

The Five Year Forward View for Mental Health

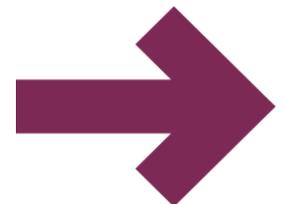
Impact of the IAPT-LTC programme

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Mental Health Five Year Forward View: priorities for 2020/21

70,000 more **children** will access evidence based mental health care interventions.

Intensive home treatment will be available in every part of England as an alternative to hospital.

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard.

At least 30,000 more **women** each year can access evidence-based specialist perinatal mental health care.

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017.

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year.

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.

280,000 people with SMI will have access to evidence based physical health checks and interventions.

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including **children**.

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.

New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for **children** and young people.

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for **children** and young people.



Key Performance Indicators (KPIs) 2018/19



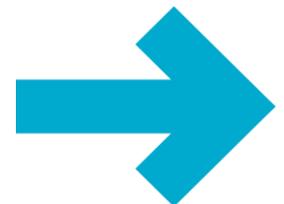
#	Prog.	Area	KPI – 2018/19
1	CYP	Increased access	32% of CYP in need (49,000 more CYP nationally) with access to evidence based treatment for CYP: local areas being measured against set trajectories. Improved access should ensure that children and young people have easy access to the right support from the right service at the right time and as close to home as possible.
2	CYP	Eating Disorders	Be on course to deliver CYP eating disorder standard so that by 2020/21, 95% of patients receive first definitive treatment for eating disorders within 1) four weeks of a routine referral; 2) one week of urgent referral.
3	CYP	Spec Comms	Delivery against regional implementation plans to ensure in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements.
4	Perinatal	All	9,000 women (nationally for 2018/19) with access to evidence-based specialist perinatal mental health care through development of specialist community services and inpatient Mother and Baby Units that work in partnership across integrated pathways of care and engage with PMH networks to support best practice.
5	IAPT	IAPT Expansion	<ul style="list-style-type: none"> • Meet 19% access to treatment target for expansion in IAPT; • All areas commissioning an integrated IAPT-LTC service.
6			
7	IAPT	Maintaining Core Standards	<ul style="list-style-type: none"> • Meet 50% IAPT recovery rate; • Meet 75% of people accessing treatment within 6 weeks IAPT waiting time; • Meet 95% of people accessing treatment within 18 weeks IAPT waiting time.
8			
9			
10	AMH	EIP	53% of people experiencing a first episode in psychosis to be treated with a NICE approved care package within two weeks of referral, with all EIP teams demonstrating improvement (compared to 2017/18) across all domains relating to NICE concordance within the CCQI self assessment.
11	AMH/ CYP	Liaison mental health	All acute hospitals to ensure they have liaison mental health services that can meet the needs of all ages, including access to specific expertise in children and young people and older adults (national target by 2021). Areas in receipt of Wave 1 transformation funding delivering against plans to meet Core 24 service standard for adults (50% acute hospitals to meet Core 24 nationally by 2020/21).
12	AMH	OAPs	Reduction in inappropriate OAPs against locally set trajectories agreed by STP MH leads during 2018/19 (to eliminate by 2020/21).
13	AMH	Crisis Resolution and Home Treatment (CRHT)	All areas to have commissioned CRHT that are resourced able to meet core functions of: 24/7 community crisis response (including rapid response for people with urgent and emergency needs); and 24/7 intensive home treatment that is able to offer therapeutic care and provide as an alternative to inpatient care.
14	AMH	Physical health & SMI	60% of those on the SMI register (280,000 people nationally) to receive complete list of physical checks and follow up.
15	AMH	IPS	25% increased access to Individual Placement and Support (IPS) services, using locally set STP trajectories and measured against data from NHS Benchmarking.
16	Dementia	Diagnosis	<ul style="list-style-type: none"> • Achieve and maintain dementia diagnosis rate of at least two-thirds (66.7%) of the estimated number of people with dementia; • Deliver against local plans to improve post diagnostic treatment and support for people living with dementia and their carers.
17	All	Suicide reduction	Deliver against local multi-agency action plans (incl. trajectories) to reduce suicides by 10% by 2020/21 , with local authority and wider partners.
18	All	Finance	Ensure effective and adequate financial planning and investment to deliver mental health ambitions incl. meeting Mental Health Investment Standard and use of additional funding
19	All	Data	Ensure that all in scope providers in footprint submit complete and accurate data to NHS Digital.
20	All	Workforce	All STPs to deliver against comprehensive mental health workforce plan , in line with required increase in access, capacity and capability across STP footprint.

