

Improving Access to Psychological Therapies

*Specification for the commissioner-led Pathfinder
programme*

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Specification for the commissioner-led Pathfinder programme

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1. Summary

The Department of Health seeks to extend the Improving Access to Psychological Therapies (IAPT) programme in 2007/08 to build on the early successes of the two IAPT demonstration sites launched in 2006 in Doncaster and Newham.

In 2006/07, the IAPT demonstration sites' core purpose was to collect evidence of delivery in order to develop a business case for national roll-out of the IAPT service model.

It is important that we build on the success of the demonstration sites and continue to develop our evidence base. To address this, the Department now seeks to extend the scope and range of the IAPT programme in 2007/08 to support the case for further service expansion by demonstrating that the benefits of the new service can be replicated across the country.

This will be achieved through establishing a number of IAPT Pathfinders in 2007/08. We envisage the establishment of up to 10 Pathfinder sites, which will use redesign techniques to implement a defined care pathway, service specification and service framework.

The approach to the IAPT Pathfinder programme will be based on the following core principles:

- flexible, evidence-based service models within a defined national IAPT stepped care framework of evidence-based interventions;
- working with and harnessing local innovation; and
- moving towards a standard national IAPT outcome framework.

Modest additional resources (approximately £200,000) will be available to primary care trusts (PCTs) that successfully bid to become IAPT Pathfinder sites. These non-recurrent funds will be sufficient to provide project management, data collection support and pump-prime some service capacity. Pathfinder sites will use these resources and the support of the national IAPT network to develop local services and contribute to an assessment of further capacity requirements.

The new Pathfinder sites will be confirmed in July 2007 and will commence implementation of the new service from September 2007.

2. Background to IAPT

The Government committed to improving access to psychological therapies in its 2005 manifesto and the IAPT programme was launched in May 2006. The programme forms part of the delivery of the *Our Health, Our Care, Our Say* White Paper. It aims to provide better access to a choice of evidence-based psychological therapies for people suffering from depression and anxiety disorders.

IAPT is concerned with raising standards of recognition and treatment for the many people who suffer from depression and anxiety disorders. The programme is at the heart of the Government's drive to give greater access to, and choice of, talking therapies to those who would benefit from them.

The Department of Health's IAPT programme aims to enable the NHS in England to achieve these aims. This will entail developing modern psychological therapy services by ensuring that the right number of people have access to a choice of the **right services** at the **right time** with the **right results**.

This will be achieved by identifying IAPT Pathfinder sites to develop and disseminate:

- effective **service models** to support the delivery of National Institute for Health and Clinical Excellence (NICE) guidelines based on a system of stepped care; and
- standard **access** and **outcome** metrics to demonstrate the benefits of the new services.

The Pathfinder sites will be supported in developing local services with specific **service redesign** tools and some **pump-priming** resource. It is expected that Pathfinder sites will already have made substantial progress in delivering the IAPT service specification through local commissioning decisions.

3. Why are we developing IAPT Pathfinders?

The NICE guidelines for depression and anxiety disorders have shown that psychological interventions, such as cognitive behavioural therapy (CBT) and interpersonal therapy, are clinically and cost effective. The guidelines did not provide a detailed specification about how the relevant interventions should be configured to provide an integrated service model.

In 2006/07, the IAPT demonstration sites sought to address this by developing two complementary but contrasting service models. The focus is now on testing the service specification that has been developed during the first stage of the programme and to apply it in a variety of localities harnessing the commissioning capabilities of PCTs and practice based commissioning (PBC) consortia. The IAPT Outline Service Specification can be found at www.mhchoice.csip.org.uk/Pathfinder.

The evidence from the next wave of IAPT Pathfinder sites will contribute towards the Department's further understanding of the practicalities of this method of service delivery on a larger scale in areas such as workforce and training requirements and service redesign, as well as affordability.

4. What will the new Pathfinder sites do?

In 2007, the IAPT Pathfinder programme aims to develop:

- **Evidence of the benefits** to demonstrate that the implementation of evidence-based psychological therapy services can achieve improvements in:
 - health and well-being;
 - better social inclusion (particularly with regard to employment status);
 - choice;
 - service users' and carers' experiences;
- **Service models:** best practice exemplars to inform the ways in which evidence-based services should be flexibly implemented across England to meet local needs, including information about cost and advice on investment, net of service redesign efficiencies; and
- **Incentives** to enable the local NHS to deliver the new services through making the case for additional investment and developing national outcome metrics.

