

REPORT FOR: Improving Access to and Developing Psychological Therapy Services in Stockport Scrutiny Review Panel

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REPORT TITLE: INFORMATION NOTE TWO: information about local services and future plans.

Improving Access to Psychological Therapies

Introduction

Improving Access to Psychological Therapies is one of the biggest challenges in mental health commissioning in Stockport. It impacts on the wider population in terms of promoting mental well-being, treatment for people with mild to moderate mental health problems and the treatment and management of people with severe mental illness. The Primary Care Trust (PCT) has recognised this in two ways, firstly, a priority for investment in this financial year (2008/09) and the inclusion of the Public Service Agreement 18 (Increasing number of people receiving psychological therapy for mild to moderate mental illness), as one of the Vital Signs for local agreement.

The purpose therefore of this report is to further inform the Overview and Scrutiny Committee on some of the key challenges in this area. The report will cover the following areas: -

- A brief assessment of need based on national and local prevalence of common mental health problems
- Analysis of current workforce and financial resources to determine capacity
- Information of current waiting list to determine demand and potential unmet need
- Other significant areas which will impact on the delivery, which include accommodation, training, information, management technology (IMT).

Assessment of Need

Joint Strategic Needs Assessment

Work undertaken as part of the Joint Strategic Needs Assessment (JSNA) considered the following: -

National estimates predict that between 1 in 4 adults will suffer mental distress at some point in their lives and 1 in 6 will present to health services. Extrapolating to Stockport's 18 plus population this gives an estimate of 54,900 adults suffering with mental health problems and 36,000 presenting to services. Mild anxiety and

depression are the most common forms of mental ill-health with around 10% of the adult population experiencing depression at any one time, in Stockport equating to 22,000 adults in 2006, and by 2011 this figure could rise to 22,400.

Local evidence shows that in 2006/07 23,000 people of all ages at Stockport GP practices were diagnosed with depression, equating to 9.8% of the population.

National Institute for Clinical Excellence Guidance

The National Institute for Clinical Excellence (NICE) Guidance for Depression states that of 130 cases of depression per 1000 population, only 80 will consult their GP. Of the 80 depressed people per 1000 population who do consult their GP, 49 are not recognised as depression. From the information presented in the Joint Strategic Needs Assessment it demonstrates that Stockport GPs are effective at identifying depression.

IAPT Capacity Tool

Taking into account evidence from the NICE Guidance from a range of conditions and disorders the Department of Health IAPT Work Programme developed a tool to assist PCTs in identifying projected levels of service activity. Based on the total population of people 16 years and above, prevalence of common mental health problems, assumptions around numbers presenting to GPs and numbers recognized the following information was used to assess need:

Total population 16 years upwards	227,855
Total need within the population	77,318
Percentage presenting to GPs (Assumption of 40%)	30,927
Percentage recognised (Assumption 50%)	15,464

Therefore for planning purposes an IAPT Programme in Stockport will have to deliver as a minimum of **15,464 treatments/interventions** for people with common mental health problems.

Consultation

As part of the PCTs Strategic Planning/Local Delivery Plan (LDP) cycle for 2008/09 the Commissioning Lead carried out a consultation with key stakeholders (service users, carers, voluntary organisations, GPs, service providers). All key stakeholders agreed that improving access to psychological therapies was a major priority.

Resources to Meet Capacity

This section of the report will provide information to the Committee on the following:

- Current demand
- Workforce and capacity to provide psychological therapies
- Current spend on psychological therapies
- Assumptions on what is needed to deliver 15,464 treatments/interventions.

Current Demand for the Services

The number of referrals to the Primary Care Counselling and Psychological Therapy service is approximately 220 per month (2640 per year). The current staffing levels are able to meet the current demand, however there are waiting times across the interventions. Anecdotally it is reported that due to the long waiting times some GPs do not refer patients, however the challenge is ensuring that GP and other services are aware of other interventions that people can access.

Waiting Times - September 2008

Intervention	Numbers waiting	Longest wait	Average wait
Counselling	219	45 weeks	18 weeks
Graduate Mental Health Workers	238	36 weeks	18 weeks
CBT Therapist	269	26 months	73 weeks

It must be pointed out that a significant amount of work has been undertaken to reduce both the numbers waiting and the waiting times, for example;

Waiting times - December 2007

Intervention	Numbers waiting	Longest wait	Average wait
Counselling	678	Not available	41 weeks
Graduate Mental Health Workers	220	Not available	31 weeks
CBT Therapist	357	Not available	Over 2 years

Service Provision, Workforce and Capacity

The NICE Guidance for Depression recommends a system of stepped care for delivering psychological therapies. The table below sets out: -

