

Developing a primary care mental health and wellbeing offer: Briefing for Scrutiny

1. Context

The 12 priority areas in the Leeds Health and Wellbeing Strategy 2016 – 2021 include the promotion of mental and physical health equally and for people to receive the best care, in the right place and at the right time. Indicators that we are making progress in these areas are that:

- people are supported to manage their health condition
- reduction in early death for people with a mental illness
- employment of people with a mental illness

The Joint Strategic Needs Assessment (JSNA) found that although the health and wellbeing of the city continues to improve, there are still huge challenges and inequalities across the city:

- Leeds is a growing city; however the make-up of the population has striking changes at local levels, particularly in the most deprived communities, driven by immigration and local housing tenure.
- There are growing numbers of older people, requiring more services.
- Over 163,000 people in Leeds live in areas that are ranked amongst the most deprived 10% nationally, with the clear impact of worklessness, financial exclusion and poor housing on health, educational attainment and broader life changes concentrated in these communities
- Levels of poor mental health and wellbeing are inextricably linked with deprivation within the city. There is evidence that some mental health problems are becoming more prevalent, particularly amongst older people, and in people with a physical illness.

NHS Leeds CCG became a statutory body on 1st April 2018. It is responsible for commissioning the majority of health services for the 820, 000 people registered with the 101 GP practices in Leeds, with a budget of £1.2bn per year. The CCG will lead a transformation of commissioning with a strategic approach to improving health outcomes within the overall goal of improving the health of the poorest the fastest.

The Mental Health Needs Assessment ‘Leeds in Mind 2017’ recommended that *‘Mental health commissioners/providers of mental health service to address the current gap in provision between Community Mental Health Teams (LYPFT) and IAPT services, by developing community based mental health provision that meets the bio-psycho-social needs of people including those with complex psychological or social needs.’*

2. Leeds IAPT

Improving Access to Psychological Therapies (IAPT) is a means of enabling people with common mental health problems, such as depression and anxiety disorders, to access evidence based psychological

therapies recommended by the National Institute for Health and Care Excellence (NICE). In other words it is about providing people with accessible and appropriate psychological support to help address and overcome mental illness. IAPT is unique in reporting clinical outcomes and service outcomes by recording symptom scores before and after treatment through a session-by-session outcome monitoring system.

A person accessing IAPT will be assessed and provided with a level of support appropriate to their needs. This may be in a group, online, or 1:1 face to face. The type of support given is dependent on the person's needs at the time of assessment, and a range of different therapies are available. Leeds IAPT follows a stepped care model, with Step 2 Therapists (Psychological Wellbeing Practitioner's - PWP's) treating patients with lower level common mental health problems and Step 3 Therapists treating patients with greater levels of acuity. See attached case study for examples of the support provided.

Treatment Interventions delivered:

Step 2 - Psychological Wellbeing Practitioners (PWP's) – carry out assessments and deliver 1:1/group/online interventions.

Step 3 – High Intensity Therapists (HITs) delivering the following 1:1 therapies and well as group based interventions: Cognitive Behavioural Therapy (CBT), Counselling for Depression (CFD), Dynamic Interpersonal Therapy (DIT), Interpersonal Therapy (IPT), and Eye Movement Desensitisation and Reprocessing (EMDR).

In Leeds, the IAPT service is provided by Leeds Community Healthcare NHS Trust (LCH), Community Links, Northpoint Wellbeing, and Touchstone. The whole service is known as the Leeds IAPT Partnership. The current contracts to provide IAPT services are due to expire on 31st March 2019. The CCG has written to them to advise them about our commissioning intentions for the IAPT service from 1 April 2019.

The CCG will conduct a tender exercise for the IAPT service as required under the Public Contracts Regulations 2015. This full procurement process is expected to be completed and the successful provider(s) mobilised by 1 October 2019. During this time, work will be completed on the redesign of the service specification, facilitating engagement events, procuring the new service and providing sufficient time for the preferred bidders to mobilise the new services. In order to accommodate this work, the current providers have been asked to consider extending their current provision for a period of six months until 30 September 2019.

3. Current Provision

3.1 investment and Performance

The current overall recurrent investment in IAPT is £6.6M; 5.4M of this sits with LCH and the remaining 1.2M is invested in the voluntary sector consortium partners.

