

### MERTON HEALTH SCRUTINY COMMITTEE

Merton Improving Access to Psychological Therapies (IAPT) and Primary Mental Health Care Service Developments 2019/2020

February 2020



right care right place right time right outcome

### INTRODUCTION

#### Introduction

This paper has been prepared to provide the Merton Health Scrutiny Committee with a report on developments in primary mental health care services in Merton. It updates an earlier report presented to the Committee in February 2019, which identified two key challenges:-

- 1] Capacity and Investment linked issues that affected the Merton Improving Access to Psychological Therapies (IAPT) service's ability to meet the service standards required in the Five Year Forward View for Mental Health. The remedial plan included increased health investment in services.
- 2] Performance Addaction provided the Merton IAPT service from October 2015 to March 2019. There were qualitative and quantitative concerns arising from the service during that time, including the provider's inability to consistently meet key service standards, related in part to point 1 above.
  - The last primary mental healthcare service report to the Committee also highlighted the Clinical Commissioning Group's concern that some local population cohorts did not appear to have equal access to the service.

Commissioners described a two part remedial action plan:

- 1] To improve Merton IAPT performance
- 2] To improve primary care adult mental health services offered to the residents of Merton with effect from April 2019

The Committee was previously appraised of the primary mental health care service model Merton Clinical Commissioning Group (CCG) had designed for the borough, and the procurement process to secure the service. South West London and St George's Mental Health NHS Trust (SWLStG) was awarded the contract, and opened Merton's primary mental health care service, Merton Uplift, in April 2019.

Merton Uplift incorporates the three service elements:- the Primary Care Recovery Service, Merton IAPT and the Wellbeing service. SWLStG provide the service through a number of formal and informal arrangements with partners that include local service user group, Focus 4 1, IESO and ICS Digital (online talking therapies services), Carers Support Merton and Wimbledon Guild.

This report will outline some of the achievements of Merton Uplift to date, as well as some of the ongoing service developments.



#### ACCESS RATE:- PATIENTS RECEIVING TREATMENT FROM MERTON IAPT PER MONTH, APRIL TO DECEMBER 2019



### **IAPT Service Access Rate Improvements**

During 2018/2019, commissioners worked with three separate organisations, to increase capacity, and referrals, and thereby increase the number of patients receiving treatment.

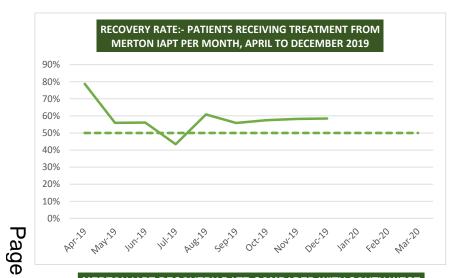
There was some disappointment with the number of patients treated in the Merton IAPT service at the start of 2019/2020. Underperformance was attributed to a lack of referrals, and a lack of therapists, which meant fewer patients started treatment than had been expected.

After taking remedial action, the new provider has improved the position markedly: by the second quarter of 2019/2020, the number of patients receiving treatment was equal to Merton Clinical Commissioning Group's (the CCG's) Operating Plan target.

There was an expected seasonal down turn in performance in December 2019, but commissioners are optimistic the Operating Plan performance requirement will be met in the fourth quarter of 2019/2020.

There is a higher contractual access rate target which if met, will entitle the provider to additional payments through the contract's Local Incentive Scheme (LIS).





### IAPT Service Recovery Rate Improvements

Since the new service opened in April 2019, the recovery rate (a measure of the service's success in treating patients) has been high. There is a national expectation that IAPT services maintain a recovery rate of at least 50%; the Merton service has, to date, maintained an average recovery rate of 58%.

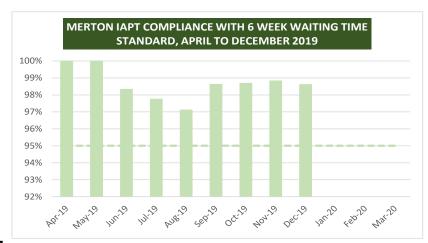
Since August 2019, the Merton recovery rate has exceeded the south west London average.

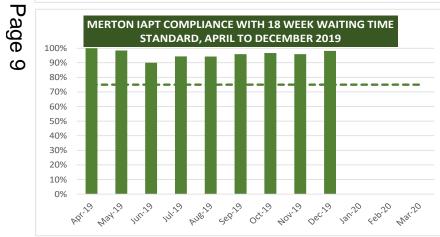






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#### **IAPT Service Compliance With Waiting Time Standards**

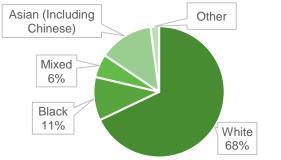
There are two national waiting time standards applicable to IAPT services:-

- 75% of patients must commence treatment within six weeks of referral.
- 95% of patients must commence treatment within eighteen weeks of referral.

