Low level mental health services across Berkshire and the use of the IAPT service

December 2022

Joining the dots across health and care

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Context

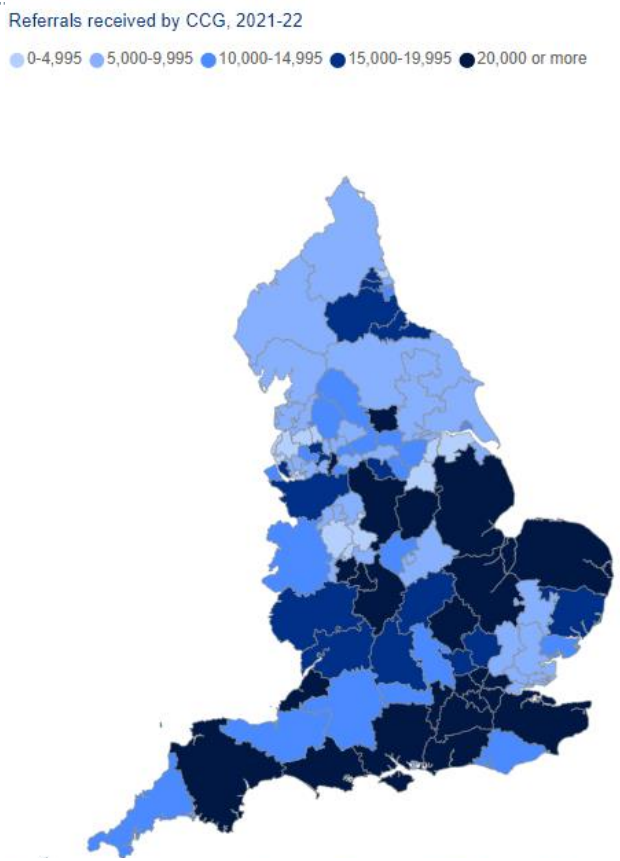
The BOB ICB flagship project closure report details aims to ensure that people with low level mental health are receiving the appropriate multidisciplinary teams (MDT) intervention. The report recommended that Berks West ICP to consider how ARRs posts, VCSE and community services contribute to early intervention and support sign posting/referral to Talking Therapies. As well as BHFT to improve the referral pathway to support self-referral to IAPT (Improving Access to Psychological Therapies), which BHFT has identified as a service which is currently underutilised.

SCW was asked to carry a community asset mapping exercise to identify the multitude of services within the trust geography will support the building of connections between services and will support the team to begin considering how these services can contribute to early intervention and signposting to IAPT services.

SCW delivered:

1. Project management and coordination – including liaison with key stakeholders across system
2. Asset mapping – key voluntary and community providers, mental health roles in Primary Care Networks (PCNS) – scope to be agreed
3. GIS – provide an online interactive mapping solution including named user logins - data sources with layers including– providers/service locations, contextual datasets (ethnicity, deprivation, population density, age profiles), travel analysis, referral pathways, interactive web applications and static mapping outputs
4. Review of current service off and referral pathways (including interface between pathways where possible) – scope to be agreed, as could be wide. Review of current service off and referral pathways (including interface between pathways where possible) – scope to be agreed, as could be wide

The National Picture for IAPT



1.81M referrals to talking therapies in 2021-22

91.1% started treatment within 6 weeks

1.24M referrals started treatment

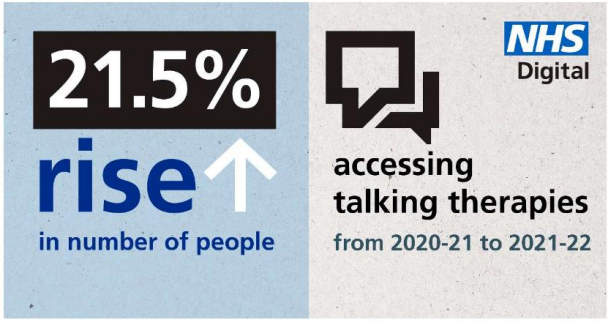


Figure 1.1 Map of England depicting the number of referrals received by CCG in 2021-22 into IAPT. (Improving access to Psychological Therapies (IAPT) Dataset, NHS Digital).

GIS and how it works?

- Geographic information systems (GIS) connect different datasets to a map, integrating location data (where things are) with all types of descriptive information (what things are like there). This provides a foundation for analysis, helping users understand patterns, relationships, and geographic context. Better management and decision making can result from being able to layer lots of information within a GIS tool.
- We have used GIS to map a range of data layers to help us understand more around service locations, types and access as well as looking at referral demographic and pathways to IAPT.

