



Health Overview and Scrutiny Committee

July 2015

## **Report on the procurement of talking therapy services for East Kent.**

### **1. Background**

The Improving Access to Psychological Therapies (IAPT) programme for adults (over 18), launched in 2008, aimed to make evidence-based psychological therapies for depression and anxiety disorders more widely available in the National Health Service, including across Kent and Medway. Talking therapy services commenced in Kent and Medway in 2009 with three providers offering services under area based contracts. After a tendering process in 2012, eleven contracts were offered to providers across Kent and Medway with seven providers offering services to East Kent.

NHS talking therapy services are based on a 'stepped care' model. The least intensive intervention appropriate to a person's needs is provided first and people can readily 'step up or down' the care pathway in accordance with their changing needs and response to treatment. The service is part of an integrated care pathway for people with common mental health disorders and builds on existing multi-agency partnerships with a variety of statutory, voluntary and private providers working collaboratively.

The service offers a range of evidence based psychological interventions which aim to support individuals who are experiencing:

- Depression,
- Generalised anxiety disorder
- Mixed depression and anxiety including peri and post-natal depression
- Panic disorder
- Obsessive-compulsive disorder
- Phobias (including social anxiety disorder (social phobia))
- Post-traumatic stress disorder
- Health anxiety (hypochondriasis)
- Adjustment disorders
- Anger management
- Psycho sexual issues
- Depression or anxiety in adults with a chronic physical health problem or medically unexplained symptoms
- Depression or anxiety in adults with a mild learning disability or cognitive impairment

### **2. Evaluation of talking therapy services across east Kent**

In 2012/13 there were 6,584 completed treatments delivered to people in east Kent at a cost of £4.7 million, representing a significant increase in activity on the previous year. Positive aspects of the service included:

- An increased number of providers delivering talking therapies in Kent and Medway offering more choice to patients and GPs
- Average waiting times from assessment to treatment reduced, with most patients receiving treatment within 28 days
- Increase in numbers of people completing treatment compared to the previous year.
- Cost per referral and cost per completed treatment significantly reduced
- Talking therapy services encourage self-referral and research indicates that this results in increased positive outcomes for patients.
- High quality of therapists with 90 per cent of people reporting confidence in the skills of the staff delivering the interventions.
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However, while most aspects of the service were positive, there were issues identified that need to be addressed and these included:

- Not all referrals to the service were receiving the 'least intervention first' principle
- The contract type and pricing structure for the service was not clear and user friendly for provider organisations.
- Concerns about equality of access, particularly for people with a long term condition
- Concern regarding the number of treatment sessions being offered, in some cases too few.

### National performance targets

NHS talking therapy services are currently measured on a number of key performance indicators (KPIs), the main ones of which are:

- The number of people, as a percentage of need, entering treatment
- The number of people in the service reaching 'recovery'
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Across east Kent these targets have either been met or exceeded for all current providers.

### **3. Actions taken**

The current contracts for provision of talking therapy services across east Kent end 31 December 2015, therefore a project group was formed at the end of 2014 which included mental health commissioning and clinical representatives from across the four east Kent clinical commissioning groups to look at designing and procuring new talking therapy services moving forward. The work of this group has included revising the current service specification to address the issues highlighted above, identifying the most appropriate contract 'type' in order to ensure patient choice but also financial viability, and also a pricing structure for the service which makes the service 'value for money' but also viable and efficient for patients. The project group have actively engaged with people who use mental health services via Mental Health Action Groups, local network meetings and other forums in order to gain feedback and views on the development of the service, and in addition have worked closely with Local Authority and Public Health colleagues when designing the new service. In addition clinical views have been taken into consideration at all stages of the process and CCG Clinical Committees have been regularly briefed on progress.

In addition to the above performance indicators the project group identified that it will be crucial to be able to identify key 'outcome measures' that would provide a meaningful measure for individuals using NHS talking therapy services to be able to measure the quality of the service they receive and, as a result, some of the proposed outcome measures under consideration are:

- Increased proportion of people with common mental health disorders who are identified, assessed and receive treatment in accordance with appropriate National Institute for Health and Clinical Excellence guidance
- Improved speed of access and response times in the care service pathway
- Increased proportion of people with common mental health disorders who make a clinically significant improvement or recover
- Increased social participation and community integration of service users
- Improved service user choice and experience of services
- Increased number of individuals successfully treated (recovered)

#### **4. Progress**

The project group now has an agreed service specification; outcomes and pricing structure for the new service which, whilst not being significantly different to the current service, represents a more user focused approach which is both flexible and value for money.

#### **5. Next steps**

Procurement of the new service commenced on 14 July 2015, with contracts due to be awarded in September and the new service to be mobilised by 1 January 2016.

The project group intends to keep the Health Overview and Scrutiny Committee updated on progress and can provide any further information to the committee as required.

**End**

*Report prepared by South East Commissioning Support Unit on behalf of:*

**NHS Canterbury and Coastal Clinical Commissioning Group, NHS Ashford Clinical Commissioning Group, NHS South Kent Coast Clinical Commissioning Group and NHS Thanet Clinical Commissioning Group.**