The long term priorities for Leeds IAPT reflect those within the Five Year Forward View (5YFV) – 4. Adult Mental Health: common mental health problems (see Table 1).

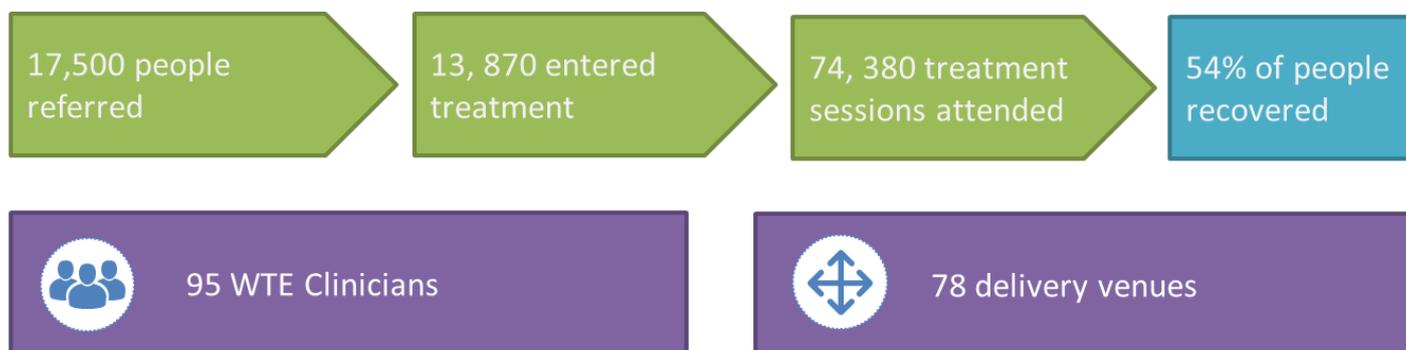
MHFV Objective	2016/17	2017/18	2018/19	2019/2020	2020/21
At least 25% of people with common MH conditions access psychological therapies each year.	15%	16.8% (Leeds actual: 13.2%)	19.8%	22%	25%
At least 50% of people achieve recovery across the adult age group.	50% (Leeds actual: 54%)				
Waiting times to access treatment	75% within 6 weeks (Leeds Actual: 95.3%) 95% within 18 weeks (Leeds Actual 99.3%)				

Table 1: Five Year Forward View (5YFV) targets for IAPT.
Leeds actuals are shown for 2017/18.

3.2 IAPT in Numbers:

The IAPT service reaches a large number of people within Leeds, see below Figure 1. However the service provision is not without challenges, a number of which are identified below.

Figure 1: IAPT in numbers from 1st April 2017 – 31st March 2018



3.3 Challenges

- Productivity: The IAPT service has been experiencing productivity issues relating to the screening hub, which is caused as a result of patients failing to respond to requests for further information and capacity issues within the service exacerbated by annual leave and sickness. In addition, the service is delivered in a large number of venues across the city.

- Recruitment of Psychological Wellbeing Practitioners (PWP): There is a national shortage of PWPs which has also been a factor in the above productivity.
- Step 3 waiting list: Although Leeds is performing well in terms of waiting times 6 weeks and 18 weeks, for patients who require subsequent therapy for Step 3 1:1 interventions, there is a waiting list due to a supply and demand problem. According to Leeds Mental Health Needs Assessment (MHNA), the level of acuity in Leeds is significantly higher than in comparable cities, this in turn impacts on the need for Step 3 therapy. In order to reduce the waiting list, Leeds CCG has recently invested an additional £549K for Step 3 provision.
- There is an acknowledged 'gap' in commissioned service provision within Leeds. This can be broadly described as 2 groups of patients who fall within this gap:
 - i. Those whose needs are above the level provided for by IAPT, and that the national model of IAPT is designed to provide, but below the level provided for by LYPFT secondary care or regional services (such as eating disorders)
 - ii. Those whose needs are below the level provided for by IAPT, who may need support to access IAPT (this is termed 'stabilisation')

The Primary Care Liaison Pilot services have sought to address this gap in some areas of the city, and address what was previously unmet need.