GIS Tool

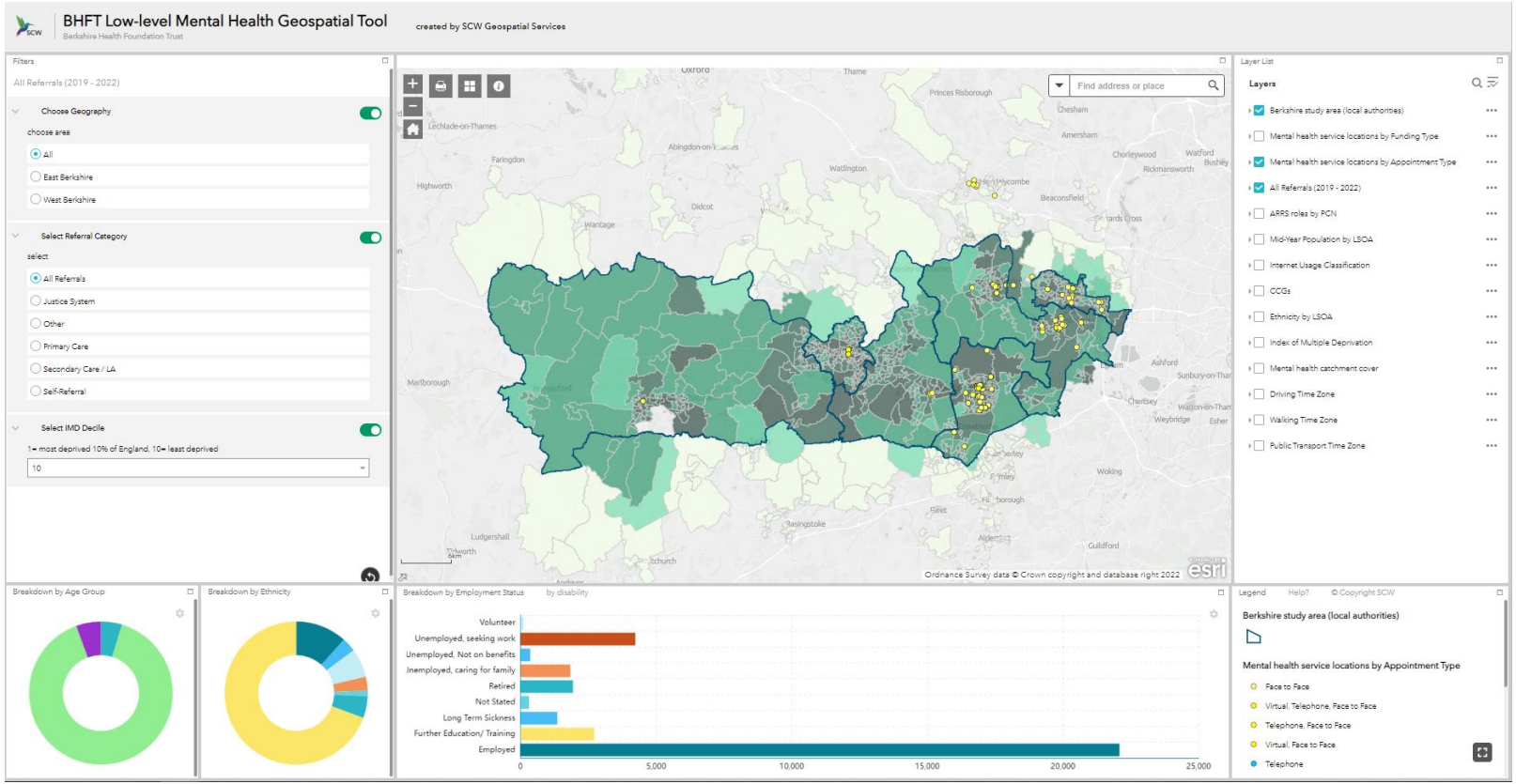


Figure 1.2 Snapshot of the GIS Interactive Online Tool (SCW, 2022)

Click here to watch demo

Definitions

LSOAs - This tool shows information at (Lower Super Output Area) LSOA level. LSOAs are a recognised geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. Built from groups of contiguous Output Areas they are as consistent as possible in population size, typically containing 1500 people or 650 households. Lots of datasets are reported at this level. Whilst an LSOA may be a small area (especially in towns and cities), it is not possible to identify an individual within a dataset shown at LSOA level, avoiding concerns around IG/ PID.

PCN methodology - PCN footprints are derived by SCW Geospatial Team to visualize the geographical area that is most relevant to a Primary Care Network. The footprint of each PCN shows the area within which patients that belong to the PCN represent the largest group of patients (i.e. this individual PCN patient population is more numerous than the patients that belong to other individual PCNs). The PCN footprints are built from Lower Super Output Areas (LSOA). The population of all applicable PCN groups is derived from PDS data for all LSOAs. Each LSOA is assigned to the PCN with the largest population and LSOAs are then merged based on assigned PCN to create a single footprint area. PCN footprints are revised each month based on NHS PDS postcode level GP practice population data and the NHS Digital GP to PCN lookup. Please note that there will be patients who are registered to a PCN who live outside of the PCN Footprint and also patients from other PCNs living within the footprint area. The extent to which this occurs can be seen in columns 'Pct_PCN_Pop_Within_Footprint' and 'Majority_PCN_Dominance_Pct' respectively.

Methodology

- SCW compiled a team with mental health subject matter expertise, a clinical perspective, data analytics, GIS specialists and project management skills.
- We carried out community asset mapping of low level mental health services through online research of services within Berkshire.
- We utilise this and data from ‘Improving Access to Psychological Therapies (IAPT) data set reports’ from NHS Digital to build an interactive GIS tool with various layers of data around low level mental health services and referral information.
- We utilised this data and GIS tool to identify findings and compiled a report with our recommendations.

Methodology

Limitations

- Please note that the dataset used within the GIS tool, is based on the commissioner extracts and covers referrals submitted for Berkshire Healthcare NHS Foundation Trust RWX.
- We have not carried out a comprehensive workforce analysis of the IAPT service.
- There were limitations to the data around special protected characteristics. We have utilised the data submitted under the IDS011 Social and Personal Circumstances data field within the IAPT dataset and mapped the submitted SNOMED CT concepts which relate to Religion/Sexual Orientation where available. It should be noted that recorded Social and Personal Circumstances cover a wide breath of topics and therefore information relating to Religion/Sexual Orientation covers a subset / small proportion of the referrals within the GIS tool.

Access to Service – Types of Service

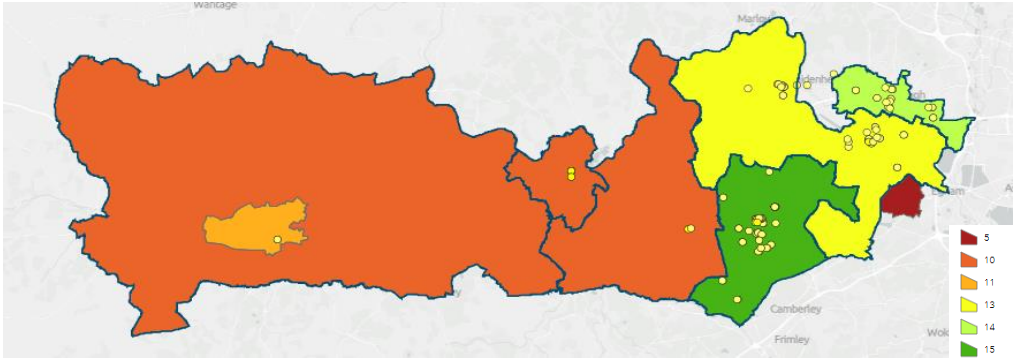


Figure 2.1 Berkshire divided by catchment area, detailing the number of low level mental health services that cover each area. (Note: the scope includes NHS and Local Authority commissioned services). Yellow dot pin point service locations that offer face to face appointments.