The programme will offer Pathfinder sites support to plan, implement and evaluate psychological therapy service development. This will aim to improve accessibility and outcomes for people suffering from depression and anxiety disorders in the PCT or PBC area. This will include the following components:

- **Plan:**
 - Baseline assessment – review current service provision against a local needs assessment, assess current and required workforce.
 - Define local care pathway – describe the planned patient flow process to provide stepped care locally.
 - Generate a local service specification – define commissioning intentions to support the provider requirements for delivering the key components of the care pathway, informed by the outline IAPT service specification.
 - Consider use of resources – use of IAPT pump-priming resources, areas of redesign, and efficiency savings to be generated.
 - Develop workforce plans – map existing workforce and skill-mix and form proposals for development.
- **Implement:**
 - Deliver service improvements – how the new service is given to the patient, by whom and at what point in the care pathway.

- Apply IAPT operational protocols – referral, assessment and treatment procedures.
- Commence delivery of workforce implementation plans.
- Collect standardised outcome data – apply the IAPT outcomes metric.
- **Evaluate:**
 - Provide management and survey data – contribute regular outcome data reports to the national evaluation process.
 - New service models – contribute to the development of effective service models for extending the benefits of psychological therapies to the whole community.

To do this, individual pilots will:

- work in partnership with patients, carers, service users, local trusts and services, strategic health authorities (SHAs), professionals and other stakeholders to develop the pilots. Applications developed in partnership with existing/prospective service providers, including NHS and third sector, (voluntary) organisations and the private sector, will be encouraged;
- work with the national IAPT programme team to ensure that the work of individual pilots contributes to informing national policy and implementation, particularly with regard to broadening the benefits of IAPT to all sections of the community;
- once established, work with other Pathfinder sites and the national IAPT programme team to share learning and contribute to problem solving;
- identify a workforce development lead to implement the workforce plan to support the development of the new service in conjunction with the SHA workforce lead;
- collect and provide data and regular progress reports for the national IAPT programme team;
- participate in regular meetings convened by the national IAPT programme team; and
- share experiences of developing and implementing innovative local improvements in access to psychological therapy services.

5. What is the scope of the Pathfinder programme?

The programme we envisage will improve not only the health and well-being of the population but will also enhance social inclusion and improve economic productivity. It focuses on developing services to meet the needs of people with depression and anxiety disorders by providing, on an adequate scale, access to the evidence-based treatments set out in the NICE guidelines.

Above all, the Pathfinders should focus on developing services for adults of working age (where the evidence base is strongest), which relieve their illness, improve their ability to work and reduce dependence on benefits. However, Pathfinders should also consider addressing **at least one** of the areas listed below for inclusion in their proposals:

- **Perinatal depression:** by reducing the distress of ante and postnatal depression which can have short and long-term consequences for both mother and child.
- **Children and young people:** by tackling emotional and behavioural disorder problems which are currently largely untreated.
- **Older people:** by helping those suffering from psychological problems including those caused by physical illness. This in turn will help reduce unnecessary hospital admissions, help reduce burdens on carers and allow older people to remain independent and meaningfully involved in their local communities for longer, reducing the demand for residential care.
- **Black and minority ethnic (BME) communities:** by improving access to primary care mental health services and ensuring services are culturally appropriate, psychological therapy services can help to reduce inequalities.
- **People with long-term conditions:** by improving the mental health of people with long-term conditions such as diabetes, chronic obstructive pulmonary disease, heart disease or stroke, their physical health outcomes can be improved.
- **Offenders:** by providing appropriate treatment and greater access to psychological therapies, we aim to reduce mental ill-health among offenders and support their potential for rehabilitation.

