Leeds and York Partnership NHS
NHS Foundation Trust

York Health Overview and Scrutiny Committee Briefing Paper

Access to talking therapies

1. Introduction

In June 2012 Leeds and York Partnership NHS Foundation Trust (LYPFT) presented a paper to York Health Overview and Scrutiny Committee which set out the issues we faced regarding waiting times for talking therapies. We described our plans to improve access to talking therapies, including the implementation of a programme of service transformation to deliver better, simpler and more efficient services. This paper updates the Committee on progress to date.

2. Current talking therapy services

Leeds and York Partnership NHS Foundation Trust provides a range of talking therapies in both primary and secondary care services, based around a 'stepped care' model. This approach is designed to provide different levels of service according to different levels of need; ensuring delivery of appropriate evidence-based care and treatment, based on an assessment of a service user's holistic needs and with a focus on recovery outcomes.

Within secondary care services in York, psychological therapists are fully integrated into our multi-disciplinary teams (community mental health teams and inpatient wards) to build and improve psychological capacity whilst targeting specialist resource to those with the most complex needs. In addition, some secondary care resource is within the St Andrew's counselling and psychotherapy service.

Prior to the integration of psychology into teams, there was a significant waiting list of over a year to access specialist secondary care psychological therapy. Distributing psychology resource into multidisciplinary teams has allowed implementation of new ways of working for psychology such as development of a consultation model; supervision to other clinicians; and training and reflective practice to enhance capacity of other clinicians within the multidisciplinary team to provide psychological interventions; which has ensured that service users psychological therapy needs are met and that waiting times are minimised and managed effectively within secondary care.

Within primary care, the current configuration of services is still complex, consisting of the following service elements:

- primary care mental health link workers
- primary care counsellors
- Improving Access to Psychological Therapy (IAPT) services
- Cognitive Behavioural Therapy (CBT) service
- St Andrew's counselling and psychotherapy service.

This complexity of provision makes referral pathways unclear and referrers may well send the same referral to more than one primary care service at the same time, meaning that we may have duplication in our waiting lists.

Historically, there has been a consistently high demand for non-urgent referrals to these services, resulting in significant waiting lists for therapy. Current waiting times are outlined in table 1 below.

Table 1: waiting times

	Current waiting list	**Current waiting time for access to therapy**
Primary Care Link Worker	55	3-6 weeks
Primary Care Counselling	131	11 weeks
IAPT (York)*	404	Step 2 – 14 weeks Step 3 – 14 months
CBT Service	71	15 months
St Andrew's Counselling ar Psychotherapy Service	Individual Therapy: 11 Outpatient Groups: 5 Intensive Group work:	6-12 weeks 10 weeks 3-4 weeks

*note that IAPT services are provided by LYPFT across the whole of North Yorkshire and York.

LYPFT provides all of these services across York, Selby, Tadcaster and Easingwold; with the exception of IAPT services, which are provided across the entire North Yorkshire and York region. The IAPT service is separately specified and separately managed; our service improvement plans will therefore be described in two parts:

- Improving access to talking therapies in mental health pathways; and
- Improving access to IAPT services.

3. Improving access to talking therapies in mental health pathways

Current Position

We are currently redesigning the way that we provide community services in York and North Yorkshire, in line with the wider Trust wide transformation project. Our aim is to deliver better, simpler and more efficient services, with a recovery and outcome focus. During 2012 we have undertaken detailed process mapping of all services across primary and secondary care, to ensure that we fully understand where 'non-value adding' activity exists (leading to delays, duplication, variation, or other inefficiencies). This has clearly highlighted significant issues with current pathways. The most significant issues relating to talking therapies are:

- There are multiple access points into services for access to talking therapy which are confusing to referrers and can lead to delays if referrals are made to an inappropriate part of the service.
- The CBT service is small and not integrated into pathways.
- Internal referrals, waiting lists and re-assessments also contribute to an inefficient use of clinical resource.
- The St Andrew's service provides a mixture of primary and secondary care services which adds to complexity. It provides a significant element of the current Personality Disorder pathway but access to evidence based talking therapies for service users with personality disorder and complex needs are currently fragmented.