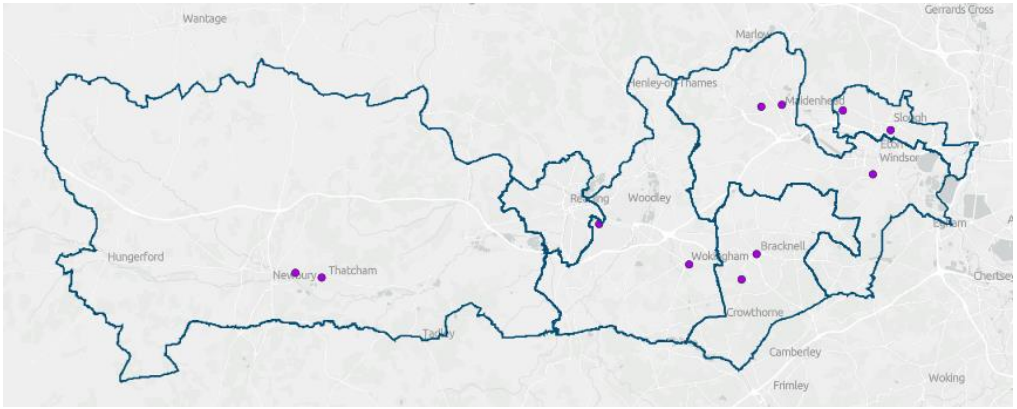


Figure 2.2 Purple dots identify locations where BHFT IAPT services offer face to face appointments.

Majority of services in this map with LA funded, however, NHS commissioned services covered the whole of Berkshire.

Most services offered face to face appointments on request. However, virtual/telephone appointments were the first appointment type offered.

Talking Therapies (IAPT) covers the whole of Berkshire offered telephone assessment with the possibility of face to face or virtual appointments for treatment.

Talking Therapies (IAPT) has a larger amount of face to face appointment locations in East Berkshire due to the area being more densely populated with more towns and cities.

Access to Service – ARRS roles

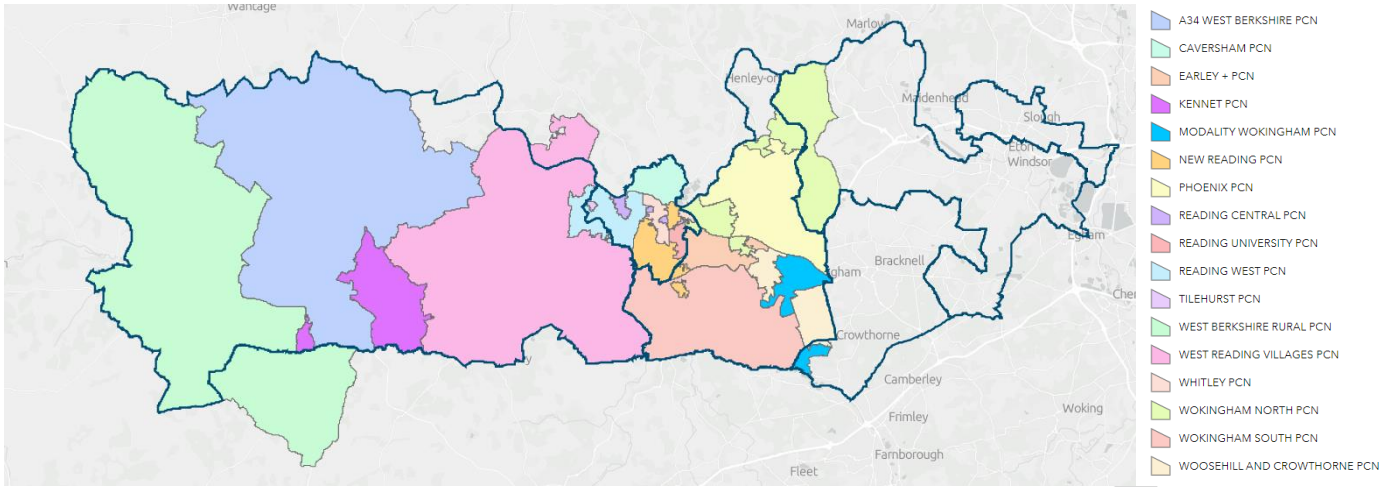
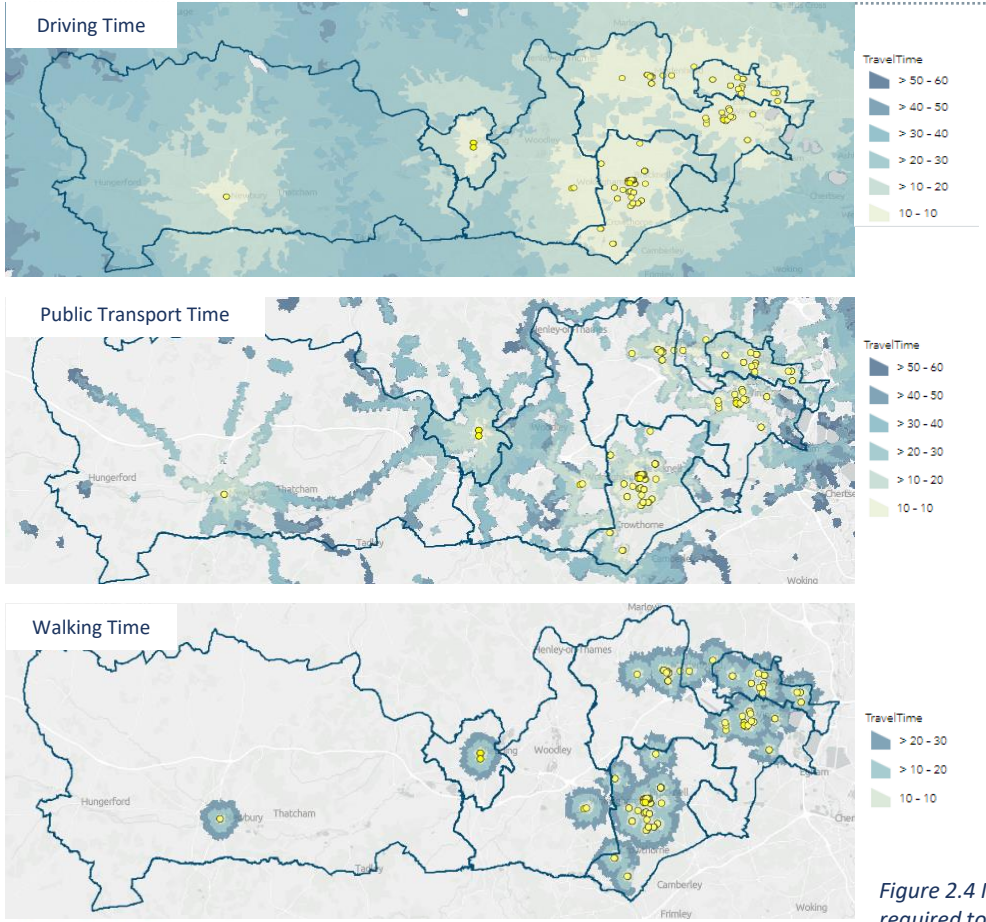


