

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

24 January 2018

Bedfordshire Wellbeing Service (BWS)

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Advising Officer:

Public

Purpose of this report

1. To update the Board about the Bedfordshire Wellbeing Service (BWS)
2. This paper outlines the progress achieved over the last twelve months of the Bedfordshire Wellbeing Service and identifies the future developments and challenges for the service.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Note the update report**

Background to IAPT

3. The national Improving Access to Psychological Therapies (IAPT) programme has been developed to provide an easy and open access to individuals with common mental health problems such as anxiety, depression, relationship problems, PTSD, etc. The principal aims of the programme include opening IAPT services to self-referral, minimising waiting times and providing Service Users with the least intrusive forms of intervention as guided by their level of needs and complexity (the stepped-care model). As a result, the programme has actively developed and expanded its psychoeducation programmes (frequently referred to as Guided self-help interventions which can take place individually, in group settings and online) alongside the more traditional methods of individual and group psychological interventions (i.e. counselling and talking therapies). These result in a wider choice of interventions at different levels of needs and ensure that treatments available adhere to NICE recommendations for specific conditions (e.g. Cognitive Behavioural Therapy for anxiety, counselling for mild depression, etc.).

Key achievements

4. Bedfordshire Wellbeing Service has successfully been providing NICE recommended psychological interventions to the population of Central Bedfordshire since April 2015. The service has made significant strides towards stability and a shared vision. The service is currently achieving the national mandated waiting times targets of 6 and 18 weeks.
5. The service was established in April 2015 based in temporary accommodation in Silsoe. There are now two main bases in Bedfordshire, Whichellos Warf in Leighton Buzzard and Gilbert Hitchcock House in the north. Both bases have clinic space for groups and individual therapeutic work. In Central Bedfordshire BWS also operates from a range of community sites including Biggleswade, Dunstable and Arlesey.
6. The service has been successful in accessing space in GP surgeries that are willing to provide it, although the availability of GP space remains a challenge to providing people with care local to their homes. The service also provides sessions from children's centres and other community premises.
7. Current nationally mandated access targets of 15% are going up over the next two years to 25% by 2020. The increase is intended to focus on people with Long term Conditions.
8. Nationally mandated Recovery rates will remain at 50% which will put additional pressure on services with the increased access.
9. The service is currently achieving its Recovery targets and narrowly under its access targets although on track to achieve 15% access in December.
10. There are some long waits for individual therapy remaining across the county and the service is now rolling out group work sessions to address this.

Key Challenges

11. One of the challenges we have in a large and mainly rural area of central Bedfordshire is to provide treatment that people can access locally, and to that end we have recently opened Whichello's Wharf as a main base for Leighton Buzzard. We also operate in Dunstable and from sites across the county. This access challenge means that people who want local 1:1 therapy are in some cases having significant waits for it. We are constrained by the availability of suitable clinical rooms and availability of therapists. People are triaged, assessed and offered the appropriate interventions (predominantly NICE approved seminars or group programmes)
12. If they do not accept this offer, but instead opt to wait for 1:1 therapy or counselling, then they are likely to wait for some time. This is because BWS has been set up to deliver services in line with evidence about effectiveness, and the objective of getting a very high volume of people treated in each area.

13. We currently have a large waiting list for Cognitive Behavioural Therapy (CBT) and another slightly shorter list for counselling.
14. One of the challenges we have is recruitment of suitable qualified staff to deliver psychological interventions so that people do not have to wait too long for treatment. This is an issue for all IAPT services across the country, and we are competing for a very small pool of available applicants. We are currently actively recruiting and looking at more robust strategies for attracting new staff. In the meantime we are increasing our search for agency staff and are commissioning an existing counselling provider to offer services to selected patients on the Counselling Waiting list.
15. We also have assessed a large number of people who chose to have 1:1 therapy and we are working with service users and GPs to educate them in the effectiveness of group-based interventions. We are doing this work carefully in order to reduce numbers of people who drop out of treatment. The aim is to expand our group programme which will reduce waiting times for treatment.
16. Waiting lists are being reviewed and service users will be contacted by the designated clinicians with the aim of offering appropriate alternative treatment options available sooner. Alternative treatment options will be in the form of Online CBT or step 2 psychoeducation workshops such as Overcoming Low Mood or Overcoming Worry, Sleeping Well (CBTi) workshops, for example.

Access Target

17. Access is based on the number of service users seen for a first appointment within the service. This is expressed as a proportion of the estimated prevalence of common mental health problems within a given population. The prevalence is defined by the CCG in conjunction with NHSE and the percentage access target is guided by national ambition set out in the Five Year Forward View for Mental Health. The number of service users accessing the service is calculated by counting the number of people having a first session within a given period; this is the accepted national definition which is recorded centrally by NHS Digital.
18. The service is expected to achieve 15.45% access in the current financial year, which equates to 7,462 service users accessing the service over the course of the year. This has been divided across the months on a rising trajectory; to achieve the target in Q3 we required 644 service users to access a first appointment with the service each month and in Q4 we will require that number to rise to 676 each month.
19. The number of service users accessing the service is dependent on the number of referrals we receive (including both self-referrals and referrals from GPs or other professionals). As not all individuals referred will actually access the service due to non-engagement, the service needs approximately 900 referrals a month to achieve the access target in Q4.

20. We have been slightly under this referral rate and are currently running at an average of 750 referrals a month, with an average of 580 of service users entering the service each month. This is expected to rise in Q4 in line with the increasing access target.
21. We face a challenge in terms of finding suitable accommodation across the county. The service was designed to be delivered primarily from GP premises however this has not been fully realised due to pressure on GP premises and costs.

Service Performance

22. In 2016/17 we treated 3780 people in Central Bedfordshire. In 2017/18 so far we have treated 2808 people.
23. Each month we receive an average of 436 referrals; in October 2017 we received 483 referrals.
24. The national target for services users for Recovery is 50%. Our recovery rate in October was 50%.

Developments

25. An education plan is being rolled out to GP's and other referrers on the best way to use the wellbeing services stepped care model, in order to reduce requests for 1:1 therapy and to encourage the recommendation of more group work and online interventions as a first step in the service. This change of culture is essential for the service to not only meet its access targets but the other KPI's for waiting times and for service users to receive appropriate intervention in a timely manner.
26. We have developed a new and comprehensive case management & supervision structure to ensure that service users are moving through the care pathway smoothly and in accordance with NICE guidance.

Governance and Delivery Implications

27. The challenge for the service and the CCG will be to deliver the increased volume of people to be treated and maintain optimum recovery rates in 2018/19.
28. Roll out of the group programme and the change of culture from 1:1 therapy to NICE compliant guided self-help, seminars, groups and on-line therapy is essential for the service to achieve mandated access rates and recovery targets.

Equalities Implications

29. The service is focussed on increasing access to evidence based psychological therapies to all parts of the community, across the county. The service expansion in 18/19 will target people with long term conditions (COPD, Diabetes etc).

30. The service monitors take up of treatment from marginalised groups.

Appendices

31. None