams or individual staff on the management of patients on their caseload. The Consultant Psychologist is currently engaged in the provision of training to the Recovery Team staff on management of psychosis. Referrals to this service, although high in the previous financial year, appear to have dropped by 60% in the current year.

Figure 3: REFERRAL AND TREATMENT PATHWAY- BRENT ADULT MENTAL HEALTH PSYCHOLOGY (COMPLEX CARE) SERVICE



3.2.3 Psychotherapy Provision within complex care

Psychotherapy Provision

Post	WTE
Consultant Psychologist (8c)	1.0
Principal Psychotherapist (8b)	1.90
Principal Psychotherapist (8a)	0.2
Family Therapist (8a)	1.1
Consultant Psychiatrist in Psychotherapy	0.6
Total	4.8

This service is located within secondary care and receives referrals through the single point of entry to secondary care which is the Assessment and Brief Treatment team (ABT), as well as from other secondary care specialist teams. The service provides individual and group therapy as well as a consultation and advice service to other clinical teams. Family therapy and systemic therapy is also part of the psychotherapy service which offers a service to families with difficulties in the context of mental health problems of a member of the family. The service is also involved in training multidisciplinary teams in the management of patients with personality disorders.

3.2.4 Art Therapies Provision

Post	WTE
Band 8b	0.4
Band 8a	0.4
Band 7	1.2
Total	2.0

This service is located within secondary care and receives referrals via secondary care teams. The team provides art therapy, drama therapy, music therapy with individuals as well as in groups. This team see complex cases where service users may not be able or willing to use talking therapies.

3.2.5 Review of provision available in Secondary Care (step 4)

The review has highlighted that the available psychological treatment for more complex mental health needs in secondary care for clinical psychology is currently limited due to the proportion of resources in level 2, 3 and 4 and psychology available through primary care IAPT.

- There are resources in other disciplines who offer team based as well as outpatients based therapy within the Adult Psychotherapy service and also Art Therapies

- An audit of referrals indicate that the demand for the psychology service for complex care has dropped substantially in 2011-2012 correlating with the increase in referrals to primary care IAPT service.

- The psychology service for complex care offers a range of therapies more suited to those with severe and enduring mental health difficulties who are likely to be on CPA.

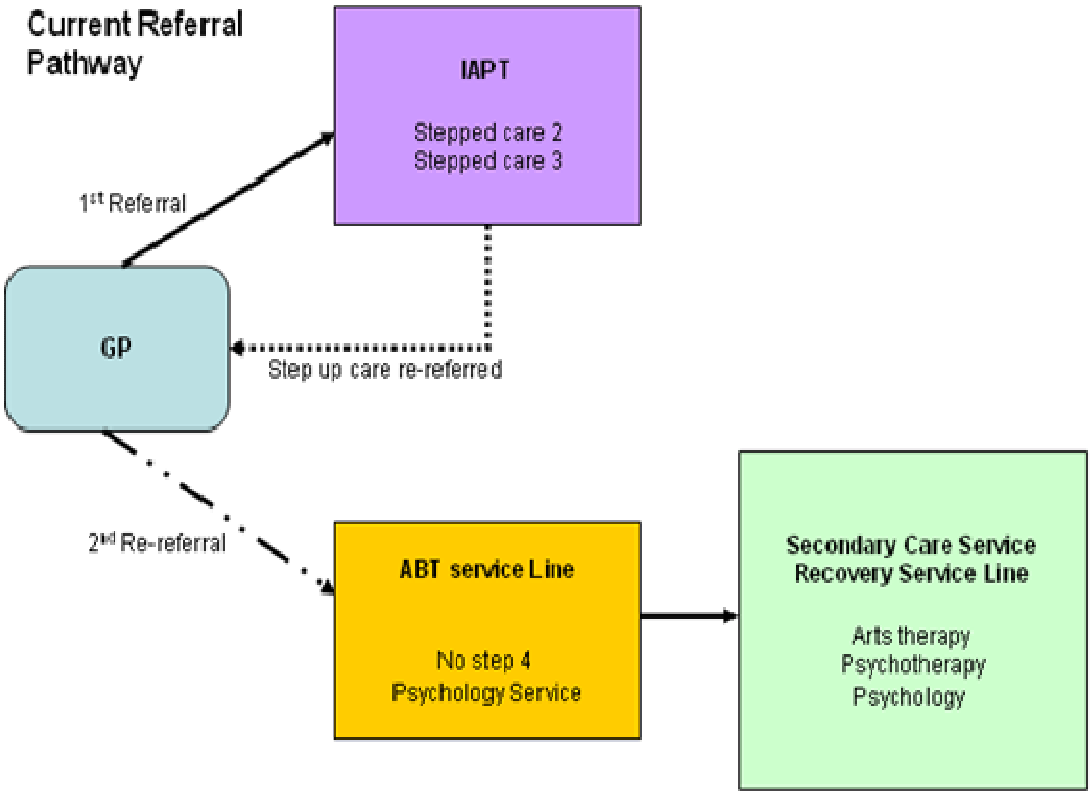
- The service review has identified the lack of availability in the Assessment and Brief Treatment service, for users with more complex problems and not on CPA, which is an issue related to the current pathway for accessing psychological treatment.

- At the point of review there is currently no psychological treatment service within the Assessment and Brief Intervention service to support first point of entry for non-CPA cases and more complex cases to those less suited to the IAPT model. The ABT team still has access to the Psychology service for complex care but this is not dedicated resource and referrals from ABT will compete with referrals from Recovery which may cause delays in accessing treatment.

- It is expected that patients not suitable for IAPT due to their more complex presentation or those who require more intensive support, or treatment within a team context, will get stepped up to secondary care.

