

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

13th September 2018

Report of: NHS Hartlepool and Stockton on Tees Clinical Commissioning Group,
NHS Darlington Clinical Commissioning Group
and;
NHS South Tees Clinical Commissioning Group

Subject: Recommissioning of Improving Access to Psychological Therapies (IAPT) Services for and on behalf of: NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG.

1. APPLICABLE CATEGORY

- 1.1 For information, advice and guidance by Tees Valley Overview and Scrutiny Committee.

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to provide an update to the Tees Valley Overview and Scrutiny Committee following the paper in July 2017 and January 2018 in relation to:
 - current IAPT programme delivery,
 - the procurement process.

3. BACKGROUND

- 3.1 The Improving Access to Psychological Therapies (IAPT) programme began nationally in 2008 to transform the treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year.
- 3.2 In 2016, key developments were set out in the Five Year Forward View for Mental Health to expand and improve quality in IAPT services. The priorities were:

- Expand services so that IAPT services nationally will move from seeing around 15% of all people with anxiety and depression each year to 25% by 2020/21, and all areas will have more IAPT services.
- Integrate IAPT services with physical health services to provide better support to people with long term conditions.
- Improve the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups.

4. CURRENT POSITION

4.1 The review programme and subsequent service commissioning is a collaborative piece of work across five Clinical Commissioning Groups (CCGs):

- North Durham CCG
- Durham Dales, Easington and Sedgefield (DDES) CCG
- Darlington CCG
- Hartlepool and Stockton-on-Tees (HAST) CCG
- South Tees CCG

4.2 Decommissioning Impact Assessments have been conducted and notice served on the current services.

4.3 Further consultation was conducted in spring 2018 across all localities and a range of engagement activities carried out with both stakeholders and service users that have utilised the services. A public report has been produced and published (See appendix 1).

4.4 Activities included a stakeholder briefing sent to 377 relevant stakeholders, an online survey responded to by 109 people, local focus groups attended by 68 people, and targeted engagement with groups with protected characteristics led by support organisations.

4.5 Key themes and feedback are summarised in the report. Overall, feedback about the proposed IAPT model was positive. Participants discussed aspects of the model that are particularly important, or could be improved. These included:

- Awareness and promotion of IAPT to both individuals and professionals;
- The benefits and drawbacks of the various channels of access, and the importance of face to face interaction as well as telephone, online, etc.
- Waiting times and support for individuals between appointments; and

- Specific aspects of the model such as long term conditions, counselling and Cognitive Behavioural Therapy (CBT), staffing and resource, and self-referral.

4.6 **Project Timescales**

- 4.7 To reflect the collaborative working across the CCG's, and additional pre-procurement work undertaken, the project timescales have been extended and a new contract is anticipated to be in place in April 2019.
- 4.8 A final version of the original draft model presented in January 2018 has been produced (See Appendix 2).
- 4.9 Themes from feedback received from patients, GP practices and providers during the engagement process have been included in the model and the finalised service specification.
- 4.10 The procurement process is anticipated to commence in September 2018. Whilst this is pending an invitation to tender, it cannot currently be shared, but all members will receive copies of documentation via Stockton Scrutiny Officer when they are made public.

5. **EQUALITY AND DIVERSITY**

- 5.1 Any project undertaken on behalf of the CCGs is subject to compliance with S.149 of the Equality Act 2010 and measures are in place to ensure the public sector equality duty is met. A full Equality Impact Assessment has been conducted.

6. **RISK IMPLICATIONS**

- 6.1 The IAPT Task and Finish Group are responsible for the identification and mitigation of risk and maintain and manage an appropriate Risk Log.

7. **RECOMMENDATIONS**

- 7.1 The recommendation is that Tees Valley Overview and Scrutiny Committee is requested to:
- Note the programme of current IAPT provision;
 - Note required next steps and timescales;
 - Note the pending procurement process and agree to receive an update following award of the contract;
 - Note the contents of the Engagement report and make any comment;

8. CONTACT OFFICER(S)

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9. APPENDICES

- 9.1 Appendix 1 – Engagement Feedback Report
- 9.2 Appendix 2 – Final Service Pathway Model