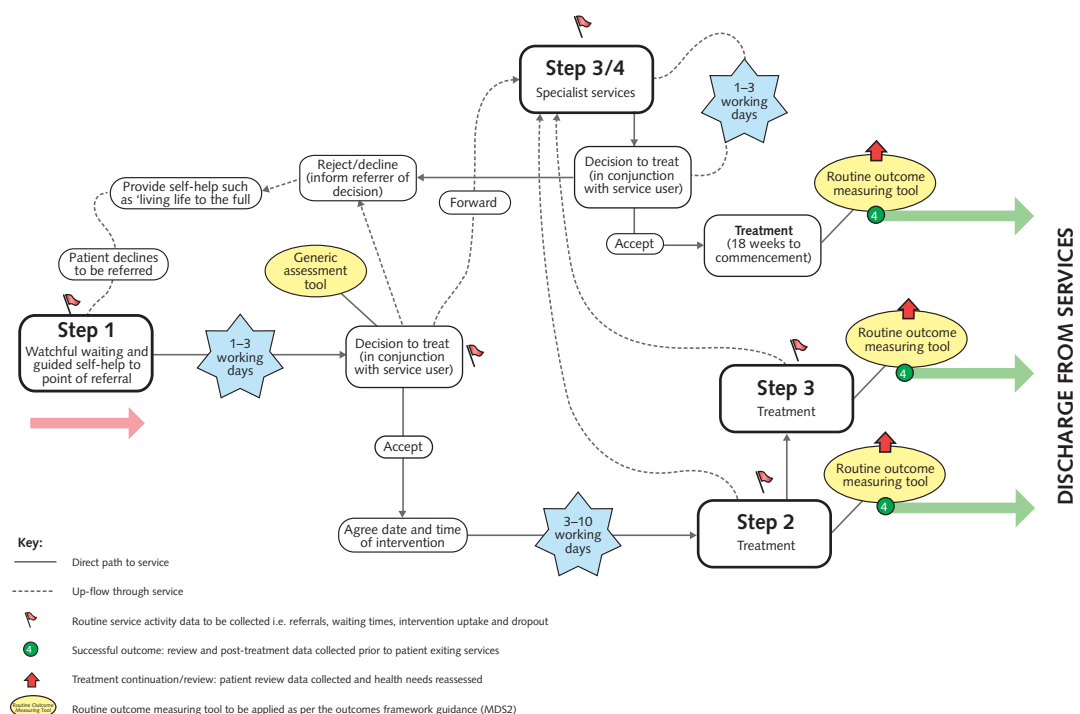
The scope of the service to be developed by the Pathfinders is described in more detail in the IAPT outline service specification, which can be found at www.mhchoice.csip.org.uk/Pathfinder/Resources.

6. What will the Pathfinders be expected to achieve?

The Pathfinder sites will demonstrate positive performance by collecting routine **access** and **outcome** indicators (set out in the IAPT outcome framework at www.mhchoice.csip.org.uk/Pathfinder/Resources). In summary, this will require Pathfinder sites to demonstrate the following improvements:

- **Access** to services for people with depression and anxiety disorders with regard to:
 - increased numbers of people being **referred** for treatment based on a local health needs assessment; and
 - developing and delivering **waiting times** standards across the depression and anxiety disorders generic care pathway (see Figure 1).

Figure 1 Timeline for data collection mapped to the care pathway



- **Outcomes** to ensure that the new services deliver the required benefits to patients with regard to improved:
 - **health and well-being** in accordance with the expectations set out in the relevant NICE guidelines;
 - **social inclusion** status, particularly with regard to **employment** status for adults of working age;

- **choice** in accessing psychological treatments, in addition to drug treatment, dates, times and session venues; and
- **patient experience** to ensure that the new service is developed in true partnership with the people who use it, that it reflects their views and is developed continuously to better meet their needs.

Essential requirements

- *What?* It is essential for Pathfinders to collect routine health and well-being outcomes data within all four of the domains (as in Figure 2). Pathfinder proposals should describe how the outcomes will be achieved and delivered. Failure to collect routine information may jeopardise the overall success of the Pathfinder programme.

Figure 2 Health and well-being outcomes framework



- *When?* Pathfinders should collect routine access and health and well-being outcomes data at frequent, defined points along the care pathway (as shown in Figure 1).

Recommended methodology

- *How?* It is recommended that Pathfinders use the measurement tools recommended in the IAPT minimum data set detailed in the IAPT outcomes framework and data collection document (available at www.mhchoice.csip.org.uk/Pathfinders/Resources). It includes details of the recommended measurement tools that support the development of appropriate referral, assessment, treatment protocols and reporting. These tools have been

recommended by the Department of Health's IAPT Expert Reference Group and represent the most suitable, free to access, tools which are widely used in practice. They are linked to the Quality and Outcomes Framework (QOF) in order to limit any additional burden of routine outcome measurement required to support the programme.

The access and outcome indicators are an essential element of the Pathfinder programme. However, the method and tools detailed in the IAPT outcomes framework and data collection document are not intended to be prescriptive. Therefore, sites that currently collect this information successfully may decide to adopt some or none of those tools and methods.