- Anecdotal information from IAPT staff about the cases being seen in IAPT and the difficulties in delivering IAPT compliant and evidence based treatments have led to systematic data and audit to understand the reasons for this. The most recent audit (currently ongoing) is reviewing patients that did not achieve recovery status in IAPT. The preliminary findings confirm that the Brent IAPT service takes more complex patients for treatment and that the current step 4 capacity is being fully utilised. The preliminary findings further suggest that a proportion of patients who are currently receiving treatment through IAPT have a need for a more complex and specialist treatment. For example those with complex Post Traumatic Stress Disorder (PTSD) with co-morbidities, severe depression with self harm etc.

Figure 6: Findings of the Review



3.2.6 Addressing the findings of the review

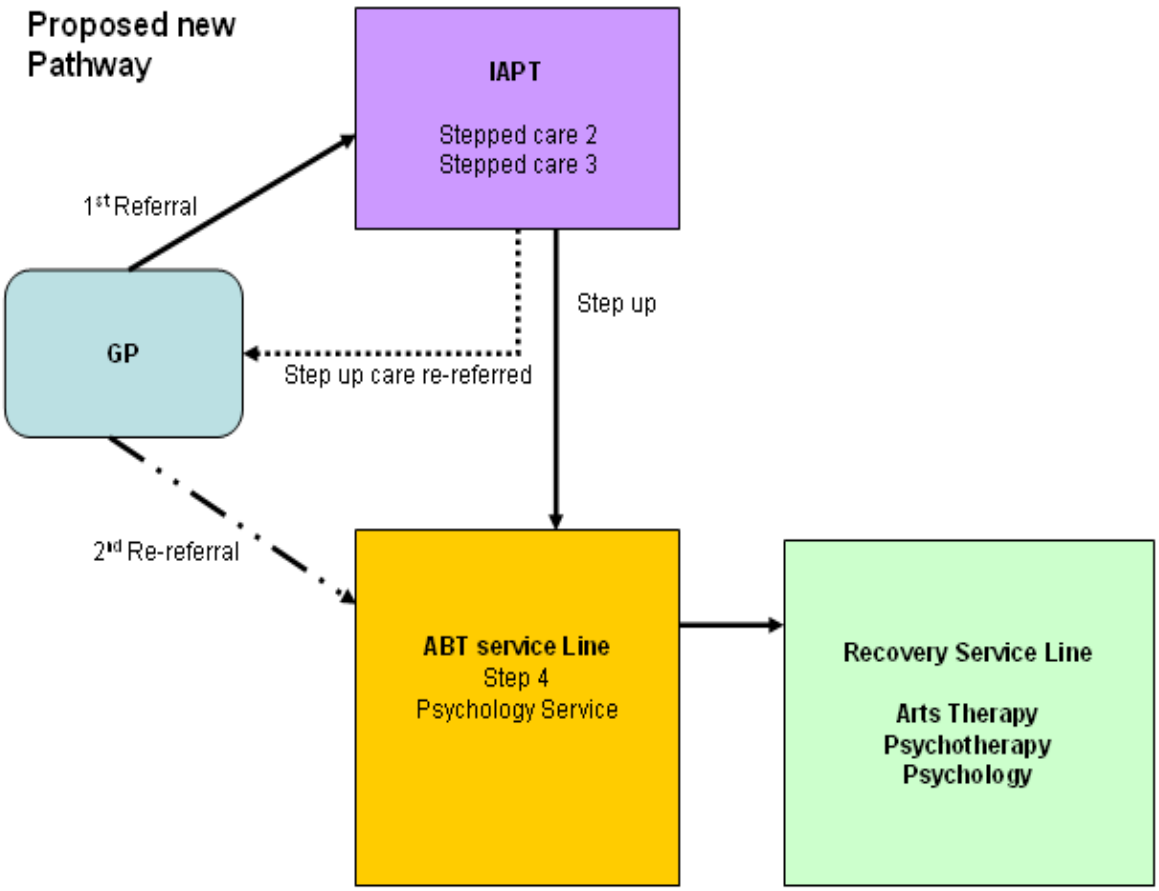
The findings of the service review indicate that capacity for step 4 interventions is secondary care is limited which results in delays in accessing more appropriate therapeutic interventions. The current psychology resource is therefore insufficient to effectively respond to the needs of service users with a range of complex problems. To address this, the plan is to reconfigure and increase resources to:

- Increase band 8a capacity to respond to complex non-CPA.

- Support the 8a post to work within secondary care and across ABT and recovery in the provision of psychological treatment for complex non-IAPT cases and assist with supervision of HI therapists with complex cases.

- To review Art therapies and Psychotherapy service to see how this resource can be best utilised to fill any remaining gap in step 4.

Figure 7: Proposed new pathway



3.2.7 Benefits to Patients and Carers

- Improved access to psychological treatment for service users with complex difficulties.

- Improved patient care – which means better health outcomes including more independence and an enhanced quality of life for more patients and carers.

- Increased patient choice - Patients and carers will have more choice and control over their care resulting in care packages that are tailored to meet their individual needs.

- Improved patient experience

- Improved pathway provision for complex care needs from step 3 to step 4

4. Conclusion and Recommendation

Since the implementation of the IAPT service, the evidence is that it has increased access to psychological therapy and counselling, from 600 per annum to 4000 per annum for step 2-4 IAPT interventions. A gap of psychological provision for step 4 care within secondary care has been identified and we anticipate that the shift in resources will enable this to be addressed. A review of art therapies and psychotherapy will be conducted during the course of the next financial year to determine how this resource is being utilised and whether there are any opportunities for further improvements.