Figure 2.3 Berkshire PCNs that have ARRS roles located at their GP Surgeries.

ARRS Roles – Mental Health Practitioners and Social Prescribers in Berkshire

- There are currently 36 Social Prescribing Link Workers and 11 Mental Health Practitioners working in PCN's across Berkshire
- These roles are mainly focused across West Berkshire, Reading and Wokingham.
- Roles such as these are not part of the IAPT service and provide a separate services to patients of their PCN.
- ARRS roles could be a assumed to lead to under-utilisation of the IAPT service patients referred directly to roles within the PCN rather than the Berkshire wide IAPT service.

Access to Service – Physical Access



Assumptions for potential barriers around physical access to mental health services:

- Workforce shortages may lead to restricted appointment times and numbers for face to face appointments that may prevent access for service users.
- There are only a small number of face to face appointments for each service with the main bulk of appointments available via telephone or virtual.
- Service locations are mainly based in towns and cities with good public transport.
- The more rural area of West Berkshire has fewer services that are available within an hours travel time.
- Service users in Reading, Wokingham and Bracknell Forest are most likely to be able to access a low level mental health service within an hours travel via either driving or public transport.

Figure 2.4 Maps detailing the transport time (driving, public transport, walking) required to access low level mental health services in Berkshire

Access to Service – Digital Access

- In the wake of COVID-19, the use of remote or digital mental health services was accelerated or adopted to ensure individuals who need services could continue to access support.
- Digital services can help reduce Health Inequalities as more can access services.
- Access to WiFi and WiFi coverage can impact on service users and their ability to access services.
- People who have characteristics that are protected under the Equality Act 2010 (age, disability, race) are less likely to have access to the internet, and the skills to use it. (Mental Health Network NHS Confederation (2020) *Digital Inclusion in Mental Health*)

SilverCloud

NHS SHaRON

User access (do they have stable internet connection, private space, hardware such as laptops, tablets, phones, webcams, headsets or assistive technology such as closed captions, translation services, screen readers)

Building skills and increasing confidence for service users

Supporting the workforce

Referral Pathway – Types of referral

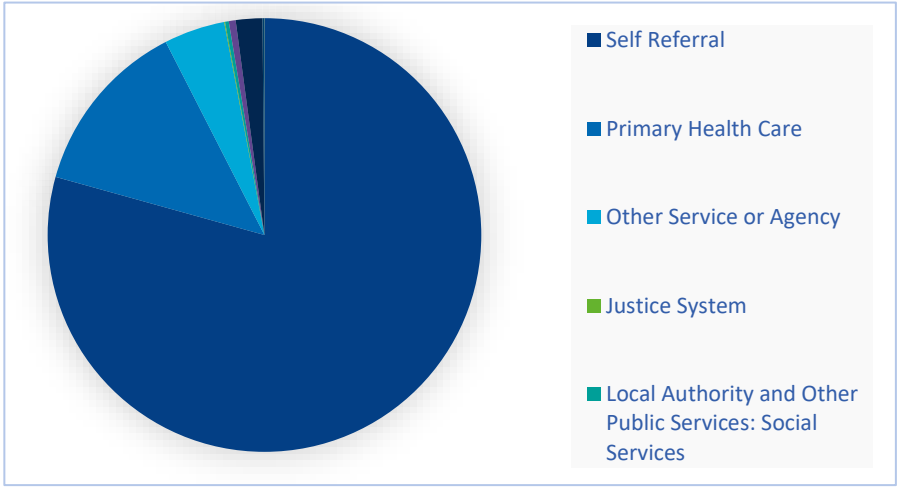


Figure 3.1 Chart looking the percentage of referrals to IAPT between September 2020 – March 2022 that came through each pathway.

Total of **35,040** referrals between September 2020 – March 2022

79% of all referrals between September 2020 – March 2022 to IAPT were self referrals

Primary Healthcare accounted for **13%** of referrals between September 2020 – March 2022to IAPT.

Just **45** referrals were from the VCSE and **96** from Local Authorities and other public services.

