

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 08 November 2016**

Agenda item:

Wards: ALL

**Subject: MERTON IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES  
(IAPT) SERVICE**

Lead officer:

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk); 020 8545 3390

---

### **Recommendations:**

- A. The Panel are asked to comment on the progress with the Merton Improving Access to Psychological Therapy Service.
  - B.
- 

## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. This paper was prepared at the request of the Merton Overview and Scrutiny Panel, to provide an update on performance, and an account of patient experience, in the newly commissioned Merton IAPT (Improving Access to Psychological Therapies) service, following an earlier report prepared for the Scrutiny Panel on 28 June 2016.
- 1.2. This paper will focus on select key performance indicators (KPIs) in the Merton IAPT service, to provide the committee with an overview of performance since the meeting in June 2016.

## **2 DETAILS**

### **2.1. Introduction and Background Information**

Improving Access to Psychological Therapies (IAPT) is a national programme that aims to make evidence based, clinically effective, talking therapies available to the (adult) population of England with 'mild' to 'moderate-severe' forms of depression and anxiety. The national benchmark is that each Clinical Commissioning Group (CCG) should commission an IAPT service with sufficient size and capacity to treat 15% of the estimated local population with depression or an anxiety disorder. The Five Year Forward View for Mental Health requires this 'access target' to grow to 25% of the estimated population with depression and or anxiety disorders, by 2020.

- 2.2. IAPT services in Merton were initially provided by South West London and St George's Mental Health NHS Trust (SWLStG). Merton CCG decided to revitalise primary care mental health services in Merton, particularly in view
-

of the need to improve the qualitative and quantitative performance of IAPT. Three headline actions were taken by the CCG in this regard:-

- (i) The IAPT budget was increased;
- (ii) The IAPT contract was revised, and the service tendered;
- (iii) The Complex Depression and Anxiety Service (CDAS) was commissioned to provide a more effective service intervention for the more complex patients with depression and anxiety, who were otherwise sitting inappropriately on the IAPT caseload.

Addaction won the tender and has provided the Merton IAPT service, 'MIAPT', since October 2015.