- Interventions at Step 2 (Low intensity interventions)
- Interventions at Step 3 (high intensity interventions) and
- Interventions at Step 4 (service users who are on Care Programme Approach (CPA))
- The current service provision
- The workforce, set out in Whole Time Equivalents (WTE), where appropriate
- The capacity of the service/workforce in place to deliver the service

Step	Intervention	Service provision	Staffing Establishment	Capacity
Step 2 : Low Intensity	Pure self help (books on prescription)	Bibliotherapy across all 15 libraries in Stockport	n/a	Open access for Stockport population, in 2007/08 12,000 issues
	guided self help	Self help books available at GP practices	GP practice nurses	Available for Stockport population
	exercise on prescription	Exercise on prescription	n/a	Minimum of 1840 consultations per year
	Computerised Cognitive Behavioural Therapy (cCBT)	Self Help Services providing cCBT	0.8 WTE cCBT Co-ordinator	400 treatments per year
	psycho-educational groups	Stockport Mind - Staff facilitated groups	Stockport Mind make use of volunteer counsellors to facilitate a range of groups	Information not available at present time.
	other therapies	Pennine Care Primary Care Counselling and Psychological Therapy Services Beacon Counselling	5.0 Whole Time Equivalent (WTE) Graduate Primary Care Mental Health Workers	204 clients per worker per year
Total WTE/ Capacity			Approx 5.8 WTE	12,000 issues 3260 clients
Step 3: High Intensity	Cognitive Behavioural Therapy (CBT), couples therapy, Counselling	Pennine Care Primary Care Counselling	6.0 WTE counsellors	138 clients per worker per year
		Cognitive Behavioural Therapy	3.8 WTE CBT Therapist	92 clients per worker per year
		Beacon Counselling	Make use of volunteer counsellors	2,300 counselling hours, approximately 400 clients seen per year
Total WTE/ Capacity			9.8 WTE	1578 clients

Step 4: Those requiring specialist mental health services	CBT, Psychotherapy and other psychological interventions, combined treatment interventions	Pennine Care Secondary Care Psychological Therapy Services	1.0 WTE Team Manager 3.0 WTE CBT Therapist 1.0 WTE Counsellor 1.0 Assistant practitioner providing CBT 0.9 WTE psychotherapist	CBT Therapist – 58 clients per worker per year Psychotherapist – 24 clients per worker per year
Total WTE			6.9 WTE	312 clients

Current spend on IAPT Interventions

Step	Salary Cost including on costs
Step 2 Interventions	£214,097
Step 3 Interventions	£428,632
Step 4 interventions	£379,323
Total Staffing., including on cost of Psychological Therapy Service	1,022,052

What is needed to meet the gap in Provision?

A toolkit has been developed (IAPT Workforce Capacity Tool) to assist commissioners in assessing need for psychological therapies. It helps estimate the likely prevalence of common mental health. Based on information used from the toolkit on prevalence of common mental health problems it tells us that for a population the size of Stockport we should be commissioning a minimum of 15,464 treatments/interventions per year. Professional Advisers to the IAPT Work Programme have recommended that 40% of activity should be low intensity and 60% high intensity. The table below shows the gap in capacity.

	Current Capacity	Projected Capacity	Gap
Low Intensity	3260	6185 (40%)	2925
High Intensity	1578	9278 (60%)	7700

Further work will be done by commissioners, providers and other key stakeholders in planning how to address identified need, considering current service provision, the range of providers best able to meet the needs and the available evidence based treatments, including use of medication.

Other Areas to Consider

Accommodation/Estate

If we are to increase access to psychological therapy services accommodation is a main concern. As part of it's Primary and Community Care estates development the PCT is consulting with key service leads. The Commissioning Lead for Mental Health has ensured that in all new developments there is provision to deliver both high and low intensity psychological therapy interventions. Furthermore, the St Thomas Venture will have facilities to provide psychological therapy services.

Information, Management Technology

This is a major issue for the provision of psychological therapies and involves systematic routine data collection tools to be used across all service providers. Ensuring that an electronic system is in place - this is a particular challenge as all current providers do not make use of electronic systems. Furthermore, the systems recommended by the Department of Health Programme do not interface with the National Care Records System (NCRS).

Training and Supervision for a New Workforce

A national recruitment drive is underway for recruiting a workforce to the new IAPT sites, and training providers have been identified, for the most part they are Universities across the regions. A key challenge in providing additional capacity is ensuring that all new staff have regular supervision, and this will be undertaken by existing staff, which will affect capacity.

Conclusion

This paper contains a significant amount of information, with some assumptions, particularly around needs assessment which readers should be aware of. It does however provide information on the services in place and current capacity. A significant piece of work, using the updated Workforce toolkit is required to provide the PCT with an indication of the services and workforce needed to provide for the needs of the population.

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