Improvement Plans

In light of these findings we are re-designing our community services to streamline processes. We will create larger, integrated teams with a single point of access to all services; and ensure that pathways are easy to navigate for referrers and service users. Our services will be needs-led to ensure that there is equity of access to a full range of services for older people. We will remove unnecessary internal re-assessments to significantly reduce delays and waiting times. Services will be based on integrated care pathways to provide consistent care packages based on best available evidence. Clear pathways will ensure that service users are always seen by a clinician who has the right skills, experience and expertise to meet their needs.

We have reviewed the pathway for personality disorder. The re-design of this pathway will incorporate access to dialectical behaviour therapy and vocational support, as well as the existing therapeutic community programme based at St Andrew's.

The proposed model will deliver better services to service users and their carers through evidence based, safe, quality services which are delivered based on need. Simplified service user pathways will eliminate duplication and delay; and demonstrate improved efficiency through embedding integrated care.

4. Improving access to IAPT services

Background

The IAPT service in North Yorkshire and York commenced in April 2010. It consisted of teams based in five localities: Harrogate; York and Selby; Hambleton and Richmondshire; Whitby, Scarborough and Ryedale; and Craven. In addition, a specialist IAPT service called Vulnerable Veterans and Adult Dependants (VVADS) was established at Catterick Garrison, in direct response to Veterans being made a Special Interest Group within the National IAPT Programme.

Current position: funding

The North Yorkshire and York IAPT Service is funded to provide 16.6 High Intensity Workers and 16.5 Psychological Wellbeing Practitioners. There are also three Senior CBT Therapist posts which provide management, supervision and a hold a reduced caseload. The York and Selby locality has one senior CBT Therapist, three High Intensity Workers, four Psychological Wellbeing Practitioners and a part time Administrator.

In February 2012 we undertook a review of the service in response to the rising demand and increase in waiting times, using the IAPT Workforce and Gap Analysis Tool. This uses a number of assumptions based on prevalence rates from the Psychiatric Morbidity Survey, and the projected number of contacts and caseloads required at step 2 and 3. The report highlighted that current funding levels give a shortfall of 20 trained PWPs and over 70 High Intensity Workers against requirements. For the York and Selby locality this equates to a shortfall of 6.5 PWPs and over 21 HIWs. The report also highlighted the fact that there were currently no employees within the service able to case manage those requiring assistance with returning to employment, training or meaningful activity.

We have had difficulties accessing reliable activity data for IAPT. Prior to August 2012 the service was reliant on a paper based data collection system. This presented a number of challenges around data returns and the accuracy of the information collected. Since August 2012 all staff within the

service have been using IAPTus, a bespoke IAPT software programme. This has dramatically improved our data collection and our ability to analyse service activity, enabling the service to provide accurate data on performance and activity.

In summary the information below shows that our current performance is strong against commissioned targets and outcomes for people who access IAPT are good; however overall the service is not funded to meet demand.

Current position: referrals and activity

The North Yorkshire IAPT service has continued to experience a rise in the rate of referrals, as the service has established itself in the local communities it serves (see table 1 below). Overall, the service is on target to receive 5,000 referrals for 2012/13. This will represent a year on year increase of 15%. However referrals rate for York and Selby are projected to exceed 1340. This represents an almost six fold increase in the rate of referrals compared to 2011/12.

Table 2: Total IAPT referrals received

	2011/2012	**2012/13 Q1**	**2012/13 Q2**	**2012/13 Q3**	**2012/13 Total To Date**
York	**239**	187	273	270	**730**
Selby	**37**	68	97	111	**276**
York & Selby	**276**	255	370	381	**1006**
N Yorkshire IAPT	**4257**	1198	1320	1222	**3740**

Table 2 shows that of the total number of referrals made to the IAPT service only a small number are not accepted. The service average for the first three quarters of this year is 5.8% with York and Selby slightly higher, with an average of 8.7%.