Referral Pathway – Types of referral

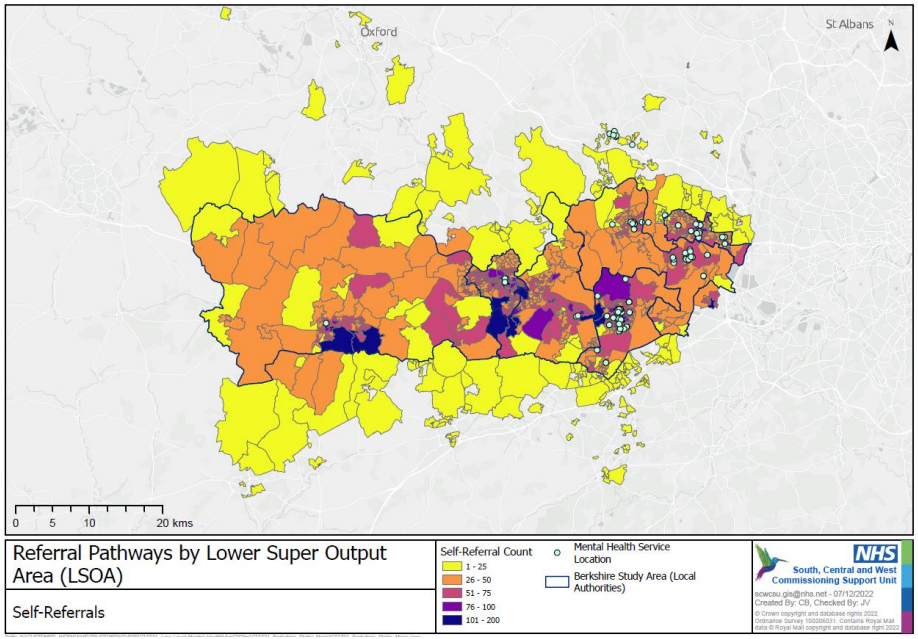


Figure 3.2.1 Self referrals to IAPT between 2019-2022 across the Berkshire patch.

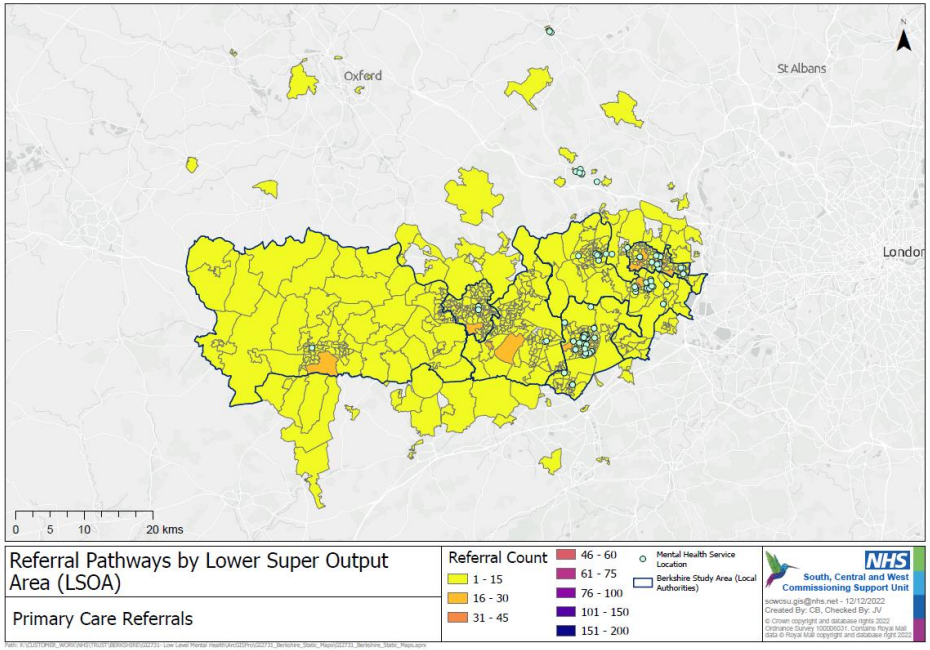


Figure 3.2.2 Referrals to IAPT from Primary Care between 2019-2022 across the Berkshire patch.

Referral Pathway – Waiting times from Referral to First Assessment

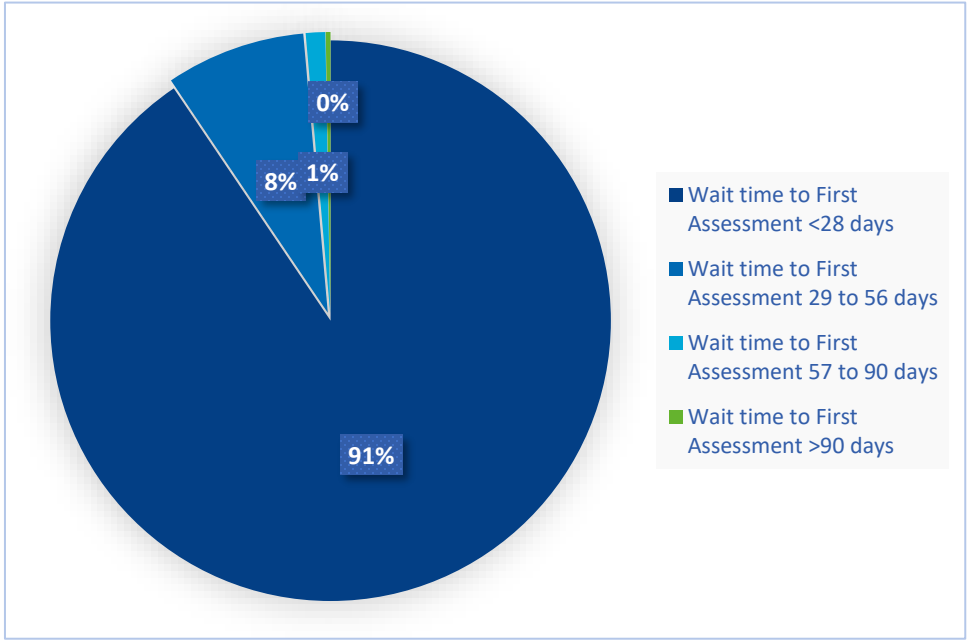


Figure 3.3 Chart looking the percentage of referrals to IAPT between September 2020 – March 2022 who had to wait certain time periods ahead of their first assessment with the IAPT service.

- Only 0.3% of referrals had to wait longer than 90 days from referral to first assessment
- Higher percentage of people seen sooner than the national average

Referral Pathway – Self-referral application

Potential barriers to self-referral:

- Long form with many questions.
- Website directs people to refer digitally, with phone number not available on sign up page. (However, phone number available on Facebook or through contact us section of website).
- Application form requires a lot of information and does not allow self referrals to speak to someone from the service before submitting the form.
- The referral form is in English with no option to change language. The final question asks whether an interpreter is required.
- Question refers to gambling/ substance misuse – clinical query as to potential barrier in completing the referral form
- Question refers to children in the family – clinical query as to potential barrier in completing the referral form
- There are spelling mistakes within the application form.