Commitments for the IAPT programme

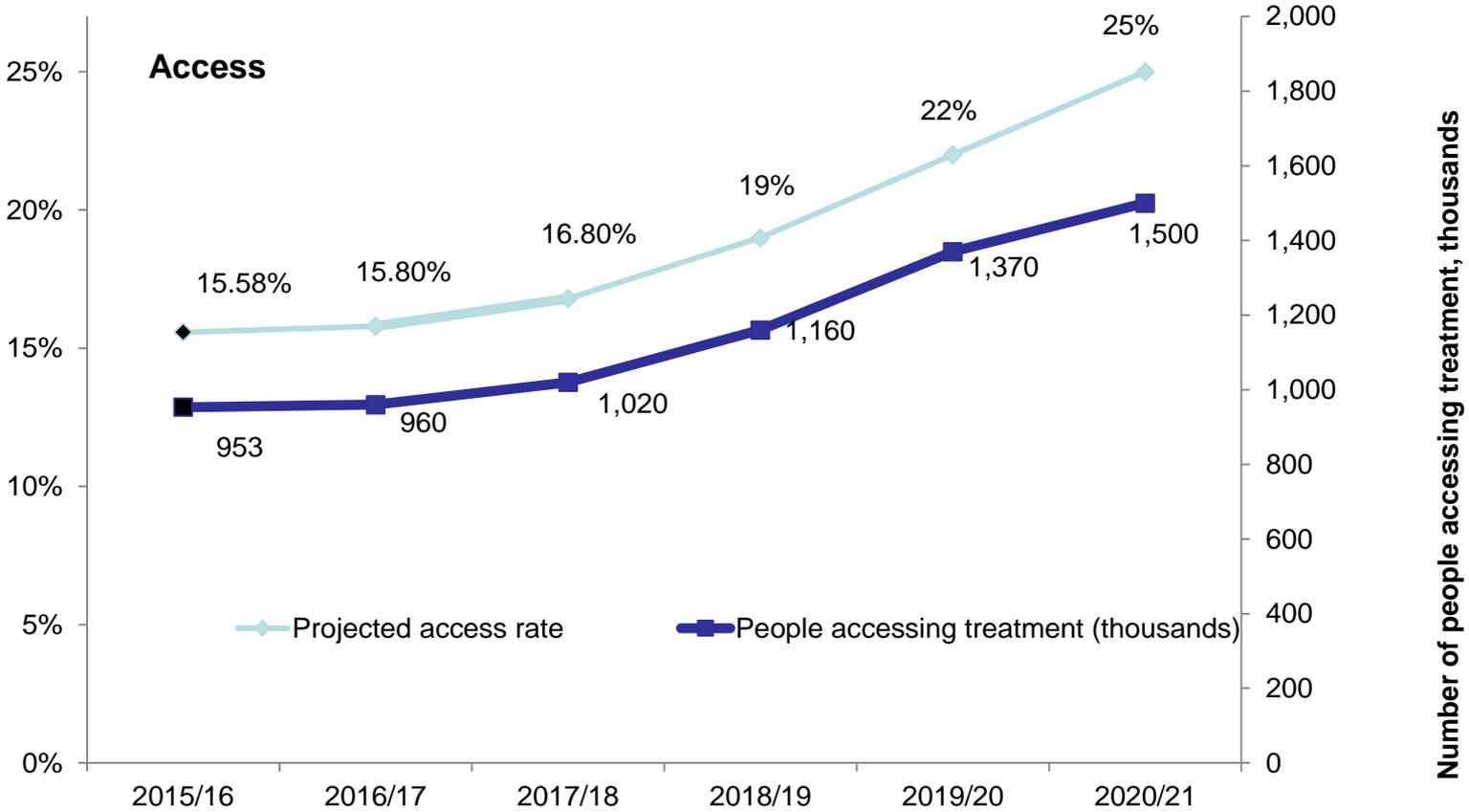
Expand to reach 25% prevalence which means 1.5 million people in total entering treatment each year (600,000 additional people). 2/3 will come from IAPT-LTC services

Expand the workforce so there are an additional 4,500 therapists trained

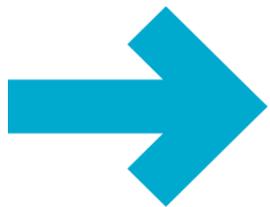
Increase the number of MH therapist working in primary care by 3,000



Trajectory for increase in access to IAPT



Number of people accessing treatment, thousands

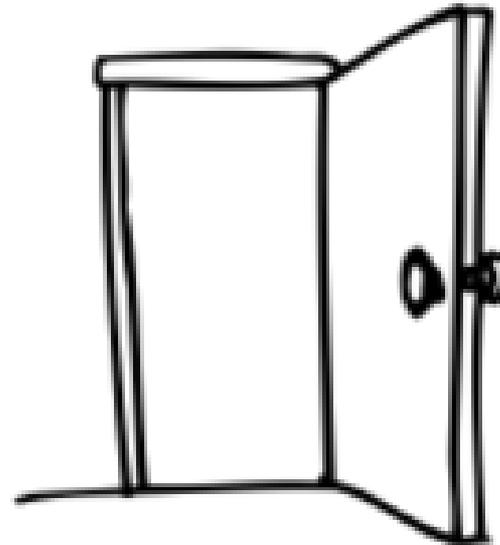


We currently have a two door system for health:

Physical health care



Mental health care



The FYFV for mental health notably aims to create a 'one door' holistic approach.



Why focus on people with physical health conditions?

Fairness

Currently under-represented. 28% of people treated in IAPT services but 40% of cases in the community.

