

# IAPT & Mental Health Assessment

Surrey Heath CCG Governing Body

February 5<sup>th</sup> 2019



[www.surreyheathccg.nhs.uk](http://www.surreyheathccg.nhs.uk)

*The best possible health and wellbeing outcomes for our local community*



# IAPT in Surrey Heath

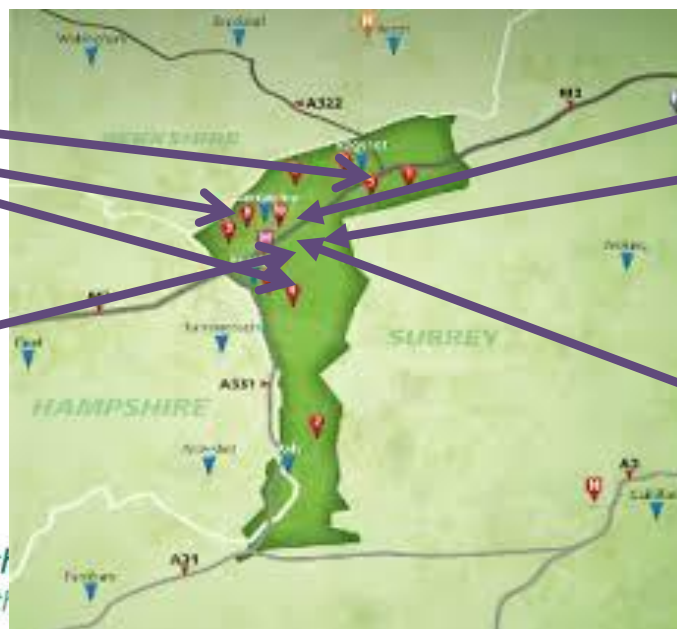
Launched in 2011

Five providers for Surrey IAPT service (Surrey Heath, Guildford & Waverley, NW Surrey, East Surrey & Surrey Downs) under an Any Qualified Provider contract (AQP)

Contracts managed by Guildford & Waverley CCG on our behalf  
Current contract runs until March 2020



Centre for Psychology



mind  
matters  
surrey



thinkaction



[www.surreyheath.nhs.uk](http://www.surreyheath.nhs.uk)  
The best possible health



# Performance

## IAPT Targets

Select your CCG:

### 2018/19

	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018				YTD	Target (annual)	Target (monthly)	Based on YTD	Based on last month
															Forecast		
Access	1.07%	1.27%	0.82%	1.13%	0.99%	1.11%	1.62%	1.81%	1.02%				10.82%	19.00%	1.58%	14.43%	13.88%
Waiting times (people commencing treatment within 6 weeks)	80.0%	84.1%	95.9%	94.1%	83.0%	84.8%	91.0%	96.9%	100.0%				90.3%	75%			
Waiting times (people commencing treatment within 18 weeks)	98.9%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	99.4%	100.0%				99.7%	95%			
Recovery	57.0%	60.6%	63.3%	45.3%	63.0%	53.2%	50.5%	59.8%	63.9%				57.5%	50%			
Reliable Improvement	70.7%	67.9%	72.7%	62.0%	70.9%	64.7%	65.7%	74.3%	70.0%				69.0%	62%			

