Hull Clinical Commissioning Group

Agenda Item: 6.1

Report to: NHS Hull Clinical Commissioning Group Board

Date of Meeting: 31 May 2013

Subject: Improving Access to Psychological Therapies (IAPT) - Performance Update

Presented by: Julia Mizon, Director of Commissioning and Partnerships

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Julia Mizon, Director of Commissioning and Partnerships

STATUS OF THE REPORT:

To approve		To endorse	
To ratify		To discuss	
To consider	x	For information	

PURPOSE OF REPORT:
The purpose of this report is to update members on the performance of the local Improving Access to Psychological Therapies Service in light of discussions at the March 2013 meeting of the Clinical Commissioning Group Board.

RECOMMENDATIONS:
is recommended:

a) That members note the immediate actions being taken to improve performanc performance delivery is monitored by the Quality and Performance Committ through the regular reporting.
b) that members note that IAPT is part of the Partnerships transformatior programme work-plan monitored by Planning and Commissioning Committee
c) That the IAPT re-procurement project is currently on track

REPORT EXEMPT FROM PUBLIC DISCLOSURE	No [X] Yes [ ]
If yes, grounds for exemption (*FOIA or DPA section reference*)	

CCG STRATEGY NUMBER REFERENCE	**ASSURANCE FRAMEWORK REFERENCE NUMBER**
This links to the strategic aims in ***Creating a Healthier Hull.'***: Commission health care that delivers quality outcomes is focused on the need of the individual that treats people with compassion and dignity and is delivered in the most appropriate setting.	

IMPLICATIONS:	
Finance	There are no financial implications of this report
HR	There no HR implications identified in this report
Quality	There no specific quality implications identified in this report
Safety	There no safety implications identified in this report

ENGAGEMENT:
Service user experience was captured in the review of the pilot service. All service providers have been informed of the 2013/14 operating plan targets, the importance of delivery to NHS Hull CCG and plan to re-tender the services in order to address performance issues associated with the current contractual arrangements.

LEGAL ISSUES:
There are no legal issues identified with this report

EQUALITY AND DIVERSITY ISSUES:
An equality impact analysis is not required for this report.

THE NHS CONSTITUTION:
This paper has a bearing on the delivery of the following pledge:
"to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution"; (Section 2a of the NHS Constitution)

North Yorkshire and Humber Commissioning Support Unit

Improving Access to Psychological Therapies

- Performance Update

Author Keith Baulcombe

North Yorkshire and the Humber Commissioning Support Unit

Date May 2013

Improving Access to Psychological Therapies (IAPT) – Performance Update

1. INTRODUCTION

The purpose of this report is to update members on the performance of the local Improving Access to Psychological Therapies Service in light of discussions at the March 2013 meeting of the Clinical Commissioning Group Board

2. BACKGROUND

Improving access to psychological therapies (IAPT) is a programme offering brief interventions approved by NICE for treating people with mild to moderate depression and anxiety disorders. The NICE guidelines recommend using a stepped care model; the steps and interventions required vary across these conditions, but the principle being that patients receive the least burdensome effective treatment necessary for their recovery.

The IAPT service has been established in Hull since 2008 and is delivered by an informal partnership of City Health Care Partnership CIC (CHCP) and the Humber NHS Foundation Trust (HFT). The activity captured in relation to IAPT comprises data from CHCP IAPT low intensity service, and HFT IAPT High intensity and counselling services.

3. INFORMATION

3.1 Detail of the target CCG target

The NHS Mandate has set priority targets with the NHS Commissioning Board[1] confirming delivery of the commitments by 2015.

The level of need in the general adult population is known as the rate of prevalence, defined by the Psychiatric Morbidity Survey. For common mental health conditions such as that covered by IAPT services, it is expected that a minimum of 15% of those in need would willingly enter treatment if available.

IAPT has a number of key performance indicators:

- There is an assumed prevalence figure of **37,138**[2] in Hull
- by 2015 at least **15%** of adults with relevant disorders will have timely access to services
- with a recovery rate of **50%.**[3]

In Hull this represents **5,571** people who will access services and **2,786** will move to recovery.