Great prospects for patients and their families

The 2016/17 IAPT annual report from NHS Digital data shows outcomes have traditionally been poorer for people with LTCs (46% vs 51% recovery in LTC vs non-LTC)

Economic sense for the NHS

Psychological therapy reduces physical healthcare costs by average of 20% (meta-analysis of 91 studies)

IAPT - Long Term Conditions (LTC): Programme Overview



Five Year Forward View for Mental Health (FYFVMH) Commitment – ‘Commission additional psychological therapies so that at least 25% of people with anxiety and depression access treatment by 2020/21, with the majority of the increase integrated with physical healthcare.’

Aim of Early Implementer Project:

- To implement integrated psychological therapies at scale – improving care and outcomes for people with mental health problems and long term physical health problems, and medically unexplained symptoms.
- To learn how best to implement integrated psychological therapies at scale
- To build the return on investment case for integrated psychological therapies
- To build capacity in the IAPT workforce, starting the expansion of the workforce needed to meet 600,000 extra people entering treatment by 2020/21.

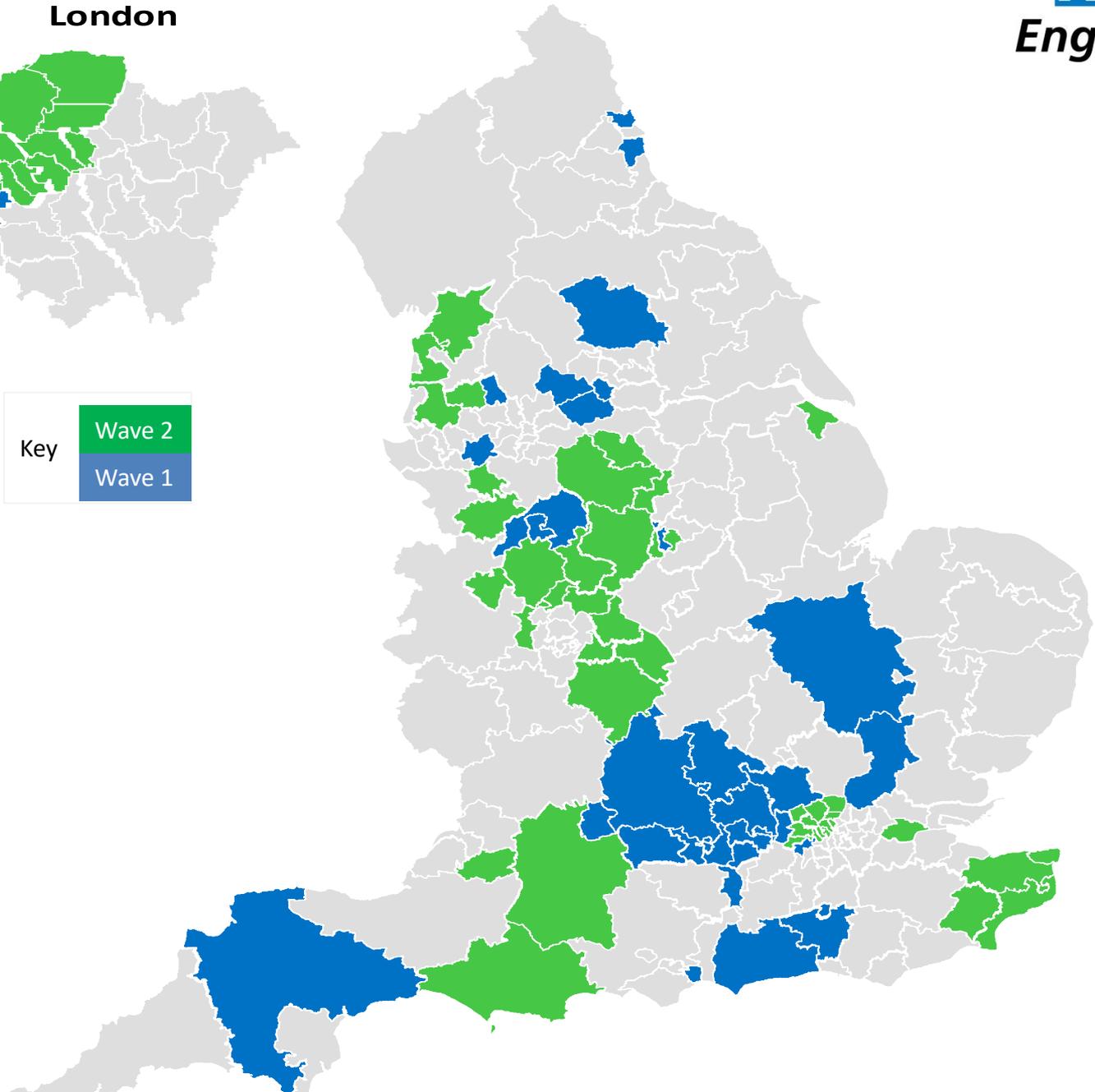
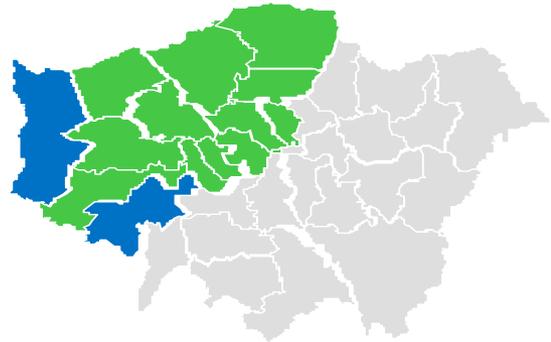
Wave 1 and wave 2 early implementers:

- Wave 1: 22 areas joined in 2016/17 and Wave 2: 15 further areas joined in 2017/18. Areas received central funding to develop IAPT-LTC services including new data collection and national and local analysis of impact.
- [An evidence-based treatment pathway for IAPT-LTC](#) was commissioned via NCCMH (National Collaborating Centre for Mental Health)

Wave 1 & 2 Early Implementer sites



London



Long term conditions and co-location

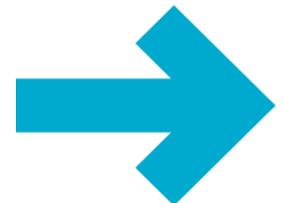
IAPT services have integrated with physical health pathways where the LTC particularly prevalent or where there is most evidence of effective integrated pathways:-

- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Cardiovascular disease (CHD)
- Musculoskeletal problems, Chronic pain.
- MUS

Although some sites did integrate with other condition pathways which were local priorities such as stroke, cancer and dermatology.

The early implementer sites chose varies parts of the pathway to co-locate with physical health care colleagues:-

- GP Practices/Primary Care
- Acute Hospitals and Secondary Care
- Community Teams



IAPT-LTC and genuine integration

Access to evidence based psychological therapies for people with LTC or MUS by in IAPT-LTC services are defined by;

Care genuinely integrated into physical health pathways in primary, community or acute care, working as part of a multidisciplinary team

Evidence based treatments provided by IAPT practitioners who are co-located with physical healthcare colleagues

Treatment is delivered by IAPT staff who have attended the IAPT-LTC/MUS top up training

Key themes

Findings from the wave 1 and 2 sites local evaluations show:

- 50% recovery rate achieved for patients in the IAPT-LTC pathway in most sites
- Reductions of primary care appointment utilisation demonstrated universally
- Reductions shown across the wider system – particularly in reported days off sick
- Variation in where return on investment can be achieved between pathways
- Where increases in utilisation have occurred this is recognised as being a positive demonstration of condition management

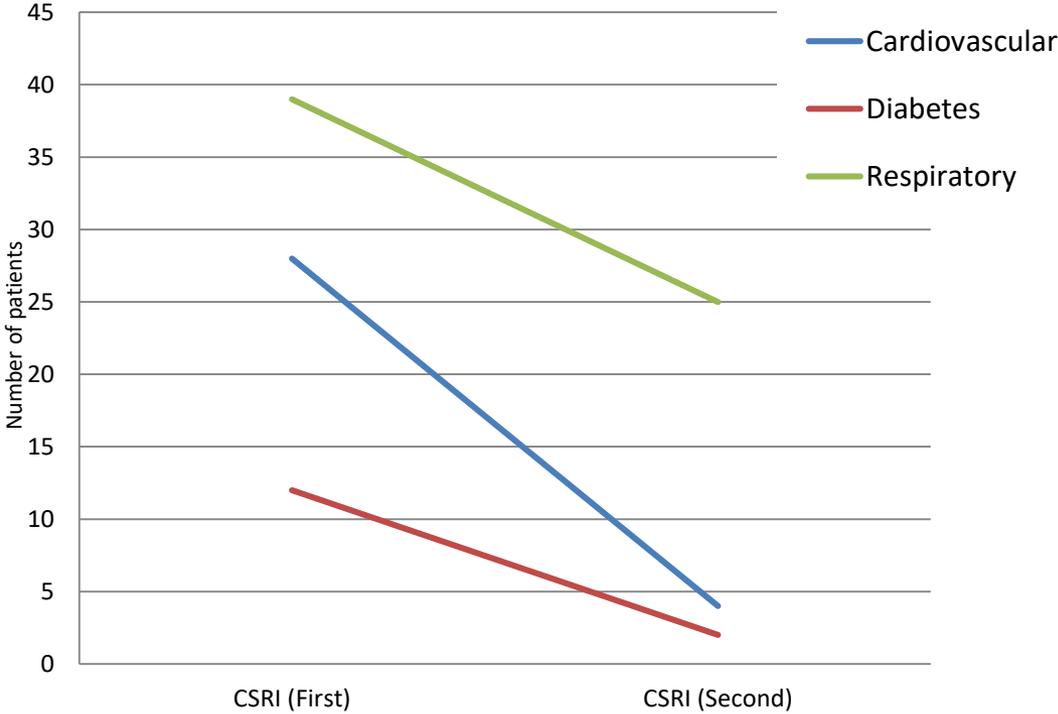


IAPT –LTC pathways have led to reduced pressure across the health system Cambridgeshire and Peterborough CCG



- The IAPT-LTC service started October 2016 and saw 1,017 patients (to end Sept 2017).
- Results point to a reduction in healthcare utilisation in other parts of the healthcare system before and after intervention for different care pathways.
- The CCG have commissioned a robust healthcare utilisation evaluation which will report by the end of 2018
- The initial evaluation provided indicates savings overall of £854,253