To reduce potential barriers in self-referrals, specifically via on the online form, a full communications review would be beneficially – including language, user engagement, clinical relevance at time of referral etc.

Referral Pathway – Communications observations

Social Media Presence

- Regular tweets with resources and tips for managing low level mental health.
- Advertises courses and techniques such as The Worry Tree from Stress Less Course and Op Courage
- Contact details for IAPT available
- Stories from service users through video stories posted
- Tweet about how to refer into IAPT advertising the website or via telephone
- No use of the word IAPT more focus on Talking Therapies and the range of courses
- **Lack of engagement on posts**

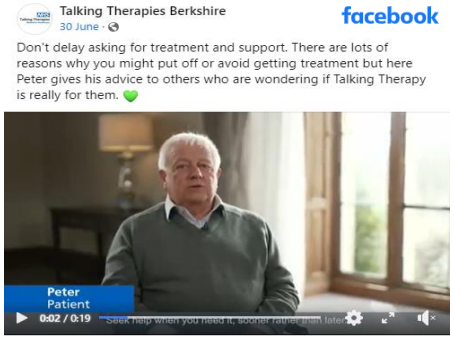
Other Online Presence

- Advertised on Local Authority websites throughout Berkshire
- On Berkshire CCG's website not yet updated to ICB correct as of 07/12/2022
- A range of GP surgeries in Berkshire advertise IAPT on their websites including Twyford Surgery and Kintbury and Woolton Hill Surgery

Other Communications

- Majority of communications and marketing are digital
- Communications are in English which may have an impact on people with a language barrier

NHS England and Health Education England are seeking views on a new name and 'tag line' for IAPT services via a survey, and staff, patients and stakeholders are invited to take part.



Referral Demographics – Age and Disability

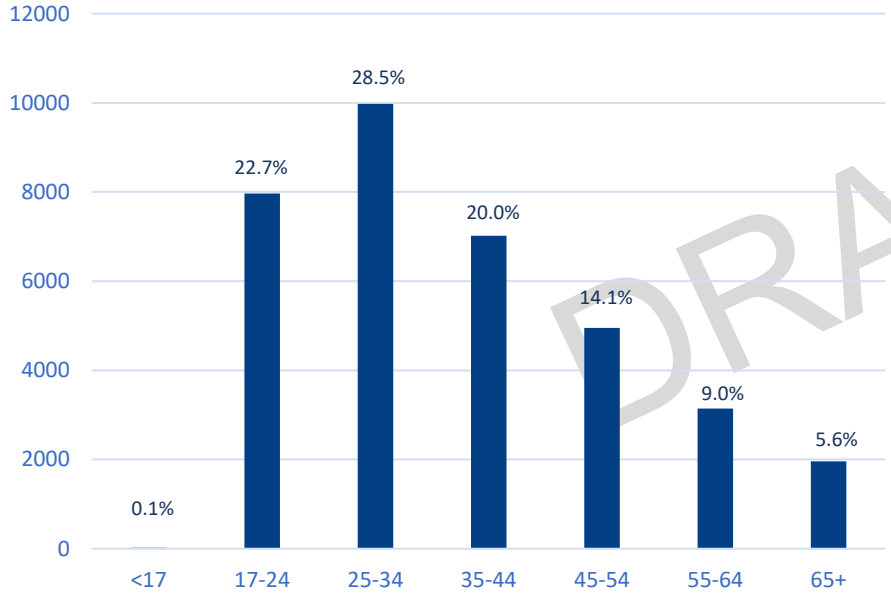


Figure 4.1. Age demographic of IAPT referrals for BHFT between September 2020-March 2022

- Referrals between September 2020 – March 2022 spoke a total of **38** different languages as a first language.
- **0.7%** of referrals between September 2020 – March 2022 reported that they were ex-service members.

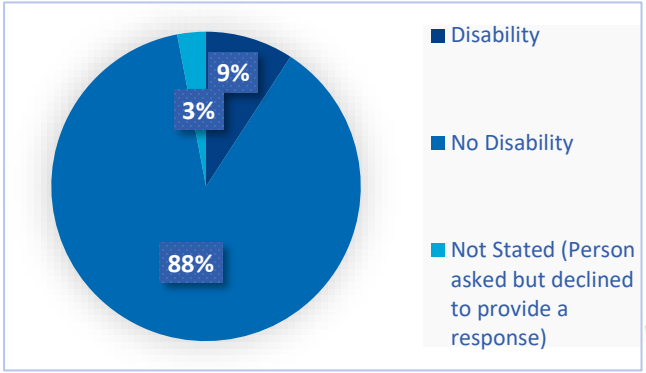


Figure 4.2. Percentage of BHFT IAPT referrals between September 2020-March 2022 that reported having a disability