Two headline indicators for IAPT were included in the NHS Operating Framework 2012-2013[4] and are designed to achieve quarter on quarter improvement in:

[1] NHS Commissioning Board (2012) *Everyone Counts: Planning for patients 2013/14*
[2] local estimate based on Psychiatric Morbidity Survey – taken from IAPT minimum data set
[3] ***Recovery Rate;*** The number of people who are moving to recovery divided by the number of people who have completed treatment minus the number of people who have completed treatment that were not at caseness at initial assessment, IAPT KPI Technical Guidance 2012-13 v2.0
[4] IAPT KPI Technical Guidance 2012-13 v2.0

3.1.1 Access Rate (First headline indicator (PHQ13_05)): the number of people entering treatment over the level of need i.e. the number of people with depression and anxiety disorders in the population, expressed;

a. As a number (the number of referrals entering treatment)
b. As a percentage of total prevalence

The following table highlights both the England target for 2012/13 and the Hull target and actual performance for the same period. There is an expectation that CCGs show consistent improvement in this indicator – NHS Hull CCG achieved the required improvement in Q2 and Q3 of 2012/13.

	2012/2013:	Q1	Q2	Q3	Q4	Total
ENGLAND TARGET	Numbers entering Treatment (a)	153,000	161,000	172,000	183,000	669,000
	Proportion of Prevalence (b)	2.50%	2.63%	2.78%	2.99%	
HULL	TARGET Numbers Entering Treatment	928	976	1032	1110	4046
	ACTUAL Numbers Entering Treatment (a)	768	1392	1144	557	3861
	ACTUAL Proportion of Prevalence (b)	2.07%	3.75%	3.08%	1.5%	

3.1.2 Recovery Rate (Second headline indicator (PHQ13_06)): The number of people who are moving to recovery; divided by the number of people who have completed treatment minus the number of people who have completed treatment who were not at "caseness" at initial assessment.

(Caseness: a patient whose score, when assessed, exceeds the accepted case/non-case threshold for a standardised measure of symptoms.)

The following table highlights the CCG recover rate target for the operating period ending 31 March 2015 compared to the same target for 2012/13 and the 2012/13 actual performance.

	Q1	**Q2**	**Q3**	**Q4**
By 2015 Target	50%	50%	50%	50%
End 2013 Target	40%	40%	40%	40%
Hull 2012/13 Actual	**32.52%**	**27.86%**	**14.91%**	**23.0%**

There is an expectation that CCGs will show improvement on this indicator. Services should strive to meet at least 40% recovery rate by March 2013 rising to 50% by the end of the Comprehensive Spending Review (CSR) period i.e. 31 March 2015

3.2 Contributory factors to current performance

Performance for the period 2012/13 can be summarised as follows:

- The number of people entering IAPT treatment in 2012-13 was 3861, 95.4% of 2012-13 target
- The proportion of people moving to recovery in 2012-13 was 24.5%, 61.4% of target

3.2.1 Any Qualified Provider (AQP)

An AQP pilot project was established during 2011/12 to provide a responsive and accessible service within primary care to people experiencing common mental health problems.

It delivers NICE compliant treatment for people suffering from mild to moderate depression and anxiety disorders, based around a stepped-care approach, delivered in a variety of settings close to people's homes. The client group of the service is equivalent to that of IAPT services, particularly low intensity.

During 2012/13 the AQP providers received **3,037** referrals (**1,756** referrals in 2011/12). The addition of this activity (taking account of the AQP DNA rate) to the 2012-13 IAPT actual performance would have resulted in the CCG achieving both the 2012/13 and the CSR period end targets for referral rate. Urgent work is underway to ensure that IAPT compliant activity is recorded against CCG performance within the monitoring systems.

3.2.2 Stress Control Courses

CHCP ran a stress control pilot course run in 2012 which consisted of six 90 minute weekly sessions. It was offered to current CHCP clients as part of the pilot but was designed to be open access; 65 people attended the course in week one and 47 of them completed the six week course.

The tutors use IAPT approved tools to measure patient progress throughout the course and the majority of the clients scored above IAPT caseness at the commencement of their treatment.

This activity was funded from public health budgets and approval has been given to extend the pilot for a further four courses to allow for more rigorous evaluation. Early signs show a high level of participant satisfaction and value for money.

This addresses an area of need in the city as indicated by our prevalence rates but the activity delivered would not contribute to the CCG performance. In the CCG review of the IAPT provision, consideration will be given to commissioning similar courses as a first point of treatment.

3.2.3 Self referrals

There is poor performance locally in relation to the conversion of referrals to patients entering treatment. One of those factors appears to be with regard to the low numbers of patients self-referring.

Self referrals to the Humber FT provided Single Point of Access (SPA) which equate to a rate of less than 1% of total referrals. This compares very poorly with IAPT services based in North and North East Lincolnshire which are relatively high performing services. It is reasonable to assume that self referrers are likely to be more motivated to follow through on help seeking behaviour, this area requires further attention (see Stress Control courses above).