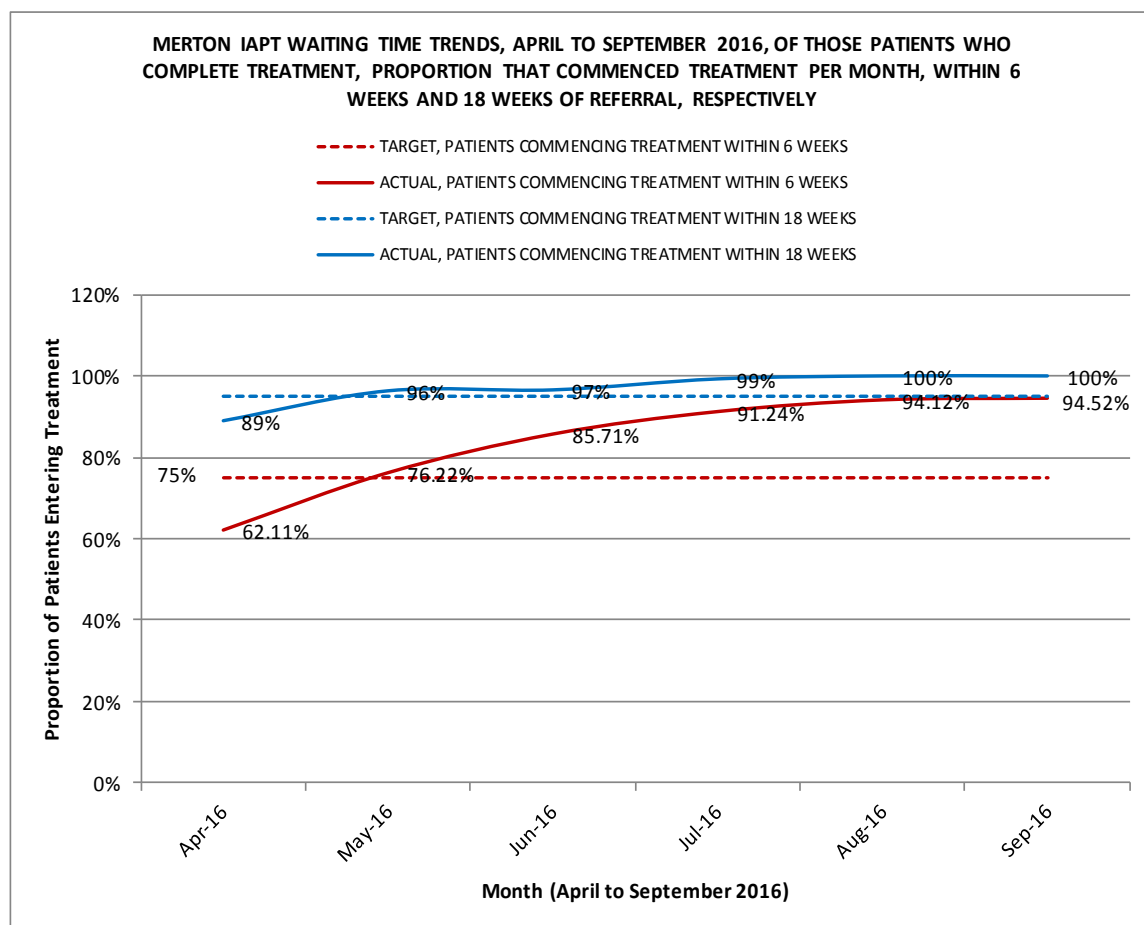
## 2.3. How Well the Service Is Working

### 2.3.1 Current position, as Measured by Select Key Performance Indicators

Headline national and local key performance indicators (KPIs) are concerned with waiting times, the number of patients entering treatment, and recovery rates.

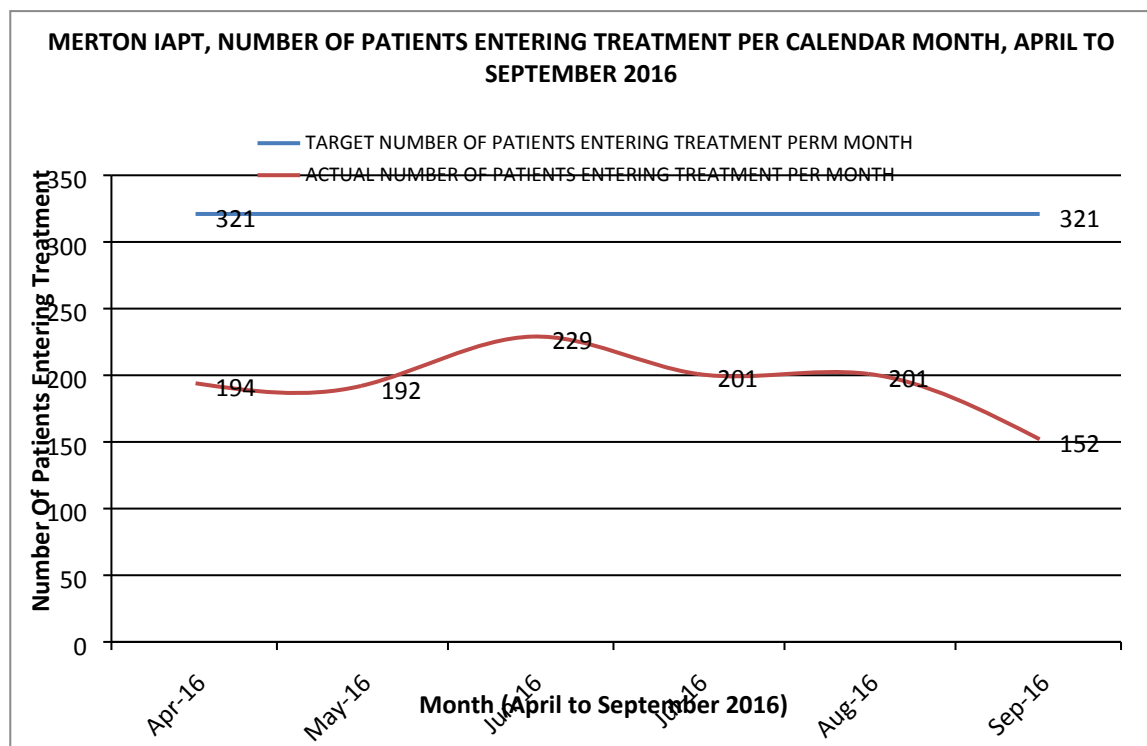
Patients are expected to commence treatment in a timely manner:- 75% within 6 weeks of referral, and 95% within 18 weeks of referral.