### 2017/18

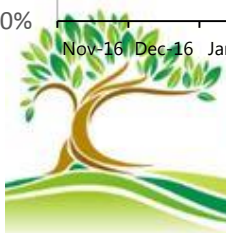
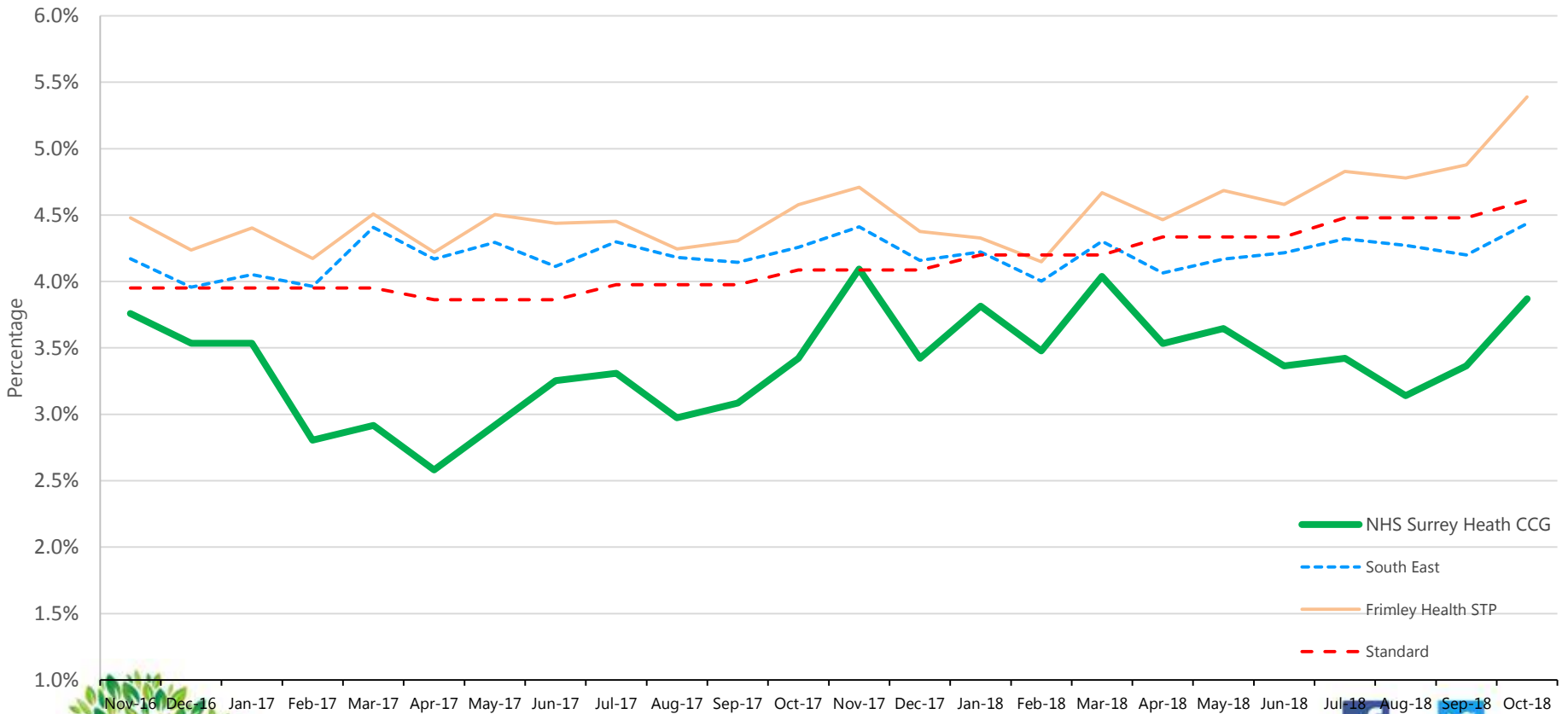
			Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	YTD	Target (annual)	Target (monthly)	45.4%	
	Attrition rate between referral and completion of treatment	Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov-2017	Dec-2017	Jan-2018	Feb-2018				Mar-2018
Access	0.7%	1.5%	1.1%	1.1%	1.1%	1.1%	1.2%	1.1%	1.5%	0.7%	1.6%	1.1%	1.2%	14.1%	16.8%	1.40%
Waiting times (people commencing treatment within 6 weeks)	92.2%	61.2%	75.5%	69.7%	80.4%	78.7%	78.4%	87.0%	93.4%	77.2%	91.0%	87.5%	79.8%	75%		
Waiting times (people commencing treatment within 18 weeks)	100.0%	97.8%	95.1%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	95%		
Recovery	60.9%	47.3%	60.0%	56.4%	57.3%	51.6%	64.5%	58.3%	43.3%	48.9%	67.7%	67.2%	56.8%	50%		
Reliable Improvement	64.9%	66.0%	65.6%	66.7%	71.1%	68.7%	68.7%	66.7%	58.9%	63.5%	75.5%	69.9%	67.3%	62%		