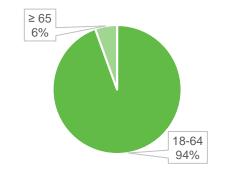
Reported data indicate the service consistently exceeds these standards – patients typically commence treatment within six weeks of referral.



# MERTON IAPT REFERRALS PER BROAD ETHNIC GROUP, APRIL TO DECEMBER 2019



### PROPORTION OF OLDER ADULTS ACCESSING MERTON IAPT, APRIL TO DECEMBER 2019





### IAPT Service Under-represented Groups' Access to Treatment

In February 2019, commissioners reported they hoped to improve access to treatment for certain groups under-represented in Merton IAPT, particularly people from Black and Asian Minority Ethnic (BAME) backgrounds, older adults, patients living with long term physical health conditions (LTCs) and patients registered with east Merton General Practitioners (GPs).

Of those patients referred to Merton IAPT whose ethnicity is known, the majority (68%) are from white ethnic backgrounds. The 'visible' ethnic minorities from BAME backgrounds appear to account for a greater proportion of the IAPT patient population, than they account for in the general population. However, the available data (April to December 2019) show that ethnicity is only recorded in 75% of cases. More work is required to assure equality of access.

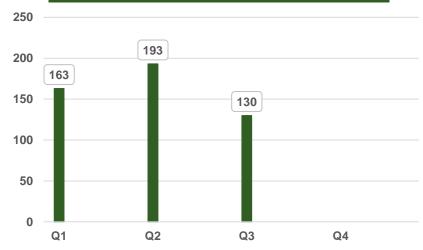
Commissioners remain concerned to see that older adults (aged 65 years and older) are given fair access to IAPT. It is estimated older adults represent c. 10% of the Merton general population, yet they have accounted for 6% of patients in the new IAPT service. Commissioners anticipate that as the new expanded workforce is established in the borough, this will improve.

The provider has reported clients with LTCs have accounted for 25% of patients treated by the service in the period April to December 2019. The provider is incentivised through the contract to focus on patients with specific LTCs (diabetes, chronic heart disease and chronic respirator disease).

Commissioners are awaiting data from SWLStG concerning demographic and geographic under-representation in service use, including patients registered with east Merton GPs. A short list of inequalities to be addressed in later contract years will be agreed with the provider before the end of March 2020.

## PRIMARY CARE RECOVERY SERVICE

PRIMARY CARE RECOVERY SERVICE, NUMBER OF SERVICE USERS ALLOCATED A CASE MANAGER PER QUARTER, APRIL TO DECEMBER 2019



### **Primary Care Recovery Service Update**

Its purpose is to collaborate with patients diagnosed with severe mental illness, and their GPs, in order to support their mental health without recourse to secondary mental health services.

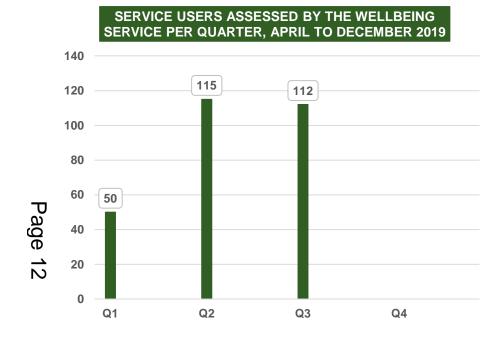
The first year of operation of this service is a developmental year, during which working relationships will be established, and performance benchmarks will be set. In particular, commissioners are keen to see that the service is embedded with Merton's GPs by organising its staff so they operate through, and integrate themselves with, primary care networks (PCNs).

Other metrics to be monitored this year include the number of discharges from secondary mental health services facilitated by the service; patients in receipt of an annual review; and patient satisfaction.



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### **WELLBEING SERVICE**



### **Wellbeing Service Update**

The purpose of the service is to support local residents who self identify as requiring support because of poor mental wellbeing/mental health.

Clients of the wellbeing service may be drawn from other Merton Uplift services, or may be referred, or self referred, from outside Merton Uplift. An element of the service is commissioned specifically to support local carers. Caring can affect a person's ability to work, socialise, look after themselves and live fully day-to-day. 87% carers feel that caring undermines their own mental health (Age UK, 2012).

Activity was lower at the outset as the service was set up, and partners drawn into the service to address specific needs. Care pathways can lead to support from the Recovery College and Wimbledon Guild, as well as tailored online interventions from Silvercloud.

The first year of operation of this service is a developmental year, during which performance benchmarks will be set against which future performance will be measured.