**Graph 1: Merton IAPT, Improving Waiting Times**



The IAPT service has met the national waiting times targets since May 2016. As predicted, the legacy of extended waiting times that prevailed during the handover period (autumn 2015), when patients were transferred from the previous IAPT provider to Addaction have been overcome.

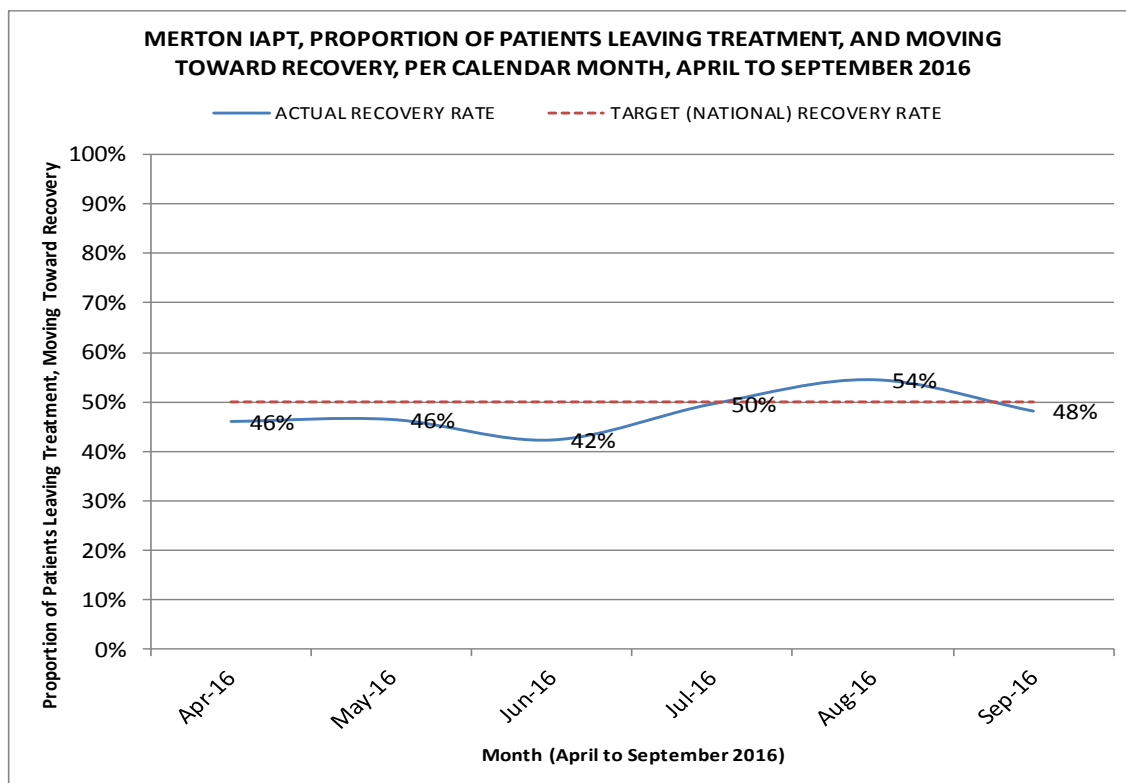
**Graph 2: Merton IAPT, Patients Entering Treatment**



The Merton IAPT service is expected to accept in the region of 3,800 new patients into treatment in its first contract year (roughly 321 new patients per month, in the period October 2015 to September 2016). The performance of the Merton IAPT service is c. 38% short of the number of patients commissioners expected, despite a number of actions taken this year.

Addaction has taken part in several local events over the year, including Mitcham Carnival, Sun Fest, and the Merton Self Management Conference, with a view to raising the profile of the service, and improving the referral rate, and the number of patients who then go on to receive treatment in the service. In addition, Addaction has introduced new methods for patients to access the service, including text referrals and an online platform (web based) through the introduction of Silvercloud. Silvercloud is a computer based cognitive behavioural therapy (cCBT) package, suitable for certain patients seen by IAPT services. Addaction continues to engage local community groups, such as carer's groups and ethnic minority umbrella groups, and is exploring ways of further integrating evidenced based psychological therapy with the physical health pathways, where the prevalence of common mental health problems is higher in the population with long term conditions.