A&E admission by pathway before and after IAPT-LTC



Patient contact between 1st and 2 nd survey	GP	Practice Nurse	Physiotherapy	Specialist Nurse (Cardiac etc)	Doctor (other than GP)	A&E	Hospital Inpatient Admissions	Ambulance Usage
Cardiovascular	-85%	-85%	-89%	-95%	-87%	-86%	-90%	-91%
Diabetes	-79%	-97%	-96%	-81%	-84%	-83%	-83%	-83%
Respiratory	-67%	-67%	-63%	-77%	-77%	-36%	-57%	+47%
All Pathways	-73%	-80%	-76%	-86%	-83%	-61%	-75%	-44%

*Findings based on 446 patients seen

Healthcare utilisation A&E

Warrington CCG



- There was a 60% reduction in attendances at A&E for patients who had engaged with their IAPT-LTC service in relation to the comparable period prior to the launch of the service.
- Where clients achieved recovery in IAPT-LTC pathway they achieve a 76% reduction in A&E attendance.
- For patients who achieved recovery there was 73.4% reduction in cost, overall the reduction in cost was 57.9%.

For the clients that consented for their data to flow there was a total of **91 attendances** at Accident and Emergency Departments costing **£10,508**

During and Pre IAPT intervention

- 65 Attendances
- £7,396 cost
- Max Attendances by 1 patient*: 10



Post IAPT intervention

- 26 Attendances
- £3,112 cost
- Max Attendances by 1 patient*: 6

**Same Patient*

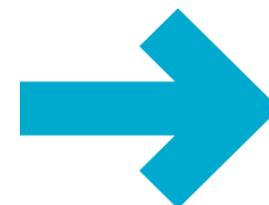
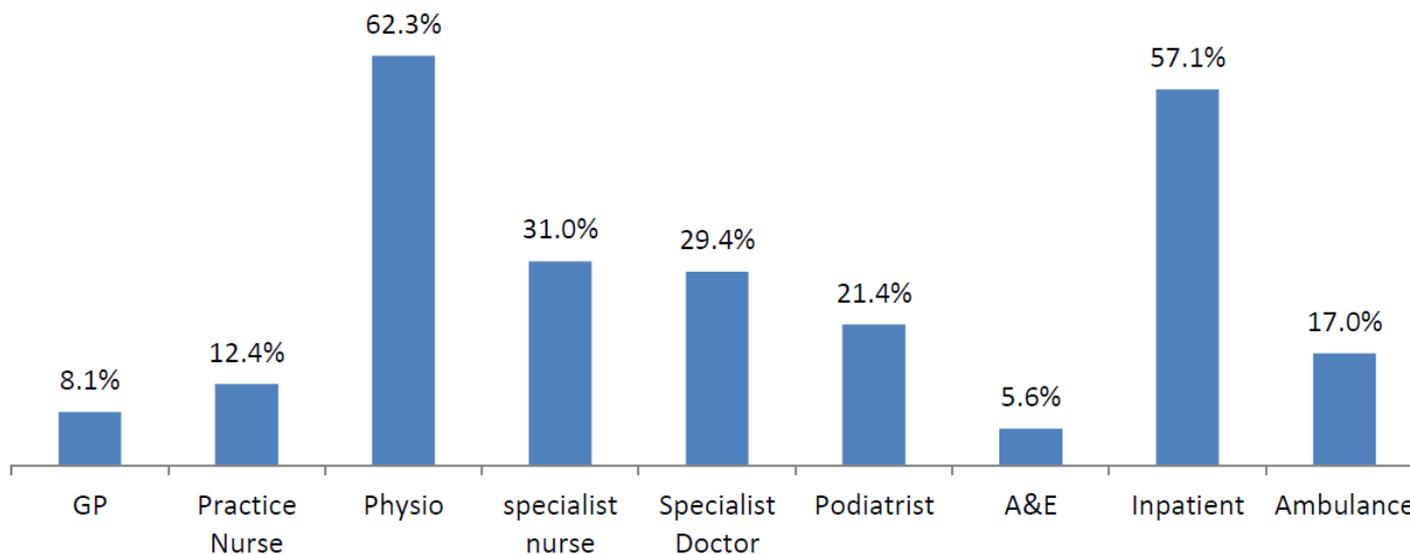


Reductions across pathways

Dorset CCG

- An expected saving of **£693.69** per patient has been demonstrated across both Primary and Acute care for those accessing IAPT-LTC.
- For the full cohort of 1363 patients who accessed the service in its first year, this scales up to cost savings of **£408.9k** at lowest estimate and **£1,482,099** at the 20% estimate for health care usage reductions across the system.