Table 3: IAPT referrals not accepted April 2012 to January 2013

	N Yorkshire IAPT	**York & Selby**
GP	169	73
PCMHS	26	5
Other Primary Care	2	3

Practitioner		
CMHT	7	3
Other Secondary Service	1	
Other MH Organisation	9	1
Probation	1	1
Community Nurse/Health Visitor	2	
Other	2	2
	219 (5.8%)	**88 (8.7%)**

For 2012/13 the North Yorkshire and York IAPT service was commissioned to provide 8,272 contacts. It is currently projecting to exceed this by over 7,000 contacts, (see table 4). We can also demonstrate a significant increase in the attended activity for the York and Selby team. If current trends continue into Q4 the team is on target to exceed 2011/12 contacts by nearly 1,000.

Table 4 IAPT Attended Activity

	Contract activity target 2012/13	2012 Q1	2012 Q2	2012 Q3	2012/13 Total YTD	Projected FYE
York		714	650	674	**2,038**	**2,717**
Selby		301	356	378	**1,035**	**1,379**
N Yorkshire IAPT total	**8,272**	4,218	3,470	3,923	**11,611**	**15,481**

Table 5 shows a service wide 'did not attend' (DNA) rate of 12.8% for Q1-3. This rate is slightly lower in the York & Selby team at 11.5%. Early investigations show a correlation between waiting list length and first appointment DNA's. This is one of the issues that will be addressed through our service improvement plan.

Table 5 Did Not Attend (DNAs)

	2011/12	**DNA % Rate**	**2012 Q1-Q3**	**DNA % Q1-3**
York	**317**	11.7 %	258	11.2 %
Selby	**86**	10 %	140	11.9 %

York & Selby	**403**	10.8 %	398	11.5 %
N Yorkshire IAPT	**1627**	11.6 %	1713	12.8 %

IAPTus data shows an increase in the number of referrals, year on year, as well as a significant increase in the amount of attended activity undertaken within the service. IAPT The number of people completing treatment within the service has increased from 974 in 2011/12 and is due to exceed over 2000 by the end of 2012/13 (see table 6).

Table 6 Number of People Completing Treatment

N Yorkshire IAPT 2011/12	**N Yorkshire IAPT Q1-Q3 2012/13**	**York & Selby IAPT Q1-Q3 2012/13**
974	1704	205

The National IAPT Programme has set recovery rate targets for those completing treatment. The formulation identifies those who move from 'caseness' to 'non caseness' using the mandatory psychological measures. For 2012/13 the national stretch target for recovery is 48.7%. The North Yorkshire and York IAPT Service, in Q1-3, has exceeded this by 10.3%, (see table 6).

Table 7 IAPT Recovery Rates

N Yorkshire IAPT 2011/12	**N Yorkshire IAPT Q1-Q3 2012/13**	**York & Selby IAPT Q1-Q3 2012/13**	**National IAPT Target 2012/13**
46.8 %	59 %	56.6 %	48.7%

Current position: recruitment and retention

In the early months following their recruitment, the Psychological Wellbeing Practitioners (PWP) and High Intensity Workers (HIW) attended their respective university-based training courses and clinical contact commenced in July 2010.
Following the successful completion of training, the IAPT service experienced a significant turnover of staff as employees relocated to other parts of the country or left to pursue alternative careers. This phenomenon was experienced by other IAPT services.

Until recently the team has been able to recruit to vacancies; however, recruitment has become increasingly difficult for the service. As an example

of this, the team is currently attempting to recruit a HIW on a fixed term contract to cover maternity leave; two attempts to recruit to this post have already been made without success.

Service Improvement Plans

The service cannot meet demand within current funding levels; however we are keen to maximise output from the resources we have available to us and use these as efficiently as possible.

To implement our service improvement plans we are developing five working groups to review the following areas:

- Service Activity
- Service Structure
- Staff Recruitment and Retention
- Training and the use of Information Technology.
- Waiting List Management

Outcomes which we expect to achieve from this work include:

- increase in the use of telephone interventions
- increase in the use of computerised CBT
- increase in group work
- the implementation of a waiting list triage/assessment system

We will also continue to prioritise staff recruitment to reduce the number of vacancies within the service.

We expect these measures to have a significant impact on the activity provided by the service. Recognising that current funding levels are inadequate to meet need we will continue to work with commissioners to accurately specify the service to be provided and agree contract activity levels. We will also work with key stakeholders, including GPs, to ensure that we are targeting our limited resources in the most effective way.