

## Health Scrutiny Review – Response from Stockport Primary Care Trust

**Scrutiny Committee:** Health Scrutiny Committee

**Review title:** Improving Access to Psychological Therapies

**Date completed:** February 2009

**Officer responsible for response:** Gina Evans

### Introduction

The Council Health Scrutiny Committee carried out a review of Psychological Therapies following an information gathering enquiry into mental health services in February 2008. The Review took place between August 2008 and concluded in December 2008 and the final report was presented to Stockport PCT at its Board meeting in March 2009. The PCT Board agreed to provide a response to the review, to be presented at the Board meeting in May 2009.

Recommendations	Agreed response
<b>Recommendation One</b> That Stockport PCT and the Council Executive work together to formulate an approach to disseminating information and education about mental health and promoting mental well-being to the people of Stockport through existing public service avenues (e.g. schools, libraries, health centres, etc).	The Public Health Partnership Board is developing Mental Health and Well-Being as one of its 4 priority areas. It is therefore proposed that this recommendation is delegated to the Public Health Partnership Board to take forward on behalf of both Stockport PCT and the Council Executive.
<b>Recommendation Two</b> That Stockport PCT develop a programme of education for non-mental health practitioners to enable them to identify people who might be experiencing mental health issues and to direct them to services accordingly	Stockport PCT, with Manchester PCT and University of Manchester (with financial support from Manchester PCT and the former Care Services Improvement Programme (CSIP)) has developed and piloted a 3 day training course aiming to equip “front-line” staff who work with vulnerable people with skills to enhance the support they give to them. The course covers a range of objectives including equipping staff to identify people vulnerable to poor mental health or experiencing mental health problems, have a working knowledge of self help resources and

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	additional support networks for the people they work with and develop a range of skills to signpost people to other services for advice and next steps. An evaluation of the course is currently being undertaken and a report will be available in early to mid- 2009.
<p><b>Recommendation Three</b></p> <p>That Stockport PCT formally recognises the contribution made by the voluntary sector in delivering psychological therapies, and analyses the potential cost to the statutory sector of the loss or reduction of this provision</p>	<p>The PCT has service contracts with a range of voluntary sector organisations. With reference to delivering evidence based psychological therapies the PCT has 3 contracts (self-help services, Beacon Counselling and Stockport Mind). The PCT recognises that there are other voluntary organisations providing these services without funding support from the PCT, for example Stockport Women's Centre. Through the Mental Health Local Implementation Team sub-group (led by the PCT), an action will be included to this group's work plan on mapping the additional provision in the borough which has not been commissioned.</p>
<p><b>Recommendation Four</b></p> <p>That Stockport PCT take note of the 'Delivering the Capacity of the Third Sector' scrutiny review, with particular reference to recommendation 2 of that review, namely that, <i>'The Executive Member (Communities) takes steps to:- Support Third Sector innovation in service delivery by building on the existing joint working arrangements with the PCT in order to explore creative solutions and/or funding processes, particularly relating to prevention and early intervention services'</i></p>	<p>The PCT in partnership with the Council has taken forward this recommendation, and will continue to explore solutions for working jointly. The response above for recommendation 3 demonstrates that the PCT are making positive steps for engaging effectively with Third Sector partners.</p>
<p><b>Recommendation Five</b></p> <p>That the PCT continues to focus on mental health as an improvement priority and gives full account to this status when making resource allocation decisions.</p>	<p>Mental Health is one of nine improvement programmes set out in the PCT's Strategic Plan. A significant part of the programme is committed to improving access to psychological therapies with the following metrics and outcomes: -</p> <ul style="list-style-type: none"> <li>▪ Additional 3,000 people to receive cognitive behavioural therapy</li> <li>▪ 2,000 people with improved mental well-being</li> </ul>

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<p><b>Recommendation Six</b></p> <p>That the PCT continues to actively monitor and manage waiting lists in the future with particular focus on pressures resulting from improved services.</p>	<p>Waiting lists for psychological therapies, particularly access to CBT are reducing, however still remain high. The PCT monitors this as part of the Mental Health LIT and as part of the Pennine Care Contract. In preparation for application to Wave 3 of the IAPT programme the PCT is seeking assistance and support from a former CSIP (Care Services Improvement Partnership) Performance Manager on waiting list management.</p>
<p><b>Recommendation Seven</b></p> <p>That the PCT ensures that appropriate information is provided to referrers to enable them to make informed decisions about when it is appropriate to refer for psychological therapy services.</p>	<p>The PCT piloted the use of the Stepped Care Model in one of the PBC localities (Stepping Hill and Victoria) as an evidence based framework for ensuring that patients enter into treatment at the most appropriate intervention and are “stepped up” where they are not responsive. Following the successful pilot, this has been rolled out to the remaining three localities. To support the roll-out the following initiatives are taking place: -</p> <ul style="list-style-type: none"> <li>▪ The SMC Lead GP for Mental Health is working with Pennine Care to re-fresh the referral proforma</li> <li>▪ Pennine Care are hosting an event in June to promote this and provide information to referrers</li> <li>▪ SMC will be hosting a Mental Health Market Day in September</li> </ul> <p>To support these initiatives, the Stockport Mental Health Guide/Directory of Services is being updated.</p>
<p><b>Recommendation Eight</b></p> <p>That the PCT analyses and reflects on the reasons for unsuccessful IAPT bid and takes account of the lessons learned when preparing future bids.</p>	<p>The PCT were unsuccessful with Wave 2 application for IAPT. General feedback was provided by NHS North West on areas where improvements can be made, which included:-</p> <ul style="list-style-type: none"> <li>▪ Further refinement of the clinical model to ensure compliance</li> </ul>

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	<p>with NICE Guidance</p> <ul style="list-style-type: none"> <li>▪ Identification of a Clinical Lead</li> <li>▪ Robust Governance Arrangements</li> <li>▪ Waiting times</li> </ul> <p>Following this news, a meeting was convened to receive more detailed feedback from the IAPT Programme Director for North West Strategic Health Authority. To support Wave 3 applicants NHS North West has developed Terms and Conditions for Wave 3 IAPT, and these have been taken forward and an action plan has been developed to prepare the PCT for Wave 3.</p> <p>Update from June 26<sup>th</sup> 2009 – Good News! Stockport PCT have been informed that they now have IAPT Demonstration Status and we have been allocated 9 High Intensity Workers (to undergo training to be CBT Therapists) and 8 Low Intensity Trainees (to undergo training to provide brief interventions using CBT approaches)</p>
<p><b>Recommendation Nine</b></p> <p>That the PCT should ensure that it has a robust framework in place for collection of outcomes and satisfaction data across its entire primary and secondary care psychological therapy services, including those non-statutory provider organisations.</p>	<p>The Primary Care and Access Sub-group of the Mental Health LIT has membership from all providers, both NHS and Third Sector organisations. In preparation for IAPT all providers are using the IAPT Outcomes Toolkit, which includes validated assessment tools, including patient experience questionnaires. In addition, where we have contracts with providers, outcomes in relation to improvement patient satisfaction are monitored as part of performance outcomes.</p>
<p><b>Recommendation Ten</b></p> <p>That the PCT ensures outcome measures requirements are clear, and provides additional guidance where appropriate, so that potential future service providers are not unnecessarily excluded from commissioning processes.</p>	<p>Outcomes measures used in IAPT services are based on the IAPT Outcomes Toolkit. The Lead Commissioner has been working with all provider organisations to support them in ensuring they have systems in place to collect these.</p>