

Improving Access to Psychological Therapies

Health Scrutiny Committee

February 2009

Foreword and Acknowledgements



I am very pleased to introduce this report of the Health Scrutiny Committee. This review has been undertaken over five meetings between August 2008 and January 2009 and also involved members of the Adults and Communities Scrutiny Committee. During the course of the review the Committee examined a number of areas in relation to the provision of psychological therapies in Stockport.

The Committee has heard a wide range of evidence from a number of stakeholders involved in the provision of psychological therapies. This included the statutory health bodies in Stockport and voluntary sector organisations. In addition the review has benefited greatly from the input of service user and carer representatives who have played a full part in the review.

One in six people in England experience depression and anxiety at some point in their lives. Psychological therapies have been shown to be effective in treating some of these people but services have not been widely accessible. The committee has made a number of constructive recommendations based around the Positive Practice key service principles of the right number of patients seen, right services, right time, and right results. They are intended to complement the work already being undertaken by various bodies to improve the provision of psychological therapy services in Stockport.

Stockport Primary Care Trust (PCT) has been very open and supportive throughout the review and the Committee were pleased to support their bid for funding from wave two of the national Improving Access to Psychological Therapies (IAPT) programme. A successful bid could have contributed to a step change in how psychological therapy services were delivered in Stockport. Disappointingly, at the end of this review we learned that the bid had been unsuccessful. Whilst the timing of this review did not allow detailed examination of the reasons for the unsuccessful bid it appears that, in part at least, current resource levels were insufficient to support the proposed IAPT service. I am sure that the PCT, with its partners, will take account of any lessons learned for future bids.

I would like to thank the other Committee Members, officers, health professionals and voluntary sector providers who assisted in the review and whose expert knowledge was invaluable. I would also like to give particular thanks to the service user and carer representatives who played a full part in this review and helped the Committee to reach its findings.

Cllr Hazel Lees
Health Scrutiny Committee

Review Panel

The research for this review was carried out by a panel of five Councillors from the Health Scrutiny Committee plus one Councillor from the Adults and Communities Scrutiny Committee.

Health Scrutiny Committee



Cllr Hazel Lees (Chair)



Cllr Walter Brett



Cllr Chris Gordon



Cllr Bryan Leck



Cllr Tom McGee

Adults and Communities Scrutiny Committee



Cllr Wendy Meikle

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1. Executive Summary

- 1.1 This topic was selected by the Health Scrutiny Committee at its meeting on 3 June 2008. This meeting was attended by Members of the Health Scrutiny Committee along with representatives of Stockport Primary Care Trust (PCT), Stockport Foundation Trust and the Council's Executive. The rationale for topic selection was reinforced by Stockport PCT's identification of mental health as a 'focus' area for stretch and improvement in its 2008-9 Strategic Intent and Operational Plan. This includes a specific commitment to developing and investing in psychological therapies.
- 1.2 The Committee recognised that a review of psychological therapies in Stockport could encompass a multitude of issues. However, because of the time limitations of the review it was decided to structure the review around the 4 positive practice key service principles:
- right number of patients seen;
 - right services (including right choice of counsellor/therapy);
 - right time; and
 - right results.
- 1.3 In a short timescale the Committee has reviewed:
- current provision of psychological therapies in Stockport;
 - waiting list and waiting times;
 - examples of the type of service available;
 - issues affecting voluntary sector provision;
 - identification of people experiencing mental health issues; and
 - plans for the future.
- 1.4 As a result of this work the Committee makes the following recommendations intended to complement the work already being undertaken by the various bodies involved in the provision of psychological therapy services:-

Recommendation 1

That Stockport PCT and the Council Executive work together to formulate an approach to disseminating information and education about mental health and promoting mental well-being to the people of Stockport through existing public service avenues (e.g. schools, libraries, health centres etc)

Recommendation 2

That Stockport PCT develop a programme of education for non-mental health practitioners to enable them to identify people who might be experiencing mental health issues and to direct them to services accordingly.

Recommendation 3

That Stockport PCT formally recognise the contribution made by the voluntary sector in delivering psychological therapies, and analyses the potential cost to the statutory sector of the loss or reduction of this provision

Recommendation 4

That Stockport PCT take note of the 'Developing the Capacity of the Third Sector' scrutiny review, with particular reference to recommendation 2 of that review, namely that:

'The Executive Member (Communities) takes steps to:

Support third sector innovation in service delivery by:-

Building on the existing joint working arrangements with the PCT in order to explore creative solutions and/or funding processes, particularly relating to prevention and early intervention services.'