### Graph 3: Merton IAPT Recovery Rates



Recovery rates in the service have shown overall improvement. The aggregate recovery rate in the first quarter of 2016/2017 was 45%, which was lower than the service had achieved at the end of the last quarter of 2015/2016. Performance against this metric improved in the second quarter of 2016/2017, so that the aggregate position at the end of the quarter was a recovery rate of 51%.

2.3.2 Merton IAPT is measured against a basket of qualitative and quantitative performance indicators that are specific to the Merton contract, some of which mirror or stretch the national or 'constitutional' targets referred to under paragraph 2.3.1 above. Having reviewed the performance of the service against 14 KPIs at the end of the first quarter of 2016/2017, Merton CCG issued a Performance Notice to Addaction and imposed contract penalties because of a failure to meet agreed targets with regard four measures:-

- (i) recovery rate;
- (ii) access (the number of people commencing treatment);
- (iii) first contact following referral; and
- (iv) the number of people aged 65 years and older entering treatment.

Addaction and Merton CCG are working to an agreed action plan, which addresses the performance concerns detailed in the Performance Notice.

2.3.3 The last report prepared for the Committee concerning the Merton IAPT service identified eight areas for further action. The following table summarises progress to date with regard those eight actions.

Action	Progress Report
Market the service to increasing the number of patients referred to the service, for example through GPs.	Addaction attended GP Locality Meetings in August
	Individual meetings held with GP practices, planned and ongoing
	Addaction will co-work with CCG Primary Care team to engage practices
Addaction will continue to build local partnerships to provide bespoke interventions to the local community, such as group treatment sessions for carers.	Planned schedule of meetings/events with local community groups - have brought about group sessions for carers and BME communities
Addaction has implemented a more flexible approach to its engagement with clients referred to the service, with a view to making it easier for them to 'opt in' to treatment.	Administrative changes implemented
Performance management of individual practitioners to review Move to Recovery outcomes and to ensure staff are working to the IAPT model.	This combined with stricter application of eligibility criteria has brought about an improvement in recovery rates
The service will review the cases of patients who leave the service without 'recovering' to see whether any further action can be taken to improve the recovery rate.	This is an ongoing piece of work
Addaction will address vacancies in the administration team, and introduce improved management systems to the administration team.	New administrative team recruited
Addaction met with representatives of Job Centre plus to develop links and further joint working is in discussion.	This is an ongoing piece of work
Continued weekly review of the performance data which is also shared on a weekly basis with commissioners.	Continuing weekly reporting and review

## 2.4. Conclusions and Next Steps

Addaction has made and sustained improvements in many areas of performance. Treatment waiting times comfortably exceed the national, or 'constitutional' waiting time standard. Recovery rates have improved, but it remains for the provider to consistently meet the constitutional standard; and the contractual requirement of a 52% recovery rate has proved even more elusive. The most concerning of the missed targets is the access target. Over the course of a year, the provider is expected to accept into treatment at least 15% of the local population estimated to have a mild to moderate-severe depression or anxiety disorder. Had the service been operating at this rate, by the mid point of 2016/2017 (ie September 2016), the service should have accepted c. 7.5% of the morbid population (1,908 patients) into treatment; instead the proportion of clients accepted into treatment stands at 4.6%.

Merton CCG retains confidence in Addaction as a provider of IAPT services in the borough. The provider has recognised underperformance in the contract, and has demonstrated a willingness to address these. For these reasons, the CCG will continue to work in partnership with this provider, through an agreed action plan. The CCG will nonetheless continue to apply

contract levers, where appropriate, to incentivise improved performance from this provider in areas of concern.

**3 ALTERNATIVE OPTIONS**

3.1. N/A

**4 CONSULTATION UNDERTAKEN OR PROPOSED**

4.1. N/A

**5 TIMETABLE**

5.1. N/A

**6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

6.1. N/A

**7 LEGAL AND STATUTORY IMPLICATIONS**

7.1. N/A

**8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

8.1. N/A

**9 CRIME AND DISORDER IMPLICATIONS**

9.1. N/A

**10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1. N/A

**11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

N/A

**12 BACKGROUND PAPERS**

12.1. N/A