

What makes a good, fast, meeting prevalence and in budget service?

Briony Guy
IAPT Clinical Lead

Lancashire Care 
NHS Foundation Trust

 Supporting Health and Wellbeing
Adult Mental Health Network

No perfect answers... (Sorry!)

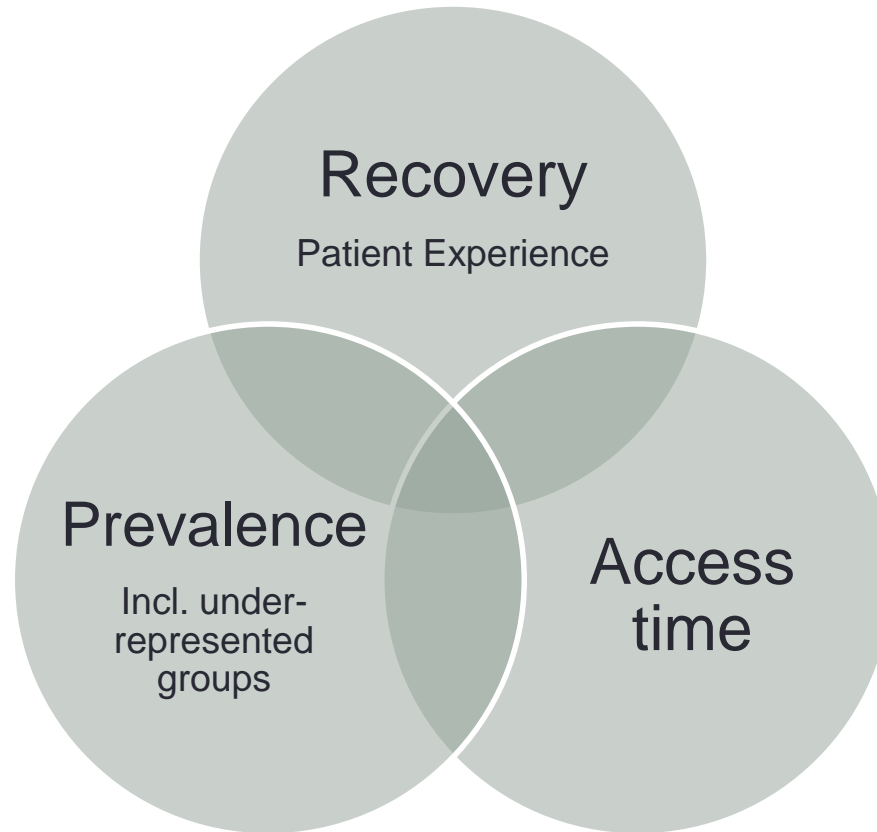
- Why I still believe in IAPT
- The importance (and complexity) of “Good, Cheap, Fast”
- The LCFT Journey
- The reality of triple constraints...



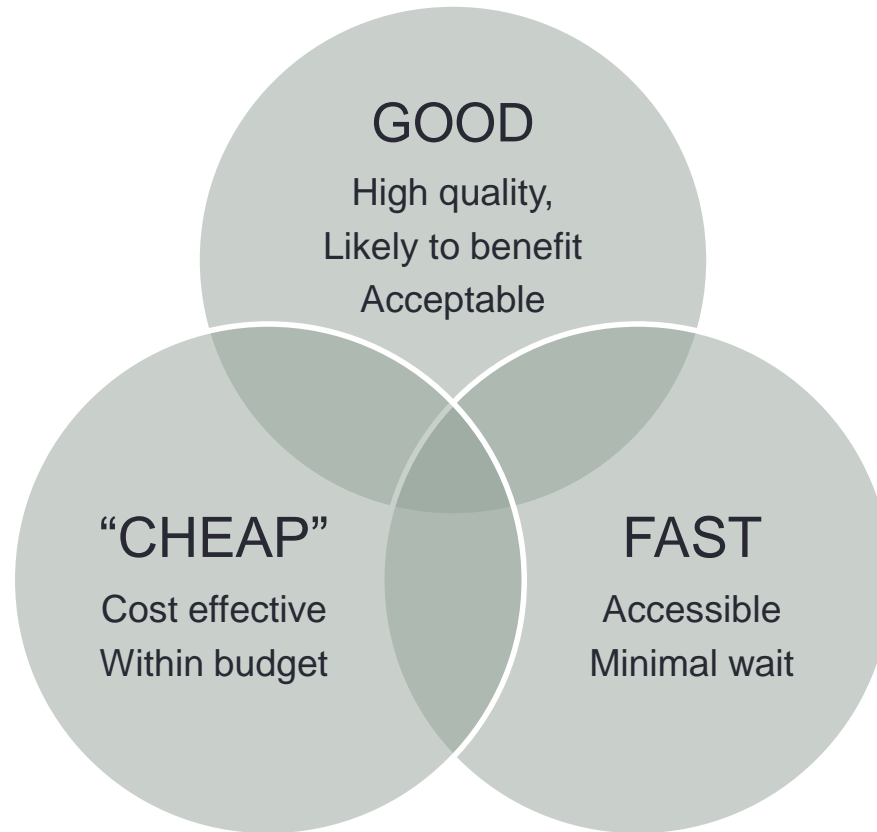
IAPT – How did we get here?



KPIs



IAPT Model



LCFT

Strengths

- Skilled workforce
- Good foundation in terms of psychological therapies
- Potential to share successful projects
- Opportunities to network within the Trust

Issues

- Traditional practices
- Mental Health Trust constraints
- Legacy waiting lists
- Lack of reliable data
- Variation in practice
- Confusion about priorities
- Lack of support to innovate

What helped accelerate change?

- The need to reduce costs prompted review and re-design
- Complaint
- Intensive Support Team visit
- Care Aims training

Leading to...

- Increased attention on IAPT
- Shared understanding of the priorities
- Recognition that IAPT was different
- Freedom to innovate

Improvements

Operational

- Clear expectations
- Better use of data
- Promote service
- Regular review and re-focus
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Clinical

- Increase access via self referral, welcome calls
- Increase choice – menu of options
- Develop partnerships through champion roles
- Review supervision arrangements to support best practice

Triple Constraints...

- are everywhere!
- are more deceptive than double constraints
- can paralyse or lead to unsustainable striving
- Accept constraints and you are in a better position to make decisions and to deal with consequences.

Briony.Guy@lancashirecare.nhs.uk