7. Evaluation

The Department of Health will identify an independent organisation to lead on the development and delivery of an internal evaluation framework.

The evaluation team will work with Pathfinder sites to assess the effectiveness of the delivery approach developed locally, including assessing the impact of identified key variables affecting implementation.

8. Pathfinder site criteria

The national IAPT programme team invites proposals from PCTs based on the submission proforma at Appendix A. These applications should be based on the IAPT Pathfinder criteria questions, which describe the issues that should be addressed by prospective Pathfinder sites (the Pathfinder criteria questions can be found at www.mhchoice.csip.org.uk/Pathfinder/Resources). This list is not exhaustive but provides an illustration of the types of issue that will underpin policy development and implementation.

These questions relate to the **process** needed for defining the local psychological therapies care pathway and applying service redesign techniques to begin to implement the new services and the **impact** of the new service, measured through the collection of routine outcome data.

We anticipate that there will be up to 10 IAPT Pathfinder sites. The IAPT Programme Board will select Pathfinders based on the quality of the applications received against the defined criteria. In doing so, we are required to ensure that this selection process addresses the following key principles:

National programme criteria

- Geographical spread, reflecting national SHA boundaries.
- Range of population coverage (from whole PCT area to individual PBC consortia area, covering a population range of between 50,000 and 250,000).
- Balance of urban, semi-rural and rural localities.
- Range of communities and cultures, reflecting the nation's social and ethnic profile.
- Areas of greatest relevant health need and those who are most deprived (e.g. have high unemployment rates associated with mental ill-health) will be prioritised.
- Range of commissioning arrangements to include PBC consortia in some Pathfinder sites.
- An overall balance of Pathfinder programme approaches and areas of focus to provide universal coverage of the key service areas identified in this document.

Pathfinder site criteria

- Clear PCT leadership and host SHA sponsorship.
- Localities with a track record of success in applying service redesign techniques and/or in developing innovative psychological therapy services and workforce development.
- Partnerships with a plurality of potential service provider partners, including NHS, voluntary and private sector providers.
- Clear links to local employment services and a willingness to work collaboratively with Pathways to Work services (the Pathways to Work programme may have already been established locally or will be implemented as part of its national roll out during 2007/08).
- Capacity and capability to collect and provide the required minimum data set.

9. Governance arrangements

Prospective Pathfinder sites should secure the support of the lead PCT chief executive and identify a suitable sponsor from the host SHA to participate in the programme.

The applying PCT should also ensure that oversight of the delivery of the Pathfinder programme locally is integral and a visible part of routine local corporate governance processes.

The project should fall within the scope of an identified executive director's portfolio. The Pathfinders should identify a local programme lead, who will act as the local point of reference, liaising with the national IAPT programme team, producing reports as required and participating in national network meetings as appropriate.

The host SHA should be approached to identify a sponsor for the Pathfinder and play a leading role in working with local partners, such as the CSIP Regional Development Centre (RDC), to promote the regional dissemination of the programme. Specifically, the SHA lead will contribute to:

- **regional IAPT capacity planning.** The SHA will be asked to consider the results from the local Pathfinders and advise on the capacity plans required to disseminate IAPT services across the region; and
- **workforce and training development.** The SHA will work with the national IAPT workforce team and the Pathfinder workforce development lead to broker plans for the recruitment and training of sufficient trained practitioners to support the service expansion identified in the local IAPT capacity plan.

The IAPT programme is accountable through the IAPT Programme Board to the Department of Health Mental Health Programme Delivery Board. The IAPT Programme Board will agree:

- resources for common activities;
- reporting arrangements;
- procedures for escalating problems; and
- arrangements to ensure that pilots are contributing to the strategic objectives of the programme.

10. Pathfinder site proposals

Prospective Pathfinder sites should email a completed proforma, signed off by the PCT chief executive, covering the proposed scope of their pilot work. This should include proposals for developing a local IAPT service specification and implementing the new service, including:

- an overview of proposed local governance arrangements, including identifying the lead executive director and programme lead;
- proposals for data collection in accordance with the IAPT outcome framework and data collection document;
- an outline of anticipated costs;
- local stakeholders to be involved in the programme; and
- proposed timescales.

11. Funding

The Department of Health will fund the project management costs and make a non-recurrent contribution to pump-priming additional service costs incurred during 2007/08 as a result of the prospective site achieving Pathfinder status. It is anticipated that each pilot will receive funding of around £200,000, determined by the size and number of applicants.

