

**Report of Head of Governance and Scrutiny Support**

**Report to Scrutiny Board (Adults, Health and Active Lifestyles)**

**Date: 17 July 2018**

**Subject: Improving Access to Psychological Therapies**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Purpose**

1. Following the Scrutiny Board's previous meeting in June 2018, the purpose of this report is to present the Scrutiny Board (Adults, Health and Active Lifestyles) with further details regarding the Improving Access to Psychological Therapies (IAPT) in Leeds.

**Background**

2. The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and aimed to transform treatment of adult anxiety disorders and depression in England. Nationally, over 900,000 people now access IAPT services each year, and the NHS England Five Year Forward View for mental Health committed to expanding services further, alongside improving quality.
3. Implementing guidelines from the National Institute for Health and Care Excellence (NICE), IAPT services provide evidence based treatments for people with anxiety and depression and should be characterised by:
  - **Evidenced based psychological therapies:** with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimize outcomes. From April 2018 all clinical commissioning groups were required to offer IAPT services integrated with physical healthcare pathways.
  - **Routine outcome monitoring:** so that the person having therapy and the clinician offering it have up-to-date information on an individual's progress. This supports the development of a positive and shared approach to the goals of therapy and as this data is anonymized and published this promotes transparency in service performance and encouraging improvement.

- **Regular and outcomes focused supervision** so practitioners are supported to continuously improve and deliver high quality care.
4. The national (NHS England) priorities for IAPT service development are:
- **Expanding services** so that at least 1.5m adults access care each year by 2020/21. This means that IAPT services nationally will move from seeing around 15% of all people with anxiety and depression each year to 25%, and all areas will have more IAPT services.
  - **Focusing on people with long term conditions.** Two thirds of people with a common mental health problem also have a long term physical health problem, greatly increasing the cost of their care by an average of 45% more than those without a mental health problem. By integrating IAPT services with physical health services the NHS can provide better support to this group of people and achieve better outcomes.
  - **Supporting people to find or stay in work.** Good work contributes to good mental health, and IAPT services can better contribute to improved employment outcomes.
  - **Improving quality and people's experience of services.** Improving the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups are all important aspects of the development of IAPT services.

### Main Issues

5. At the Scrutiny Board's previous meeting in June 2018, members were advised of the concerns raised by Leeds Local Medical Committee (LMC) regarding access times and referrals to IAPT services in Leeds. Details of the concerns raised are set out in the Leeds LMC's letter, attached at Appendix 1.
6. At the Scrutiny Board's meeting in June 2018, members were also advised of the review and re-procurement processes being undertaken by NHS Leeds Clinical Commissioning Group (CCG), associated with IAPT service in Leeds.
7. The Scrutiny Board requested further details regarding IAPT services in Leeds and the proposed review and re-procurement processes. Further details in this regard are attached at Appendix 2.
8. Appropriate representatives from NHS Leeds CCG have been invited to attend the meeting to discuss the information appended to this report; and address any questions from the Scrutiny Board.

### Recommendations

9. The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the information provided and determine any further scrutiny actions and/or activity.

### Background documents<sup>1</sup>

5. None used.

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.