Recommendation 5

That the PCT continues to focus on mental health as an improvement priority and gives full account to this status when making resource allocation decisions.

Recommendation 6

That the PCT continues to actively monitor and manage waiting lists in the future with particular focus on pressures resulting from improved services.

Recommendation 7

That the PCT ensures that appropriate information is provided to referrers to enable them to make informed decisions about when it is appropriate to refer to psychological therapy services.

Recommendation 8

That the PCT analyse and reflect on the reasons for the unsuccessful IAPT bid and takes account of lessons learned when preparing future bids.

Recommendation 9

That the PCT should ensure that it has a robust framework in place for collection of outcomes and satisfaction data across all its primary and secondary care psychological therapy services, including those non-statutory provider organisations.

Recommendation 10

That the PCT ensures outcome measure requirements are clear, and provides additional guidance where appropriate, so that potential future service providers are not unnecessarily excluded from commissioning processes.

2. The Review

Introduction

- 2.1 This topic was selected by the Health Scrutiny Committee at its meeting on 3 June 2008. This meeting was attended by Members of the Health Scrutiny Committee along with representatives of Stockport Primary Care Trust (PCT), Stockport Foundation Trust and Council's Executive.
- 2.2 The issue of access to psychological therapy services in Stockport was raised by various stakeholders at the Health Scrutiny Committee's information gathering enquiry into mental health services for adults on 19 February 2008. At this meeting there was a consensus among stakeholders that improving access to psychological therapies should be a priority in terms of the future mental health services in Stockport.
- 2.3 The rationale for topic selection was reinforced by Stockport PCT's identification of mental health as a 'focus' area for stretch and improvement in its 2008-9 Strategic Intent and Operational Plan. This includes a specific commitment to developing and investing in psychological therapies.

Terms of Reference

- 2.2 The terms of reference for this review were :-

to consider effective ways of developing and improving access to local psychological therapy services to meet the 'Positive Practice' key service principles (see below) .

- 2.3 The objectives of this review were to :-

- establish the national context for the review and build up a picture of current provision of psychological therapy services in Stockport;
- gather evidence from commissioners, providers, services users and carers about what they see as the key issues for current provision of psychological therapy service and what future priorities should be in terms of meeting the Positive Practice key service principles;
- establish benchmarking data for other North West areas;
- focus on specific areas of service development to identify potential solutions in terms of meeting the Positive Practice key service principles; and
- conclude on what is needed to develop and improve access to psychological therapy services for the future in Stockport.

- 2.4 In the scrutiny process the committee planned to consider an appropriate and feasible range of topics structured around the Positive Practice key service principles. They are including:-

- right number of patients seen;
- right services (including right choice of counsellor/therapy);
- right time; and
- right results.

2.5 The committee then put forward recommendations to :-

- help reduce the stigma associated with mental health issues;
- recognise the contribution made by the voluntary sector; and
- complement the work already underway to improve psychological therapy services.

Methodology

2.7 The Committee established a Scrutiny Review Panel to undertake the review comprising;

Health Scrutiny Committee Members

Cllr Hazel Lees (Chair)

Cllr Walter Brett

Cllr Chris Gordon

Cllr Bryan Leck

Cllr Tom McGee

Adults and Communities Scrutiny Committee Members

Cllr Wendy Meikle

This report is the final report of the Committee and is based on the Panel's findings.

2.8 During the course of the review the Committee met five times between August 2008 and January 2009. In addition to the Committee members listed above the review benefited greatly from input from statutory service providers and commissioners, voluntary sector representatives, health professionals and service user and carer representatives. The review followed the timetable detailed below:

Meeting One (2 August 2008)

The committee:-

- agreed terms of reference and an outline project plan; and
- engaged in scene setting including an introduction to both the national and local context in relation to psychological therapies.

Meeting Two (18 September 2008)

The committee:-

- received a demonstration of computerised cognitive behavioural therapy; and
- examined more detailed baseline information provided by Stockport PCT.

Meeting Three (10 November 2008)

The committee received information and examined:-

- voluntary sector service provision; and
- service provision commissioned from Pennine Care.

Meeting Four (9 December 2008) – Draft Final Report

The committee:-

- discussed Stockport PCT's bid for funding from the national Improving Access

- to Psychological Therapies programme; and
- discussed outline findings and recommendations for the report.