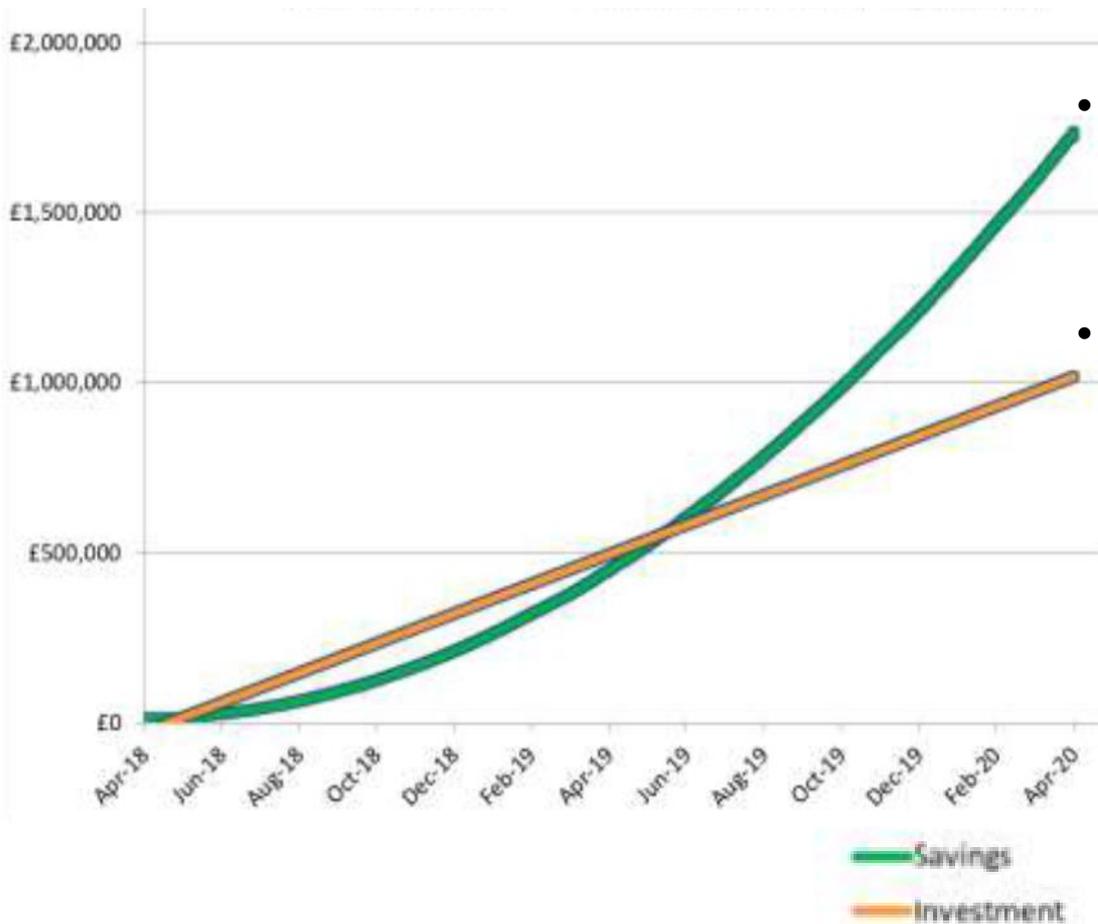
Decreases in healthcare utilisation across pathways



Savings vs investment

North East Hampshire and Farnham CCG

IAPT-LTC Talk Plus savings from investment



- Savings to outweigh additional investment by May 2019.
- Estimated gross savings per annum for 18/19 are expected to be **£658,903**
- Once fully operational based on the level of investment agreed between North East Hampshire & Farnham CCG and NHUC for additional activity through the IAPT service, **the IAPT LTC service expects to deliver a financial saving of approximately £2 for every £1 invested**

