

IAPT: where are we now and where are we going?

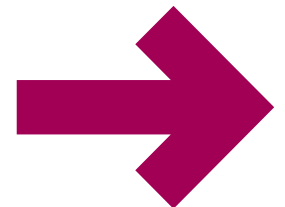
Kevin Jarman, IAPT Programme Manager, NHS England

New Directions in IAPT 26 June 2015



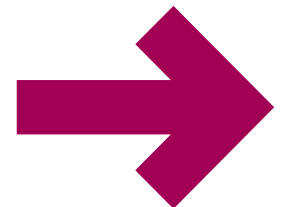
Prior to IAPT

- Poor rates of diagnosis of depression and anxiety disorders by GPs and health staff
- Medication (anti-depressants) the standard response for those who were diagnosed
- Many people receiving no treatment at all
- Post code lottery for availability of psychological therapies, many areas had no free NHS provision, private therapists available at a cost to the individual
- Many who were dispensing therapies in the NHS and privately were not properly trained to do so



IAPT – a ground breaking initiative

- Original Aim – to provide a universal primary care psychological therapy service for people with depression & anxiety disorders
- Use of NICE approved and evidence based therapies within a stepped care model
- Collection of outcome data at every session
- Therapy provided by trained & supervised workforce
- Focus on employment

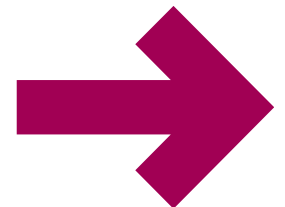


A World Class Programme

“The IAPT Programme represents a world beating standard, thanks to the scale of its implementation and the validation of its treatments”

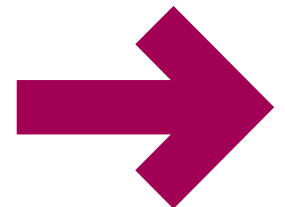
Nature editorial 27th Sept 2012

IAPT adopted in Norway. Interest from Denmark, Sweden, France, Hong Kong & worldwide



National Roll Out 2008 - 2015

- 6,000 trained new psychological therapists
- 900,000 people entering treatment per year
- 50% of those completing treatment reaching clinical recovery
- 25,000 people moving off or sick pay & benefits per year
- Equitable access for all, especially for older people and BME communities



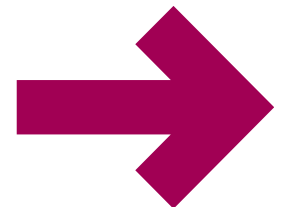
Progress

Since 01 October 2008 to 31 December 2015 nationally:

- An IAPT service in every CCG
- 6,448 new psychological therapists trained
- Over 3 million people have entered treatment
- Over 1,700,000 people have completed treatment
- Over 600,000 people have reached recovery
- Almost 100,000 people have moved off of sick pay and benefits

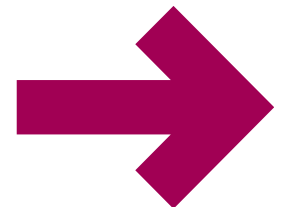
Current quarterly performance in Q3 2014/15 (01 Oct – 31 Dec 14)

- Current Quarterly Access Rate is 13.22% against 15% of prevalence by March 2015
- Recovery rate of 44.3% below the 50% expectation
- Reliable improvement for 60.4% of clients
- 68.48% of clients treated within 28 days of referral



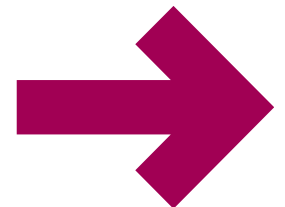
IAPT focus in 2015/16

- Ensure that IAPT services in all CCGs meet 15% prevalence entering treatment by with 50% of those completing treatment reaching recovery
- Meet new access and waiting time target: 75% enter treatment within 6 weeks of referral and 95% within 18 weeks.
- Provide more equitable access and outcomes for older people and people from BME communities
- Development possibilities: offenders; unemployed people; veterans; people with long term physical health conditions
- Possible further expansion to meet 25% prevalence.



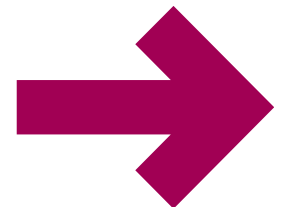
Access, Waiting Times & Outcomes

- Intensive Support Team in place to support struggling CCGs and service providers
- £10million pounds to support CCGs to reach 15% prevalence, 50% recovery rates & the access and waiting times standards
- Access and waiting time standards for Early Intervention Services for people experiencing first episode of psychosis: 50% to be seen within 2 weeks of referral.