	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	YTD
Attrition rate between referral and completion of treatment	32.2%	40.9%	37.1%	51.4%	51.5%	51.4%	49.8%	53.5%	33.3%	45.4%



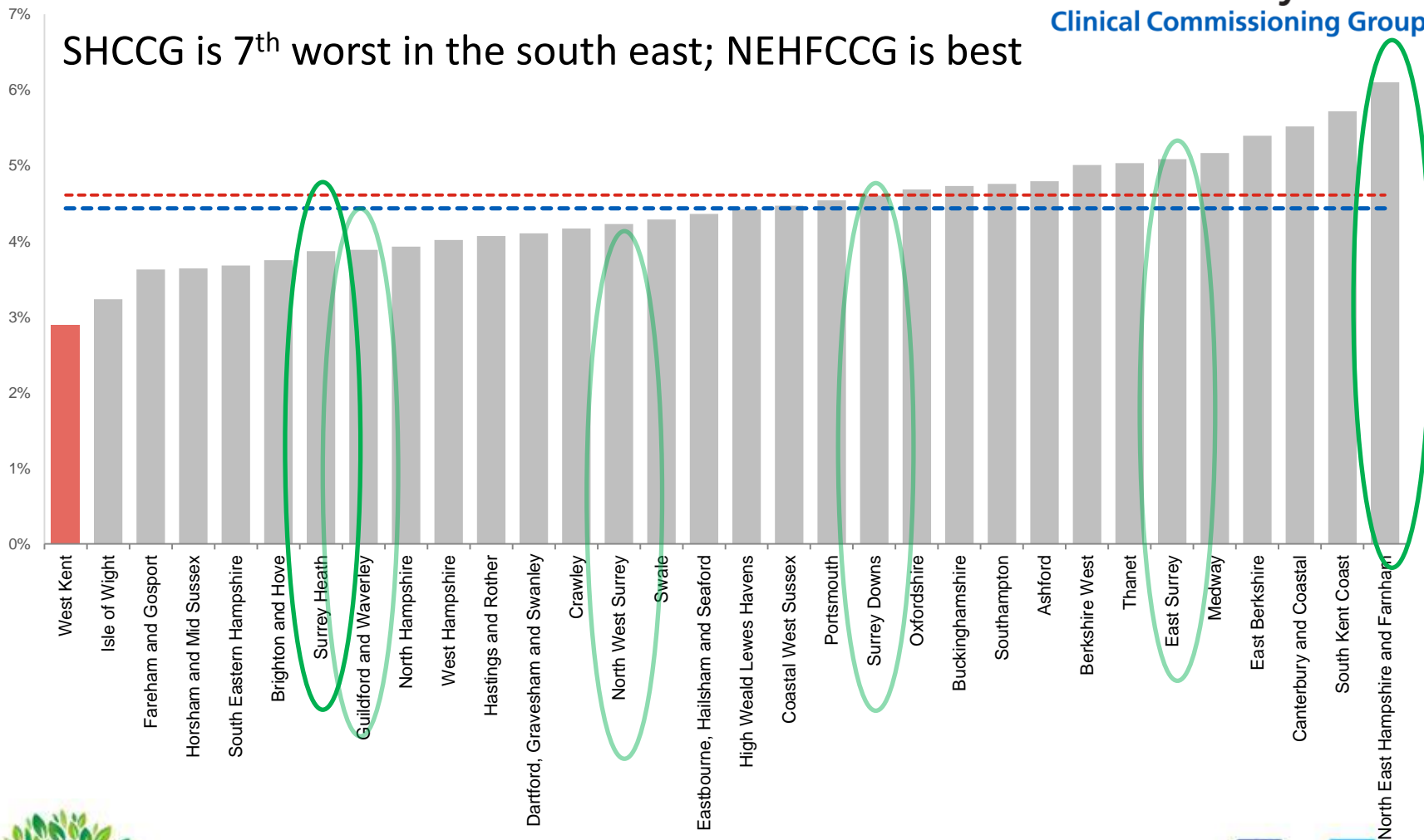
# Access Rate Nov 16 – Oct18

Access Rate



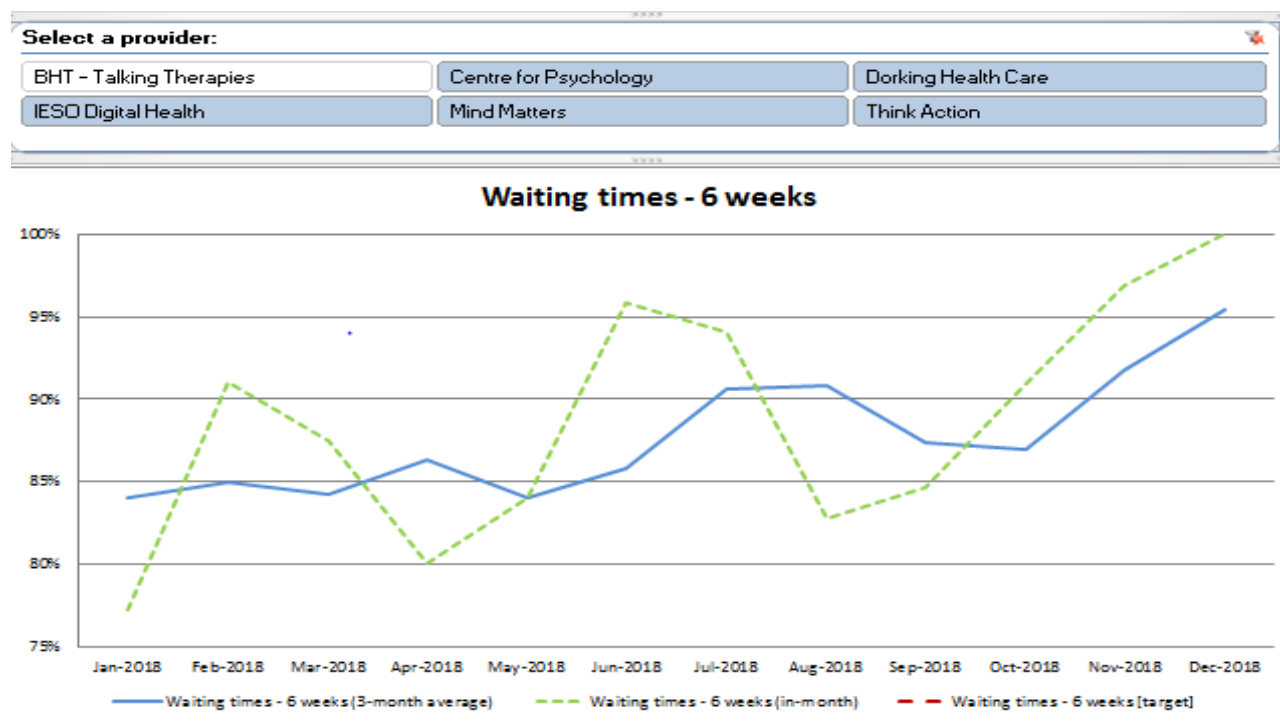
### IAPT Access October '18 ranking for CCGs in the SE

SHCCG is 7<sup>th</sup> worst in the south east; NEHFCCG is best



# Waiting times

- GPs and people report long waits but we are meeting our target of 75% being seen within 6 weeks and 95% within 18 weeks



# What have we done to increase access? Surrey Heath Clinical Commissioning Group

NHSE Recommend	We did
Self referral	Surrey Heath was first in Surrey to introduce self referral. 81% self-referral rate (higher than other Surrey CCGs combined)
Raise awareness – public	SHCCG website refresh January 2018 gives waiting time, location, method Promote in GP practices – TV screens, leaflets, Business cards and posters distributed widely eg ICT, libraries, JobCentrePlus
Raise awareness – staff/practices	Raise at PLT/GP Steering group ICT steering group/ICT away days Frimley A&E, Midwifery, GI team, Community Physiotherapy
Increase LTC provision	Surrey wide workforce, phased approach, SHCCG – 2 LTC-trained staff
Learning from elsewhere	NEHF: single provider has good reputation with GPs; dedicated LTC clinics and workforce; higher prevalence of depression; block contract with different incentives to Surrey AQP. East Surrey: Strong focus on MH

In addition, Dorking Healthcare have recently begun providing services in Surrey Heath. Think Action service redesign improved process for patients with online booking. Working with one provider to explore attrition.