12. Timing

Launch – 10 May

The invitation to bid will be announced at the IAPT national conference on 10 May and formally launched in the Department of Health *Chief Executive's Bulletin* on 11 May 2007.

Expressions of interest – 31 May

Expressions of interest using the short proforma at Appendix A should be sent to the IAPT mailbox at IAPT@dh.gsi.gov.uk by **31 May 2007**. These expressions of interest will be followed up by direct contact from CSIP RDC colleagues who will provide assistance in developing final proposals and liaise with SHA colleagues.

Final applications – 29 June

Final applications should be received by 5pm on **29 June 2007**. Proposals should be sent to the IAPT mailbox at IAPT@dh.gsi.gov.uk using the application form, which is provided at Appendix B.

Selecting and confirming Pathfinders – 20 July

The proposals will be considered by an extraordinary meeting of the IAPT Programme Board. Successful Pathfinder sites will be notified of the result of their application by 20 July. We will then meet with the Pathfinder lead to agree a timetable and process of initial engagement and support over the summer. The new services should aim to be established in September 2007, when reporting will commence.

13. Further information

For any queries, please contact James Seward by telephone (020 7972 1395) or by emailing the IAPT programme team as IAPT@dh.gsi.gov.uk.

Key supporting documentation has been produced to enable all PCTs to develop Pathfinder proposals at www.mhchoice.csip.org.uk/Pathfinder/Resources

Supporting documentation

available at www.mhchoice.csip.org.uk/Pathfinders/Resources

- The outcome framework and data collection tools.
- Pathfinder site criteria – questions to answer.
- Outline service specification.
- A practical approach to IAPT workforce development.

Appendix A – IAPT Pathfinder site expression of interest proforma

IAPT PATHFINDER SITE EXPRESSION OF INTEREST	
Proposed Pathfinder site (PCT)	
Title and address Contact name, telephone, email and fax number	
Please outline your IAPT Pathfinder proposal (100 words or less)	
<p>Stakeholder support:</p> <p>PCT chief executive:</p> <p>SHA sponsorship:</p> <p>CSIP RDC:</p> <p>Patient and other key groups:</p>	

Please email completed expressions of interest to IAPT@dh.gsi.gov.uk by 31 May 2007.

Appendix B – IAPT Pathfinder site application proforma

IAPT PATHFINDER PROPOSAL	
Proposed Pathfinder site (PCT)	
Title and address Contact name, telephone, email and fax number	
Please outline proposals for planning and implementing the IAPT service (50 words in total)	
What will be the coverage/focus of your Pathfinder site? <ul style="list-style-type: none"> • PBC consortia • PCT • PCT consortia How many patients will be covered by the new service?	

<p>What will be the principal benefits to patients resulting from the new services in terms of:</p> <p>1. Right numbers</p> <ul style="list-style-type: none">• increased numbers of patients being treated <p>2. Right services</p> <ul style="list-style-type: none">• better services <p>3. Right time</p> <ul style="list-style-type: none">• improved waiting times <p>4. Right results</p> <ul style="list-style-type: none">• health and well-being gains• better social inclusion (including employment status)• choice• patient experience	
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<p>What will be the scope of your project?</p> <p>In addition to addressing the service needs of adults of working age, what other areas will you be looking at:</p> <ul style="list-style-type: none"> • older people • people with long-term conditions • children and young people • new mothers • people with medically unexplained symptoms • BME groups • offenders 	
<p>Please give an outline of anticipated use of additional Pathfinder resources, including:</p> <ul style="list-style-type: none"> • programme management • information collection and reporting • service development 	
<p>How and in which areas do you plan to derive efficiency savings to expand the scope of the IAPT service over the duration of the Project (and beyond)?</p>	

<p>Please provide a brief description of your proposals for the pilot service with regard to:</p> <ul style="list-style-type: none"> • planning • implementation • evaluation <p>What tools will you be using to collect the required outcome data?</p> <p>What are your assumptions about workforce development?</p> <p>Outline your key project milestones</p>	
<p>Please give evidence of key stakeholder support for the pilot:</p> <ul style="list-style-type: none"> • patients and local people • clinical staff • SHA • local statutory and non-statutory partners • local employers and employment service (N.B. Links with local Pathways to Work programmes are essential) • existing and potential service providers 	

When do you anticipate that work will start?	
Signatures: PCT Chief Executive: SHA Sponsor (and role):	