3.2.4 Waiting times – speed of response

The level of failures to attend first appointment (the Did Not Attend (DNA) rate) for AQP providers is approximately 10% compared with an approximate DNA rate of 30% reported by Humber Foundation NHS Trust.

This could be linked to the payment qualification criteria within the AQP provider contracts – AQP providers must see referrals within fourteen days in order to qualify for payment. The same contractual requirement does not currently apply to HFT or CHCP. This is being considered as part of the re-procurement of IAPT services.

3.2.5 Moving to recovery

The proportion of patients who complete treatment and meet the definition for caseness and go on to move to recovery has been an on-going issue.

Several factors have been advanced to explain this performance:

- Low Intensity service accepting referrals that do not meet caseness criteria
- Low Intensity service accepting referrals well above caseness criteria
- Patients discharged from service having made sufficient (self reported) improvement but still above caseness on discharge

There are indications that the recovery measure is being reconsidered nationally to take account of the final point above. However, the CCG re-procurement of IAPT services will also seek to address the local issues – by commissioning a range of services, with associated tariffs, that will ensure that there is local access to services and those referrals that meet the definition of IAPT caseness are delivered effectively.

3.3 Summary of findings from the AQP audit/evaluation

In 2010, NHS Hull decided to test the Any Willing Provider (AWP) model as part of the procurement of Psychological Therapies Services. In 2011 the specification for the service

was updated and the provider contracts were extended for a year and NHS Hull commissioned an independent audit of the AQP programme in July 2012.
The audit came to the following conclusion:
"It is apparent from the findings of this review that the AWP model for psychological therapies has worked within Hull. Taking into account the feedback from services users and providers the following recommendations should be considered by the commissioners as they consider future procurement of primary care psychological therapies which should address Payment by Results (PbR) Care Clusters 1 – 4".

The report concluded with five recommendations:

- Implementation of IAPT Data Set
- Introduction of an electronic system for appointments
- Implementation of the IAPT care pathway
- Review the number of sessions offered
- Additional Support for providers

In March 2013, the NHS Hull CCG Planning and Commissioning Committee considered and approved a paper that addressed the short term and medium term actions in respect of Improving Access to Psychological Therapies.

The recommendations were supported by an implementation plan, to be delivered in two phases. Phase 1 will address some of the immediate issues related to current performance and the recommendations of the AQP audit/evaluation. Phase 2 (the medium term) will ensure that an open procurement process for IAPT AQP is undertaken during 2013 - 14 using a revised commissioning model. The specification for the revised model will be approved by the Planning and Commissioning Committee in due course.

4. RECOMMENDATION

It is recommended:

d) That members note the immediate actions being taken to improve performance; performance delivery is monitored by the Quality and Performance Committee through the regular reporting.
e) that members note that IAPT is part of the Partnerships transformational programme work-plan monitored by Planning and Commissioning Committee
f) That the IAPT re-procurement project is currently on track

Keith Baulcombe
Senior Commissioning Specialist

Julia Mizon
Director of Commissioning and Partnerships
May 2013

Glossary of Terms and abbreviations

Term		Definition
Any qualified provider	AQP	A scheme offering choice of provider to patients and GPs. Providers are accredited using a modified procurement process and awarded a standard NHS contract. There is no guarantee of activity.
Any willing provider	AWP	Predecessor of AQP above
Caseness		A patient whose score, when assessed, exceeds the accepted case/non-case threshold for a standardised measure of symptoms.
Choose and book		An e booking software application used by the NHS to simplify booking of appointments and increase choice
City Health Care Partnership CIC	CHCP	An independent, not for profit, social enterprise providing NHS services
Commissioning Support Unit	CSU	Organisations hosted by the NHS Business Authority to provide commissioning support to Clinical Commissioning Groups
Contract Management Board	CMB	The formal body that manages the contractual relationship between commissioners and providers
High Intensity	HI	Evidence based psychological intervention for the treatment of more complex anxiety and depression. It is usually delivered by professionally qualified and experienced staff over a longer treatment period than low intensity. (See below)
Humber NHS Foundation Trust	HFT	An NHS Foundation Trust providing NHS services
Low intensity	LI	Evidence based psychological intervention for the treatment of mild to moderate common mental health problems.
Recovery		A patient who was at caseness when entering treatment will be deemed to have met the criteria for recovery if they are not at caseness when treatment is complete.
Minimum Data set	MDS	The standardised data return whose completion is required by service providers
Payment by results	PbR	The transparent rules based payment system under which commissioners pay healthcare providers for each patient treated.
Single Point of Access	SPA	The triage and assessment service providing access to local mental health services