Referral Demographics – Employment Status

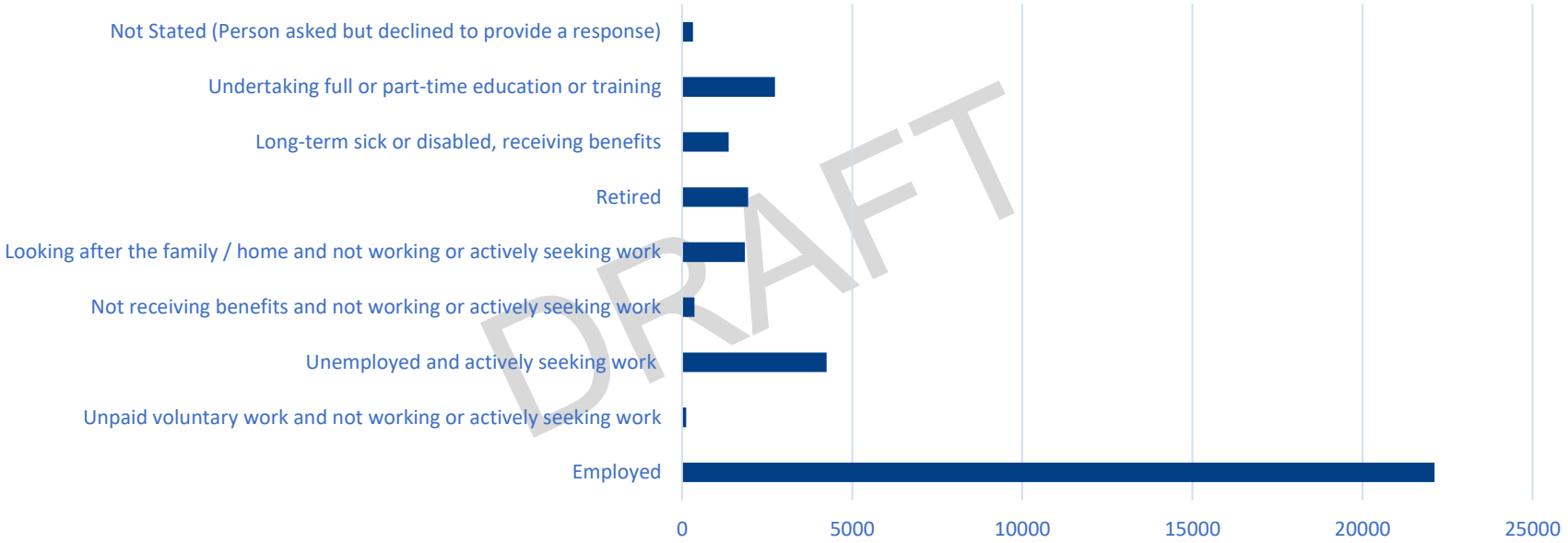


Figure 4.3 Employment status of referrals to BHFT IAPT services between September 2020 – March 2022.

Referral Demographics – Ethnicity

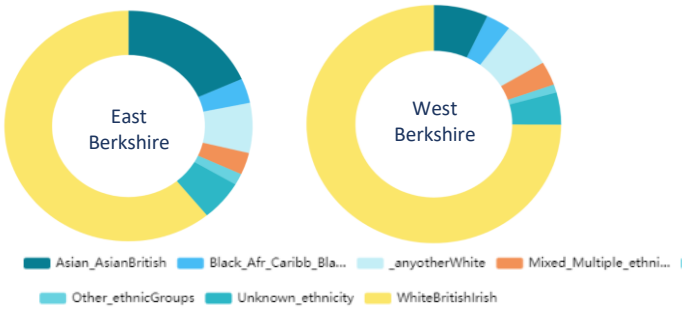


Figure 4.4 IAPT Referrals 2019-2022 Ethnicity Demographics for East and West Berkshire

- Referrals to IAPT between 2019-22 are representative of the populations diversity.
- The referral demographic in East Berkshire is more diverse than that of West Berkshire particularly around bigger towns and cities which is representative of the population demographics.

Within four sample locality in Berkshire. Bracknell Forest 002C and West Berkshire 006D showed a slightly higher percentage of non-white referrals than representative of the population.

