New Savoy Conference
Psychological Therapies in the NHS

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Children</strong></td>
<td>70,000 more children will access evidence based mental health care interventions.</td>
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<tr>
<td><strong>Intensive Home Treatment</strong></td>
<td>Intensive home treatment will be available in every part of England as an alternative to hospital.</td>
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<td><strong>Older People</strong></td>
<td>No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the ‘core 24’ service standard.</td>
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<td><strong>Women</strong></td>
<td>At least 30,000 more women each year can access evidence-based specialist perinatal mental health care.</td>
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<td><strong>Suicide Prevention</strong></td>
<td>10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017.</td>
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<td><strong>Older People</strong></td>
<td>Increase access to evidence-based psychological therapies, helping 600,000 more people per year.</td>
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<td><strong>SMI</strong></td>
<td>The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.</td>
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<td><strong>Physical Health Checks</strong></td>
<td>280,000 people with SMI will have access to evidence based physical health checks and interventions.</td>
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<td><strong>Psychosis Care</strong></td>
<td>60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including children.</td>
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<td><strong>Out of Area Placements</strong></td>
<td>Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.</td>
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<td><strong>New Models of Care</strong></td>
<td>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.</td>
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<tr>
<td><strong>Children</strong></td>
<td>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.</td>
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Key achievements

The programme is overall on track for delivering the Five Year Forward View for Mental Health.

Children and Young People

- We are on track to ensure an extra 35,000 children and young people are able to access services this year.

- We opened 81 new beds for Children and Adolescent Mental Health Services (Tier 4) and at least another 50 beds will open by end of March 2018.

- We established 70 new or extended community eating disorder services for young people covering the whole of England.

- The access standards for Children & Young People Eating Disorders, IAPT and Early Intervention in Psychosis are all being achieved or on track to be achieved by 2020/21.
Key achievements

Perinatal Mental Health

• £40 million was awarded to 20 Wave 1 Perinatal Community Services Development Fund areas.

• The programme is on track to exceed the national target with **6,000 women** estimated to access specialist perinatal Mental Health care through Wave 1 sites by end 2017/18.

• Contracts for **four new, eight-bedded units** awarded and implementation has started:
  • North West – Lancashire Care FT (July 2018)
  • East Anglia - Norfolk and Suffolk FT (operational early 2019)
  • South West – Devon Partnership Trust (early 2019)
  • South East Coast – Kent and Medway Partnership Trust (July 2018)
Key achievements

Core 24 U&E Liaison Mental Health

- 17 hospitals already at Core 24 (10%)
- £30 million funding to 74 acute hospital sites to achieve ‘Core 24’ from 2017-2019
- By 2019, 46% (81 of 178) A&Es aim to have achieved Core 24 standard

Areas that currently have access to core 24 liaison services

Areas that have successfully bid in Wave 1 to meet core 24 liaison services by the end of 2017/18*

Areas that have successfully bid in Wave 1 to meet core 24 liaison services by the end of 2018/19*

Areas with liaison services that are not yet at core 24 service level
Key achievements

New Care Models: reducing Out of Area Placements for Specialist Mental Health Care

New Care Models in Tertiary Mental Health: CAMHS
- NTW and North Cumbria
- West Yorkshire & Harrogate
- North West London
- South London
- Kent, Surrey and Sussex
- Herts Partnership

New Care Models in Tertiary Mental Health: Secure
- North East & North Yorkshire
- Cheshire and Merseyside
- North East & North Cumbria
- West Midlands
- South London
- South West
- Thames Valley & Wessex
- Kent, Surrey and Sussex

Wave 1 Site
Wave 2 Site (October start)
Wave 2 Site (April start)
£18 million of the winter resilience budget was released in December to specifically address mental health-related system pressures.
Key achievements

The Mental Health Investment Standard (MHIS)

- MHIS = CCGs investment in mental health rises at a faster rate than their overall programme funding.
- The MHIS is being met for 2017/18 both in plan and actuals at national and regional level.
- The 2018/19 planning guidance set out an universal ask for CCGs to meet the MHIS
- CCGs’ auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.
Key achievements

Improving Access to Psychological Therapies (IAPT)

• In the past year, **one million people** were seen in IAPT, with over half of those completing treatment recovering and nearly two thirds gaining reliable improvements in their condition.

• A total of over £80m has been invested in **37 ‘Early adopter’ sites** in 16/17 and 17/18 to develop **integrated IAPT-LTC services** (IAPT Long Term Conditions). Early data indicates good clinical outcomes and patient experience and substantial savings in physical healthcare costs.
2018/19 commitments

- 49,000 more CYP getting access to high quality mental health care.
- 9,000 more women accessing specialist perinatal mental health care.
- 19% of adults with a common mental health illness accessing IAPT and all areas commissioning IAPT Long-term conditions.
- A 25% increase in access to Individual Placement & Support services for those with severe mental illness.
- Deliver against multi-agency suicide prevention plans.