Meeting Five – Draft Final Report

The committee reconvened to conclude and formulate recommendations for the final draft review report.

3. Background and Context

- 3.1 Nationally, Improving Access to Psychological Therapies (IAPT) is one of the Department of Health's key mental health programmes and was included in the Government White Paper 'Our health, our care, our say'.¹ It also forms an integral part of the Department for Health and Department for Work and Pensions' Health Work and Wellbeing initiative. The Government commitment to IAPT is demonstrated by increased investment, rising to £173million over three years for psychological therapies aiming to change services for people experiencing depression and anxiety.
- 3.2 One in six people in England experience depression and anxiety at some point in their lives. Psychological therapies have been shown to be effective in treating some of these people but services have not been widely accessible. As Richard Layard points out in his 2005 paper, *'patients' biggest complaint of the service is the lack of psychological therapy, and partly for this reason there is more discontent about mental health services than almost any other aspect of the NHS'*.²
- 3.3 Strupp's (1978) well known definition describes psychotherapy as *'an interpersonal process designed to bring about modifications of feelings, cognitions attitudes and behaviour which have proved troublesome to the person seeking help from a trained professional'*.³ The IAPT programme describes psychological therapies as *'treatment for the mass of people who [experience] depression and anxiety disorders ... (and particularly) giving greater access to, and choice of, talking therapies to those who would benefit from them'*.⁴
- 3.4 Depression and anxiety disorders are examples of the most common mental health problems supported by these treatments; however, psychological therapies are used to treat a much broader range of mental health problems including, but not limited to, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). There is also some evidence that psychological therapies can help individuals with borderline personality disorders (BPD).

The Stepped Care Model

- 3.5 It is widely accepted that treatment of people experiencing depression or anxiety should be appropriate to the characteristics of their experience and their circumstances. This is articulated in the 'stepped care model' which promotes the following principle that patients should start with the least intensive intervention for an assessed need, and where they are not responsive they can step up to a more intensive intervention or vice versa. The stepped care model can be

¹ Department of Health (2006), Our health, our care, our say. London: The Stationery Office.

² Layard, R (2005), Mental Health: Britain's Biggest Social Problem?

³ Strupp, H.H. (1978), Psychotherapy Research and Practice – An Overview, in Bergin A.E. & Garlin S.L. (eds) Handbook of psychotherapy and behaviour change 2nd edition. New York: Wiley.

⁴ Department of Health (2007), Commissioning a Brighter Future: Improving Access to Psychological Therapies Positive Practice Guide

summarised as follows, as set out in NICE Guidance for Depression⁵:

Step 1 – ‘watchful waiting’ – Recognition

Prescribe/advise/encourage patient resourcefulness, e.g. activity, exercise, mood diary, sleep, ways to improve overall wellbeing.

Signposting to statutory and non-statutory organisations relevant to patient presentation.

Patient may improve without further intervention.

Further assessment.

Step 2 – ‘Treatment for mild disorders’

Patient amenable to intervention.

Exercise on prescription.

Sleep and anxiety management.

Guided self help

Psycho-education.

Brief interventions.

Signposting.

Computerised Cognitive Behavioural Therapy

Step 3 – ‘Treatment for Moderate disorders

Patient amenable to engage in therapeutic process.

Counselling.

Cognitive behavioural therapy.

Other psychological therapies, EMDR

Anti-depressants.

Step 4 – ‘secondary care mental health specialists’ – psychotherapy/ psychiatry

Treatment resistant and recurrent.

Chronic/long term presentation.

Psychosis.

Significant risk factors.

Step 5 – ‘inpatient treatment’ – specialist and crisis teams

Treatment resistant and recurrent.

Chronic/long term presentation.

Psychosis.

Significant risk to life and severe self-neglect.

⁵ National Institute for Health and Clinical Excellence (2007), Depression: Management of depression in primary and secondary care.

4. Findings

4.1 The Committee's findings below are structured around the Positive Practice key service principles:

- right number of patients seen;
- right services;
- right time; and
- right results.

Although the principles have been used to give structure to the report, it is worth noting that the findings and recommendations may cut across a number of the principles.

Right number of patients seen

4.2 This principle is about understanding the level of need across the community and maximising services to meet those needs.⁶ The Committee sought to establish the extent to which the current levels of service demand were understood, the gaps between current service provision and predicted unmet demand, and the issues faced in ensuring that people experiencing anxiety or depression feel able to seek help and support.