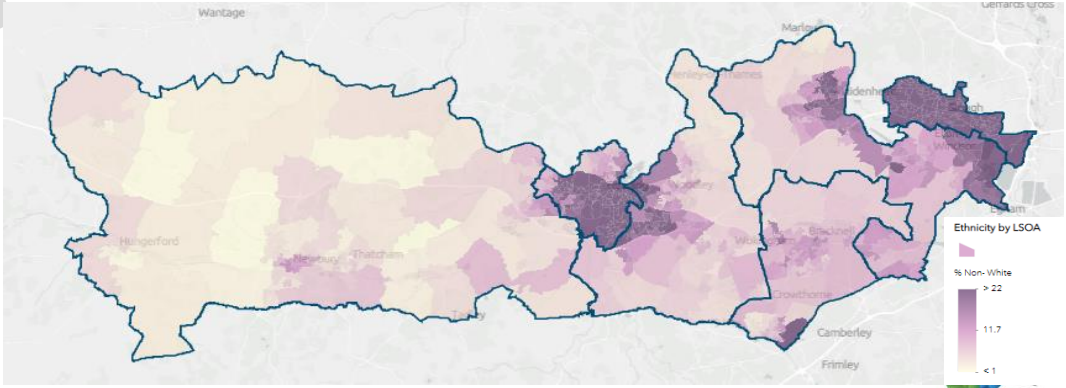


Figure 4.5 Ethnicity LSOA Population Demographics for East and West Berkshire

Referral Demographics – Deprivation Indices

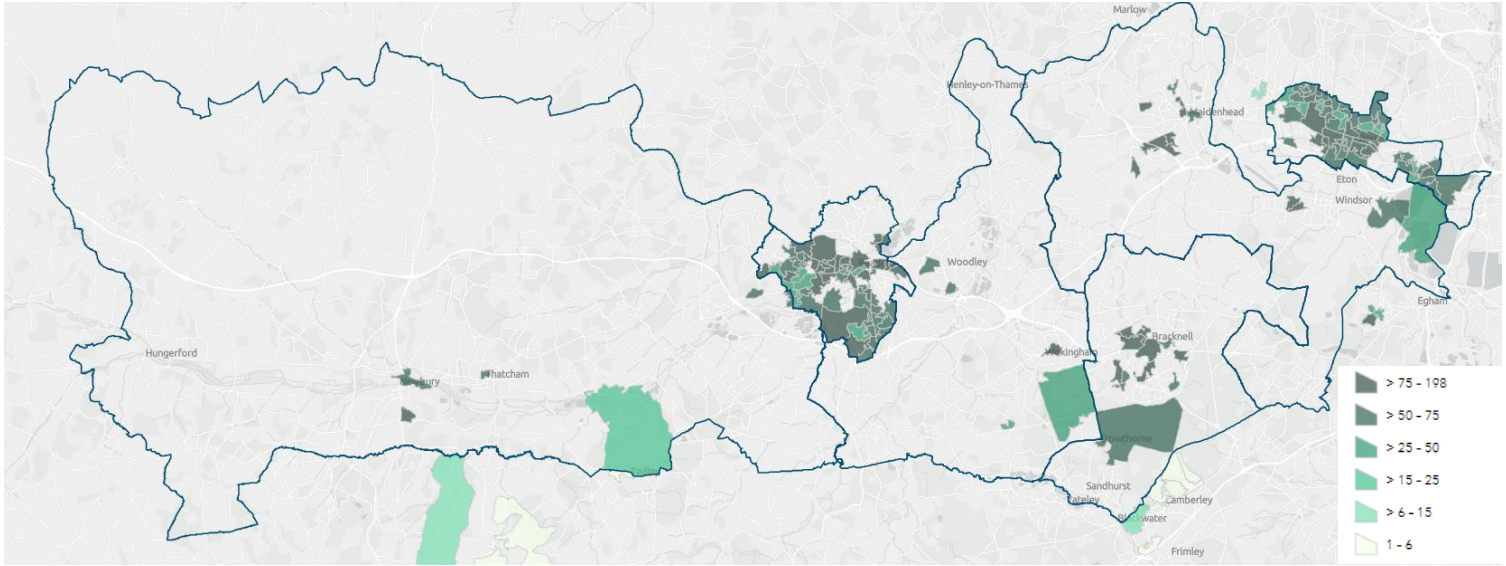


Figure 4.6 Local authority areas in Berkshire that are within the most deprived 50% of England. Colour of the local authority areas is the number of referrals into BHFT IAPT Service between 2019 – 2022.

Recommendations

Communications and Engagement

- **Research & testing:** Carry out engagement exercise with service users of Talking Therapies to gain insight and what could support behaviour vices available etc. change around utilisation of IAPT service. This should engage service users going through the referral process, in treatment and recently completed treatment. Focus groups and surveys would allow for rich intelligence and analysis, reviewing queries around the referral routes into the service, 'not liking' the service, and 'not using' the service. A review of **direct communications with service users** would also prove beneficial – including publicising, promoting and the content of the self-referral form. **Thorough understanding of user experience is recommended before communication plans, behaviour change and campaigns.**
- **Redesign of the webform:** Prototype and test the self referral web form. The current web for is long and inaccessible, generating unnecessary cognitive load.
- **Partnerships**: Build upon existing relationships, or establish relationships, across organisations. Partnership working would allow for shared understanding of challenges and awareness of workplans, priorities. For example, there are currently no links between the IAPT service and local authority colleagues. Connections in this space would result in shared understanding of low level mental health/ wellbeing pathways, including ser
- **Digital accessibility**: Review of digital accessibility of the IAPT service. Silvercloud has been commissioned however GIS mapping alludes to rurality in West Berkshire and access to broadband as a potential barrier. Therefore, does the digital offer support to service users who do not meet the user access requirements and identify alternatives.

Recommendations

Workforce

- **Workforce analysis**: National challenges in NHS workforce, and recruitment & retention of IAPT colleagues. A workforce analysis for Berkshire would identify local nuances and identify skills gaps/ skills mix required to deliver local priorities/ meet the needs of the population, as well as understanding workforce. Further review into population health data and workforce skills requirements to meet these needs. Other questions to consider within a workforce analysis:
    1. What are the barriers to the workforce and what are their experiences – personal wellbeing recruitment & retention, staff engagement, organisational culture?
    2. Reviewing the pathway, is there a lack of workforce? Blending roles or job analysis could prove beneficial, and understanding skills mix
    3. Are there barriers between organisations communication? How do we bridge that gap?
    4. Attitudes from other workforce in relation to professional identity threat? With this, consider psychological safety of workforce to ask for support with complex cases whilst managing perceptions of others of their fitness to practise (in both high and low intensity)

- **ARRS:** Further exploration of ARRS roles would benefit understanding of low-level mental health pathway in locality, for example, investigate how ARRS roles link with BHFT and other organisations and how they support patients with comorbidity.
- **Referral pathways**: Gain an understanding of professional referral pathways – what is available, what is known to be available, what to professionals' signpost to for issues etc. This could involve engagement with GPs, social workers etc.

Recommendations

Pathway

- Work closely with organisation across the system to understand the priorities for the population that may be impact by low level mental health.
- **Data Quality:** Identify and resolve inaccuracies around data quality such as reporting special characteristics.
- **Outcomes:** Review and analyse outcome. Patient mapping could be explored, from referral through to discharge, allowing for understanding of patient journey. Utilise quality service improvement redesign (QSIR) tools to support process mapping for service users. The pathway mapping could also be linked with any user research carried out.
- **Referral to treatment**: As well as reviewing the data and waiting times Gain an understanding of e data to gain a greater understanding of the impact of IAPT services and the experience of the patient. the patient journey for IAPT looking at the pathway from referral to treatment to the outcomes.
- **Other services**: Further investigate the use and quality of other low level mental health services across Berkshire outside of BHFT. Understanding the sensitive nature of the services when planning methodology around learning more around services.

Appendix A. Additional Actions

- Investigated the possibility of adding children and young people to the scope of the project.
- Attending and speaking at the Berkshire Reducing Health Inequalities Steering Group.
- Attending the Berkshire VCSE Group.
- Meeting with stakeholders around ARRS roles.
- Planning to meet with Bracknell Forest council to give an introduction to Community Mapping.

Appendix B. Figure List

Figure 1.1 *Map of England depicting the number of referrals received by CCG in 2021-22 into IAPT. (Improving access to Psychological Therapies (IAPT) Dataset, NHS Digital).*

Figure 1.2 *Snapshot of the GIS Interactive Online Tool (SCW, 2022).*

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Figure 2.4 *Maps detailing the transport time (driving, public transport, walking) required to access low level mental health services in Berkshire*

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Figure 4.2 *Percentage of BHFT IAPT referrals between September 2020-March 2022 that reported having a disability*

Figure 4.3 *Employment status of referrals to BHFT IAPT services between September 2020 – March 2022*

Figure 4.4 *IAPT Referrals 2019-2022 Ethnicity Demographics for East and West Berkshire*

Figure 4.5 *Ethnicity LSOA Population Demographics for East and West Berkshire*

Figure 4.6 *Local authority areas in Berkshire that are within the most deprived 50% of England. Colour of the local authority areas is the number of referrals into BHFT IAPT Service between 2019 – 2022.*

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