4. Scope

The decision to procure IAPT is a really good opportunity to ensure that commissioners co-design an outcomes focussed service specification and model that meets local needs and addresses some of the unmet need within primary care. This will also include using the learning from the Primary Care Liaison Pilot areas across the city. The current Primary Care Mental Health Liaison Pilot supports people whose needs cannot be met by the IAPT service. This is currently only provided at some GP practice in Leeds and is delivered by NHS Leeds and York Partnership Foundation Trust and Northpoint Wellbeing. There is also some support available to women in the perinatal period from conception to one year after birth. This service is provided by the Women's Counselling and Therapy Service and Homestart.

The procurement allows for the opportunity for commissioners to develop a new and innovative specification which takes into account local developments such as local care partnerships/primary care liaison pilots, and national directives such as integration of IAPT with physical health and primary care. It will also allow greater opportunities to test out and embed the digital offer within IAPT, and to improve the interface and joined up working with Community Mental Health Teams. It also ensures that the future IAPT model is responsive to local needs, especially at step 3. Within the context of this, it is also important that commissioners develop a model that is financially sustainable.

Commissioners are keen to develop a citywide model, which is informed by the Mental Health Needs Assessment and also acknowledges the differing demographics of each Local Care Partnership.

Alongside this, there are several other procurements taking place:

- Social Prescribing (CCG)
- Community Based Mental Health offer (Adult social care)
- Mentally Healthy Leeds (Public Health)

The above commissioning developments attempt to ensure a more integrated and preventative offer within primary care and complement the development of new Primary Care Mental Health service.

As stated above, the CCG plans for the procurement exercise to be completed with the successful provider(s) mobilised by 1st October 2019.

5. Service Model

The finer details of the service model will be co-designed through a substantial engagement process (see below section 3.2).

Broadly speaking, the service model will bring together the following three areas:

- i. Nationally mandated IAPT model, including support for people with Long Term Physical Health Conditions (such as diabetes and COPD).
- ii. Provision currently delivered through the Primary Care Liaison Pilots, but up-scaled city wide, this includes but is not limited to:
 - a. Decision support to primary care colleagues, including assessment and brief intervention to ensure that patients who deteriorate are seen and signposted/referred appropriately, or managed in primary care and where needed, their care escalated to secondary care. The pilot has also included work in linking appropriate clients with IAPT and ensuring 'IAPT readiness'.
 - b. Robust transition support for a small number of more stable clients (estimated for the pilot to be at 1:1000 registered patients) to enable safe transfer of clients currently on CMHT caseloads back to primary care and recovery with an escalation plan where clients deteriorate.
- iii. Psychological support for women in the perinatal period, below the level of need provided for by LYPFT specialist community perinatal services.

3.2 Engagement

CCG Commissioners aim to develop the new Primary Care Mental Health Service with members of the public, the Third sector and representatives from stakeholders across the Leeds Health and Care system. We recognise the differential impact of gender, and protected characteristics such as ethnicity, on health issues impacting on life expectancy.

The engagement for the co-design of the service specification is a Level 3 engagement lasting 12 weeks. We are running a series of engagement events, between 29th June and 29th September, and the details have been published in OJEU and Contracts Finder via a PIN. These engagement events will give stakeholders the opportunity to contribute to the service design, and the information gained at each event

will inform the development of the service specification. There is also a short survey which can be completed online or by post.

The engagement information, and a link to the online questionnaire, can be found on the CCG website at:

<https://www.leedscg.nhs.uk/get-involved/consultations/open/>

In addition to three large scale engagement events, we have also co-ordinated an expert reference group. The purpose of the expert reference group is to further help in the co-design of the future primary care mental health offer for Leeds. They will do this by providing expertise, evidence, and advice to commissioners to inform the service specification to address the bio-psycho-social needs of people in Leeds within primary care. The expert reference group is made up of a range of professionals including GP's, Primary Care Liaison Practitioners, those in current IAPT providers, and those from Voluntary Sector Providers. An equality impact assessment has identified a range of protected groups who will be consulted with through specific means such as focus groups.

We will further engage with clinicians and CCG GP Member bodies through attending the Clinical Commissioning Forum Groups and the Local Medical Committee (LMC).

Following the engagement process the CCG will share the findings across the system, and a report will be published on the CCG website.

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