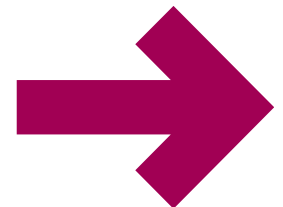
Older People & BME Access

- In the first year of IAPT services (2008/09) only 4% of those who accessed services were aged 64 and over. Currently, 7.3% of those completing treatment are aged 65 and over. ONS data suggests that older adults should make up between 12.5 – 13%. This suggest that older people are under represented in IAPT services.
- If you are over 90 you are half as likely to receive therapy compared than someone aged between 65 & 74.
- Population data comparisons show that people from BME communities are under represented in both those referred and treatment completers.
- In 2015/16 data reports will be available across the care pathways including outcomes.



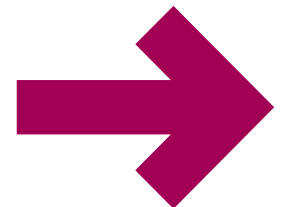
Older People & BME Access

- Promotion campaign run by Age UK to promote IAPT services to older people
- Older Peoples curriculum in process of updating, will be available for this coming academic year
- Mapping IAPT services using benchmarking tools with a focus on demography, engagement, adaptations to clinical work and outcomes.
- Using the more comprehensive data to monitor access and outcome.



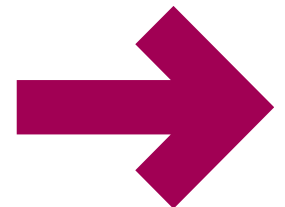
Employment

- IAPT expected to have positive impact on people who are unemployed due to mental illness as a primary or secondary cause.
- Currently pilot work underway in eight areas to test IAPT impact on unemployed peoples ability to get work.
- Coming soon: increasing co-location of IAPT staff in Job Centre Plus locations
- Online CBT available direct to the unemployed



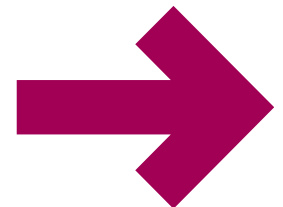
Workforce

- PWP Review – will signal changes to PWP training curriculum and assessment processes, advice on career development and retention.
- 2015 Workforce Census – to be undertaken in next month, will provide information on gender, age & ethnicity
- ACT Group looking at composition of IAPT therapy teams to provide choice of NICE approved and evidence based therapy



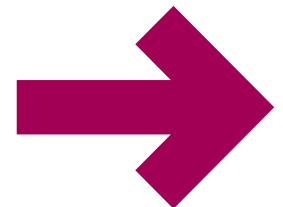
Challenges

- Remove variation across CCGs in terms of access and recovery
- Commissioning in line with the IAPT Quality Standards
<http://www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf>
- Provide enough resource so that IAPT providers are able to provide a NICE approved dose of therapy for all who need it
- Manage the complexity of clients accessing IAPT
- Improve equality of access for people with protected characteristics under 2010 Equality Act
- Maintain momentum and continue to meet mandate targets



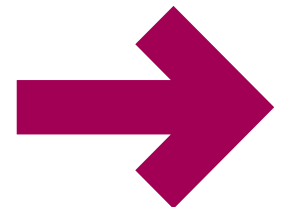
CYP IAPT / CAMHS Transformation

- Currently working with services covering 68% of 0-19 population
- Now sits within a wider Transformation Programme following the publication of *Future in Mind*. Programme is completely congruent with the key principles of the CYP IAPT re collaborative practice, evidence based practice, supervision and outcome monitoring
- New monies will allow increased geographical coverage of service transformation programme to 100 % by 2018
- Further breadth and depth – ensuring enough therapists trained
- Continuing to offer training across partnerships so LA and 3rd sector plus NHS
- New curricula – evidence based interventions
 - Children and young people with learning disabilities or autistic spectrum disorder
 - Working with 0-5s



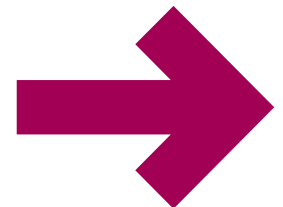
IAPT for SMI

- Transform existing services to provide NICE approved and evidence based psychological therapies as a frontline treatment to people with bipolar disorder, personality disorders and psychosis
- No new workforce, focus on competence, education and training of existing workforce
- Six sites demonstrating that the provision of psychological therapies can support positive outcomes for patients, staff, the NHS & the wider economy, started in November 2012 and are funded to run until March 2016
- Working to inform the Access & Waiting Time targets for Early Intervention Services.



IAPT for SMI – products due

- Service User evaluation - initial report received in March 2015, final report due September 2015
- Assessment of CBT for Psychosis & Family Intervention courses against the competency frameworks – first draft received, comments made, revised second draft to be received from BPS CORE by end of June 2015
- Curricula for bipolar disorders – first draft signed off by National Advisors, awaiting response from Bipolar Demonstration Site Lead.
- Curricula for personality disorders – in development due summer 2015
- Revision of supervision curricula - in development due summer 2015
- Economic analysis and clinical of first 3 years of project due to report in early 2016
- Mapping IAPT services to establish to what extent they work with people with complexity including people with personality disorders



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