The FYFV is the start of what needs to be a sustained multi-generational effort to transform mental health.

www.england.nhs.uk
IAPT So Far

- Stepped care psychological therapy services established in every area of England. Self-referral pathways.

- Approximately 15.8% of local prevalence (965,000 per year) seen in services (Annual Report, NHS Digital 16/17)

- Around 60% have course of treatment (approx. 575,000 per year)

- Outcomes recorded in 98.5% of cases (pre-IAPT 38%)

- The number of high performing services (>55% recovery) are increasing

- The number of poorer performing services (<40% recovery) reducing from 29 in 15/16 to 9 in 16/17
**IAPT National Recovery Rates**

- Recovery has been steadily improving since the start of the programme
- Recovery Rate Target (at least 50%) has been met in every published month of 2017
- 2 in 3 treated patients show substantial reduction in symptoms
- Patient Experience Questionnaires show 84% “completely satisfied” with their assessment, with less than 2% not getting the choice of treatment they indicated.
Expanding IAPT by 2020/21

Key requirements:

- Increase numbers seen & treated by 66% (from 900,000 seen in 2015 to 1.5 million in 2021)
- Focus 2/3 of expansion on people with LTCs and/or MUS
- Increase use of digitally assisted therapies
- Expand workforce by 50-60%
Why Focus on People with LTCs?

**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**
- NHS Digital data shows outcomes as similar to people without LTCs (46% vs 51% recovery in 2016/17 LTC vs Non-LTC)

**Economic sense for the NHS**
- Psychological therapy reduces physical healthcare costs by average of 20% (meta-analysis of 91 studies)
In 2016/17 and 17/18 the expansion in talking therapies was supported by a combination of central HEE and NHSE funding.

As set out in the 5YFVMH the responsibility and funding to support the expansion posts (including trainee posts) has been transferred to CCG allocations from March 2018.

HEE has agreed to continue to fund all tuition fees for IAPT training (ie both replacement and expansion) to deliver an additional 6,500 trainees for the period 2016-2021.

Services are expanding, and increasingly offering a choice of therapies where this is supported by the evidence – 24% of all treatments for those completing therapy in 16/17 annual report.

Capacity has been increasing through significant additional investment in training.

Staff retention – the PWP leaver rate went down from 25% in 2014 census to 22% in 2015. HI therapist leaver rate is 12%. 2016 census is expected soon.
Delivering choice in treatment

NHSE, advised by clinical experts, have supported the development of new training curricula in three therapies:

- Mindfulness Based Cognitive Therapy (as a relapse prevention intervention for recurrent depression),
- Couple Therapy for Depression
- Dynamic Interpersonal Therapy for Depression.

These new curricula have been launched into practice through an initial tranche of national commissioning which so far has led to a cohort of 48 MBCT trainees and 59 CTfD trainees spread across England.
Delivering consistent quality through The IAPT Manual

- Single source for all information on the IAPT programme (workforce, measures, therapies, outcomes, supervision, service improvement)
- Guide for commissioners, IAPT service managers and therapists working in IAPT
- Aim to reduce variation in provision and the quality of IAPT services across the country
- Supporting increased investment in IAPT to deliver growth
### Sustaining the workforce

**Workforce Wellbeing project manager role in NHSE national IAPT programme delivering:**

- Best practice examples of workforce wellbeing initiatives in IAPT services and regional networks shared nationally with staff
- Case studies of IAPT services who have delivered improvements in staff wellbeing published on NHSE website
- Extensive section on workforce wellbeing written in the IAPT manual
- Webinar outlining ideas and actions for promoting workforce wellbeing attended by 60+ IAPT staff
- Workforce wellbeing workshops to be delivered across the country
- Communications to promote and value the PWP role including best practice examples of PWP career development
- Collation of support and development resources and tools for staff
- Ad-hoc support and advice to service leads available
- Close working with the NHSE Healthy Workforce programme, BABCP, IAPT training courses and HEE
Key challenges

- Ensuring workforce expansion numbers are met

- Increasing the numbers of IAPT practitioners co-located in Primary Care (GP Forward View) & delivering IAPT-LTC services in line with the published guidance

- Reducing variation in the quality of IAPT services – “The IAPT Manual” to be published

- Supporting increased investment in IAPT to deliver growth
Psychological therapies for people with SMI – aims

• FYFVMH: “There must also be investment to increase access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.” – over 3 years from 18/19-20/21

• Broader ambition to ensure that people under secondary mental health services can access NICE-recommended psychological interventions in a timely manner

• Learning from successes, ambitions and challenges of IAPT programme, IAPT-SMI demonstrator sites
Psychological therapies for people with SMI – plans and challenges

• Need to establish current baseline and investment strategy up to 20/21

• Need to quantify and cost potential future ambition beyond FYFVMH

• Planning for 18/19 involves close working with HEE to focus on supporting vital delivery of EIP standard

• Overall goal to develop and equip workforce to deliver evidence-based packages of care to support recovery for people with SMI

• Parity within parity – for severe mental illnesses; following the evidence, the economic case and promoting hope