

## Bath & North East Somerset Council

MEETING:	Wellbeing Policy Development & Scrutiny Panel
MEETING DATE:	18 May 2012
TITLE:	Talking Therapies in B&NES
WARD:	ALL

### AN OPEN PUBLIC ITEM

#### List of attachments to this report:

Appendix 1 – National policy context and NICE Guidance

Appendix 2 – Stepped Model of Care

## 1 THE ISSUE

1.1 To provide the Wellbeing PDS Panel with an overview of the current provision of talking therapies in Bath & North East Somerset and development in 2012-13.

## 2 RECOMMENDATION

The Wellbeing PDS Panel is asked to:

2.1 Note the current Talking Therapies services and

2.2 Engage with any further developments as necessary.

### **3 FINANCIAL IMPLICATIONS**

- 3.1 There are no current financial impacts associated with the provision of Psychological therapies.
- 3.2 Any future service provision will be within current or attract further investment.

### **4 THE REPORT**

- 4.1 National recognition during the last ten years of the need to establish primary care mental health services to meet the clinical needs of people with common mental health problems (and return them to employment - a protective factor in maintaining mental health and wellbeing) was accompanied by a series of policy initiatives and a programme of training for new workforce to deliver NICE approved psychological therapies. (Appendix 1) The national implementation and monitoring programme was delivered through the Strategic Health Authorities.
- 4.2 The new programme was called - IAPT - Increasing Access to Psychological Therapies. Its aim is to deliver a “stepped care” model of service for people with anxiety disorders and depression including (as services progress) people with long term conditions, older adults, children and young people, people with serious mental illnesses and people with medically unexplained symptoms. (Appendix 2)
- 4.3 In 2008 NHS B&NES Professional Executive Committee agreed to support the local training and development of an NHS B&NES service. This service is now delivered by Sirona Care and Health. The assumption, using national modelling, was that a fully resourced team to meet demand in B&NES would eventually include 12 staff treating people with moderate to high needs (current complement 8.4 WTE) and 10 people working with people with low needs (current complement 5.6 WTE) . In addition we currently fund 1 FTE Administrator, 1 FTE Manager and 1 FTE Employment support (working in partnership with the Work Development Team).
- 4.4 The service was implemented on a 2-year specification with review due in 2010-11. On completion of this review the service was extended until the end of March 2013 and we signalled in our commissioning intentions with Sirona that we would consider re-commissioning during 2012-13. The team initially took referrals from GPs only as the team was developed but now access is mainly through self referral with continued GP/Primary care referral and pathways between specialist mental health services and the Sirona team.
- 4.4 In addition to the IAPT provision GP practices have, since 2001, received funding to provide counselling sessions for individuals in their practice. It was decided in 08-09 not to re-direct funding/staff from the counselling service in Primary Care into IAPT (as many other areas did) in order to maintain flexibility of approach and the resource attached to it. This arrangement is still in place. Whilst the strength of internal relationships between counsellors and their GPs is valued by many, a governance and assurance challenge of the current system is that whilst IAPT is a centrally supervised service delivered to all GP practices by Sirona, counselling is delivered by individual practitioners within practices or outsourced to a voluntary sector organisation. This also makes accessing services confusing for service users. We are also unable to reliably implement a single service user feedback/outcome system to national standards for the counsellors - a weakness

when we want to be outcome and patient experienced focused. Again we signalled to GPs via their service agreement that re-commissioning would be considered in 2012-13.

- 4.5 The IAPT service collects outcomes, activity and service user feedback in accordance with national DoH requirements. To date the service has met all locally agreed targets and outcomes and receives good service user feedback. It has not, however, met the national expectation of seeing 15% of the estimated population (by 2014). During 2011-12 the service saw 7.9% of the population. We are still collating the figures for counselling services for 2011-12 but current estimates are that if we include counselling activity in our calculations (not currently "countable" nationally) then this figure rises to nearer 11%. We therefore need to find a way of being able to consider the whole range of our activity for local people to get a clear picture of provision.
- 4.6 Counsellors and IAPT staff are part of the Mental Health Care Pathways group that supports the improvement of care pathways in B&NES and currently a pilot is being developed to improve pathways between IAPT and counsellors in 3 practices.
- 4.7 During 2012-13 it is our intention to further review the services as part of our commissioning processes in order to find the best way to implement the national plan, maintain choice and flexibility whilst aligning provision and reducing the confusion for services users about the different services. We also wish to ensure consistency in outcomes and activity reporting in order to be able to measure the impact for local citizens.

## **5 RISK MANAGEMENT**

- 5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

## **6 EQUALITIES**

An EqIA has not yet been completed because this report is provided for information.

## **7 CONSULTATION**

- 7.1 No specific consultation has been undertaken on the contents of this report.

## **8 ISSUES TO CONSIDER IN REACHING THE DECISION**

- 8.1 *Social Inclusion; Customer Focus;*

## **9 ADVICE SOUGHT**

- 9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have not had the opportunity to input to this report, which does not have any direct financial or legal implications and is presented for information only. The Strategic Director and

Programme Director have had the opportunity to input to this report and have cleared it for publication.

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<b>Background papers</b>	Talking Therapies – A Four Year Plan of action. DoH 2011
<b>Please contact the report author if you need to access this report in an alternative format</b>	