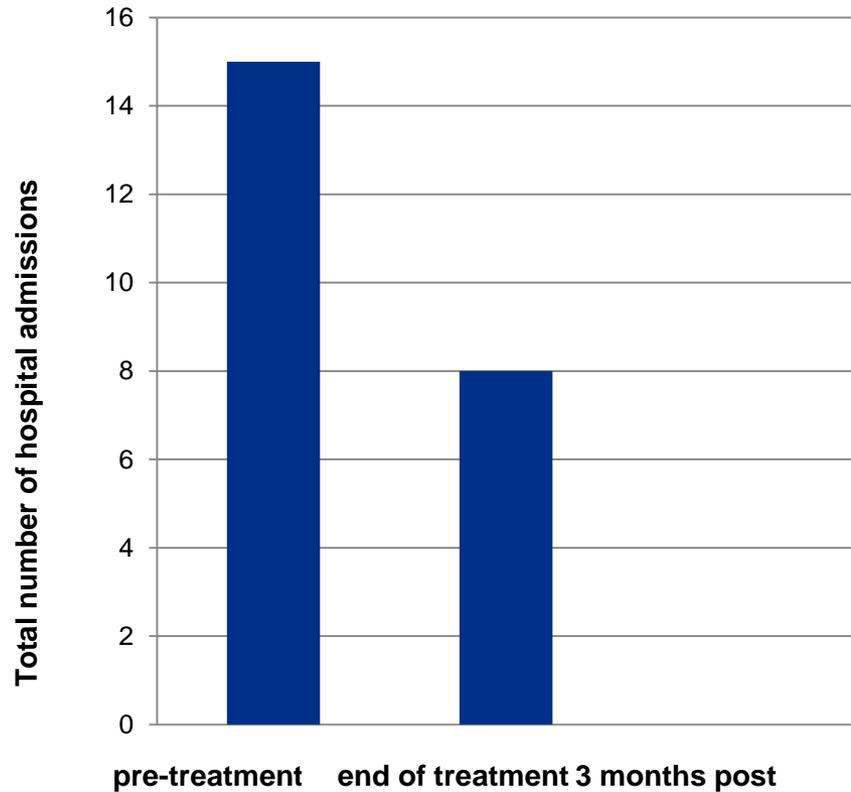


Impact on admissions and employment

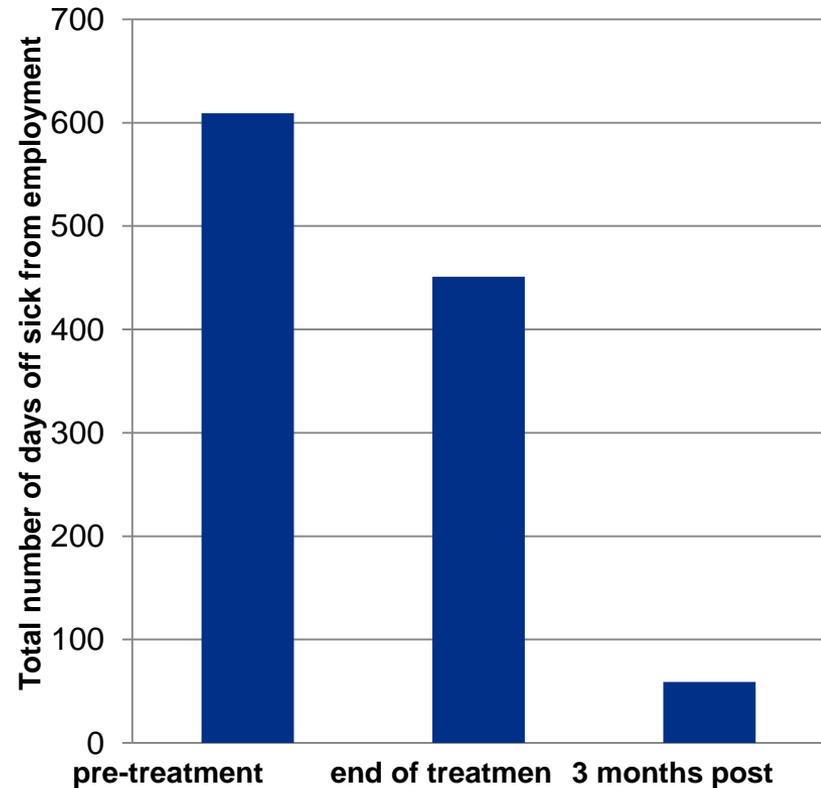
Portsmouth CCG



Reductions in hospital admissions



Reductions in days off sick from employment

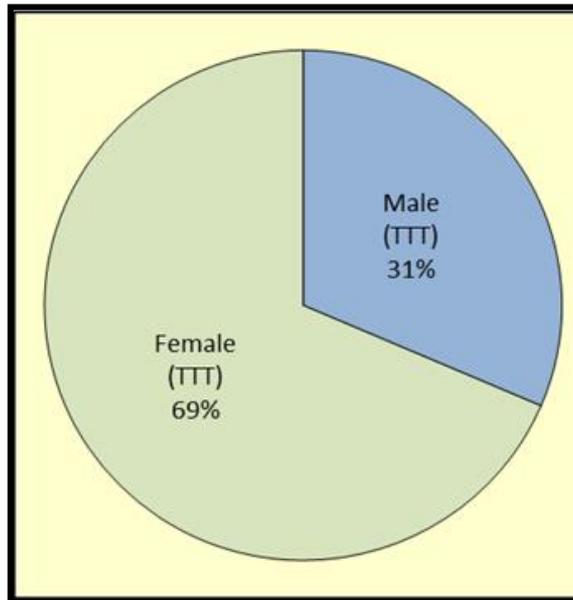


Other data demonstrated:-

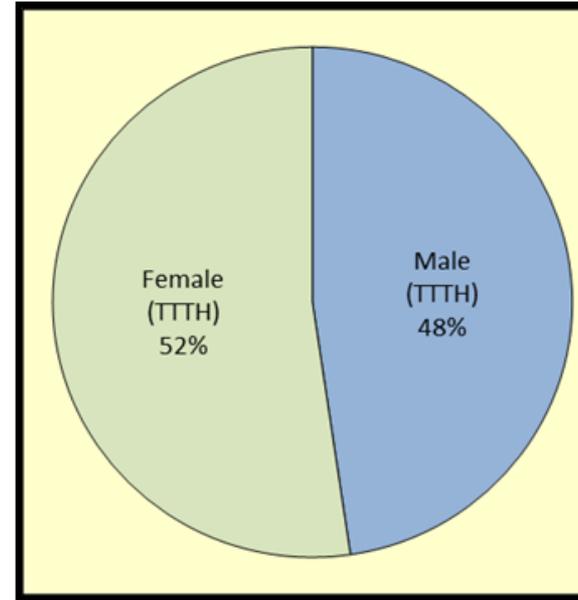
- 5% decrease in A & E activity which equates to a 19% decrease in cost (£1,081)
- 23% decrease in inpatient activity which equates to a 19% decrease in cost (£1,081)
- 4% increase in outpatient activity, but a 20% decrease in cost (£7,774)