# Commissioning Priorities in 19/20

- The access target will increase to 22% of prevalence (5YFV for MH)
- Continued expansion of IAPT for Long Term Conditions
- Roll out of the Employment Advisers in IAPT pilot in Wave 2 sites from 1<sup>st</sup> March 2019
- Continue to fund the IAPT trainees salary support costs, as required by NHS England
- Consider options for services from April 2020





# Further actions for consideration

- Consider incentivising providers to reduce wait between initial contact and treatment to less than 6 weeks. This would potentially reduce attrition rates and promote the service generally encouraging more to access
- Use public/patient engagement events to explore their views
- Explore ways of increasing uptake with carers and older adults
- Clinical lead to work with practices individually?
- Engagement with GPs and other referrers strengthened
- Bring management of the contracts back into Surrey Heath
- Long term conditions pathways extended
- Explore more provision in south with providers



# Mental Health assessment 2017-18

- Assessment for 2017/18 published in January
- Covers Mental Health, IAPT, Learning Disabilities and Diabetes
- Requires improvement for IAPT and LD
- Good for MH and Diabetes



# Mental Health - Good

Area being measured	Target/ Bench mark	SH CCG 16/17	SH CCG 17/18	SH CCG 18/19	Comments
IAPT – recovery rate	National standard- 50%	48.88%	49%	50%	Just below target in 17/18 (although local reporting shows target met, 52.9%) but acknowledge national data will be used. On target in 18/19.
IAPT- Access	National Average 3.95%	2.92%	3.48%	3.87%	Below target but significant improvement on 16/17 and showing improvement in 18/19 although target will increase. Access rates have improved Oct/Nov 18 to meet target and improvement plans being worked on, including GB session planned for February.
EIIP waiting times	National Standard 50%	87.5%	75%	80%	Benchmark exceeded. Reduction from 16/17 but numbers small so % impact appears greater. Recurrent investment in additional EIIP capacity in 18/19 in recognition of pressures.
Crisis Resolution home treatment teams provision	Assessment national to meet compliance of standards	n/a- one off data collection	60%	n/a	Challenge to NHSE via NEH&F as we share a HTT team so should have same score. Introduction of the SABP Single Point of Access will have significant impact on this score in 19/20
Inappropriate out of area placements/ beds	End target is to reduce to 0 by 2020	n/a new measure in 17-18	0 bed days per 100k		Revised score issued by NHSE



# Dementia – Requires Improvement

Area being measured	Target/ Bench mark	SH CCG 16/17	SH CCG 17/18	SH CCG 18/19	Comments
Dementia Diagnosis	66.7%	67.46 %	68.1%	71.70%	Consistently exceeding target
Care Planning & post diagnostic	Above 79.4%	76.88 %	75.7%	62.77%	This is being followed up – potentially relates to coding by GP practices as SABP think they have met the target



# Learning Disabilities – Requires Improvement

Area being measured	Target/ Bench mark	SH CCG 16/17	SH CCG 17/18	SH CCG 18/19	Comments
Reliance on specialist inpatient care		33	35	34	Under transforming care as a partnership team Surrey has reduced the number of people with Learning Disabilities identified in hospital post Winterbourne view from 195 to 3.
Proportion on GP register receiving annual health check	51.4%	28.35%	49%	n/a	Update from G&W CCG: Increased the capacity of the Primary Liaison service to deliver the DES training and work with practices to improve their registers, provide targeted work on health screening and outpatients support in addition to GP support
Proportion of pop on GP register	0.49%	0.33%	0.36%	n/a	See above



# Diabetes - Good

Area being measured	Target/ Bench mark	SH CCG 17/18	Comments
Achievement of NICE treatment targets	National median 40%, 25 <sup>th</sup> percentile 39.7%	39.7%	Currently achieving 51% following transformation investment
Structured Education attendance within year of diagnosis	National median 7.3%	10%	Transformation funding supporting further X-Perit courses, plus DAFNE (Type 1) courses and digital education provided by Oviva – expect to achieve 18/19