Gender Split in IAPT-LTC

Core IAPT Service



IAPT-LTC Service

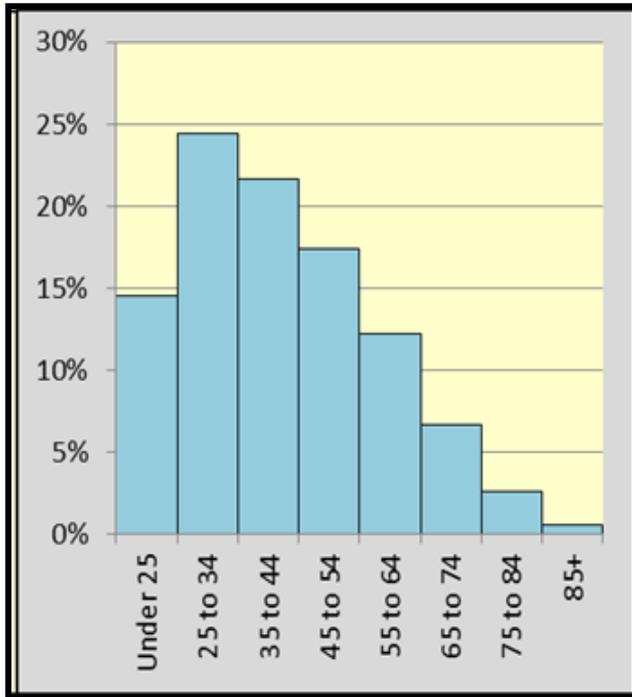


- We are seeing a different gender split within IAPT-LTC services compared to core IAPT services with a more equal representation between males and females. The gender split in the service above is identical to that of the local population.
- The graphs above have come from one of the EI sites however other sites have reported similar findings. results are mirrored across the country.

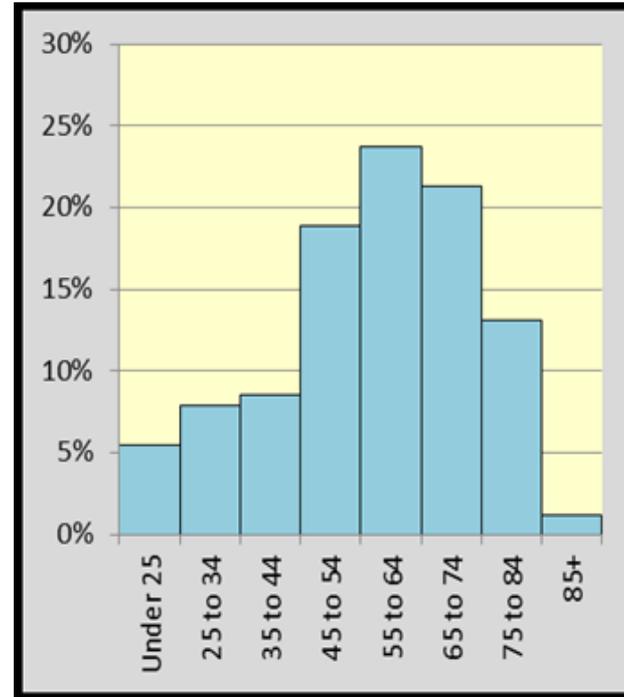


Age distribution in IAPT-LTC

Core IAPT Service



IAPT-LTC Service



- We are seeing more older adults accessing IAPT-LTC services compared to core IAPT. This may be because more older people are likely to have long term physical health conditions. This could also be the result of a more holistic integrated offer reducing the stigma around accessing mental health support.



GENERAL PRACTICE FORWARD VIEW

APRIL 2016



General Practice Forward View (GPFV) commitment- “Invest in an extra 3000 mental health therapists to be working in primary care by 2020 to support localities to expand the Improving Access to Psychological Therapies (IAPT) programme”

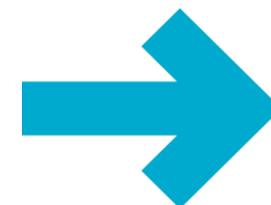
By offering NICE recommended psychological therapies in primary care it means-

- People can access support earlier
- People are able to self manage their physical health more effectively meaning they are less reliant on other services
- Physical health care outcomes are improved
- Improved access for under represented groups
- A holistic one service approach is offered
- Effective sharing of knowledge between primary care and IAPT staff

	IAPT practitioners working in primary care	
	By March 2019	By March 2020
Total	1,500	3,000

An additional 633 IAPT practitioners moved to work in primary care as a result of the IAPT-LTC expansion in 16/17 and 17/18.

In collaboration with the BMA and RCGP, NHS England have produced Guidance on co-locating mental health therapists in primary care



There have been beneficial discussions that have helped with the anxiety I can experience, which may be linked to my heart condition. I was finding this difficult to identify and understand the reasons for- and I now do. I am an extremely satisfied customer. I believe in what the service is doing."

I am delighted to recommend the treatment

My diabetes has changed - my mood has changed because I have control of my sugar better than I ever had done. I've got the depressed attitude out of the way and I can manage the diabetes better.

It made me realise how much I had been ignoring the family around, my health is in control and I have my life back'

I am joining in with life again, I am noticing things around me

I was referred by my GP and the whole thing went very smoothly

I am able to make more effort and can do so much now without experiencing any stress at all

I have found this first class and it has been a big help