4.3 Work undertaken as part of the Stockport Joint Strategic Needs Assessment (JSNA) predicted (based on national estimates) that 54,900 adults in Stockport experience mental health issues and 36,000 present to services. Mild anxiety and depression are the most common forms of mental ill-health with national estimates suggesting that 10% of the adult population experience depression at any one time. Local evidence shows that in 2006-7, 23,000 people of all ages were diagnosed with depression at Stockport GP practices, equating to 9.8% of the population.⁷

4.4 The National Institute for Clinical Excellence (NICE) guidance for depression suggests that of 130 cases of depression per 1,000 of the population, only 80 will consult their GP, and of those who do only 31 (39%) are recognised as depression by their GP. Local information presented in the JSNA (see paragraph 4.3) demonstrates that Stockport GPs are effective at identifying depression (9.8% identification against 10% estimated need).

4.5 There are a number of ways that GPs in Stockport are encouraged to assess whether people who present to them are experiencing depression or anxiety disorders. The Quality and Outcomes Framework (the means by which GP practices receive additional payments through the achievement of 'points') includes incentives for GPs to assess patients for depression and anxiety disorders. One of the tools available for GPs to do this is the Patient Health

⁶ Department of Health (2007), Commissioning a Brighter Future: Improving Access to Psychological Therapies Positive Practice Guide

⁷ Figures taken from Stockport PCT IAPT bid submission

Questionnaire 9 (PHQ 9). PHQ 9 allows GPs to score against 9 questions such as whether people have 'little interest or pleasure in doing things', 'poor appetite or overeating', and 'feeling down, depressed or hopeless' (see appendix 4). This tool helps GPs to assess the presence of depression and the depression severity.

- 4.6 It is apparent to the Committee that initial assessment and diagnosis is critical to ensure that people are referred into the appropriate service. Whilst the committee has seen that identification by GPs in Stockport is generally effective, there still remains the issue of reaching those people who may be in need of support but, for one reason or another, do not seek to access the services available. There is somewhat of a stigma attached to mental health issues which can discourage people from seeking help when they may need it. There does seem to be a greater reluctance from people experiencing mental health issues to seek help when compared with those seeking help for physical health issues. It is the Committee's view that efforts to address the stigma attached to mental health issues are crucial to encourage people seek help when they experience mental health issues. The PCT and Council have a number of avenues available to them through which information and education about mental health can be disseminated to the people of Stockport to try to get the messages across; for instance through schools, libraries, leisure centres, health centres and other public services and buildings.
- 4.7 It is also the case that people experiencing mental health issues which have not necessarily been identified, may be accessing other services, for instance services relating to physical health or social care. This is another avenue through which people experiencing mental health issues can be identified and signposted towards appropriate services. For this to work effectively there needs to be sufficient education for non-mental health practitioners to enable them to recognise where people might be experiencing mental health issues and to direct them accordingly.

Recommendation 1

That Stockport PCT and the Council Executive work together to formulate an approach to disseminating information and education about mental health and promoting mental well-being to the people of Stockport through existing public service avenues (e.g. schools, libraries, health centres etc)

Recommendation 2

That Stockport PCT develop a programme of education for non-mental health practitioners to enable them to identify people who might be experiencing mental health issues and to direct them to services accordingly.

Right services

- 4.8 This principle is about ensuring that services provide the most effective psychological interventions available that are appropriate to meet the needs of the local population. The idea is to provide patients with the most cost effective and appropriate treatment/intervention, in the least invasive manner, as close to

home as possible.⁸

- 4.9 The stepped care model (see page 12) advocates different types and intensity of treatment at each of the 'steps'. The principle is that people are initially treated at the lowest appropriate 'step', but that people can be easily 'stepped-up' or 'stepped-down' where need arises. The Committee has focussed on the services delivered in Stockport at steps 2 to 4. . The services commissioned by Stockport PCT at steps 2 to 4 are summarised in the tables below.

⁸ Department of Health (2007), Commissioning a Brighter Future: Improving Access to Psychological Therapies Positive Practice Guide

Step	Intervention	Service provision	Staffing Establishment	Capacity
Step 2 : Low Intensity	Pure self help (books on prescription)	Bibliotherapy across all 15 libraries in Stockport	n/a	Open access for Stockport population, in 2007/08 12,000 issues
	guided self help	Self help books available at GP practices	GP practice nurses	Available for Stockport population
	exercise on prescription	Exercise on prescription	n/a	Minimum of 1840 consultations per year
	Computerised Cognitive Behavioural Therapy (cCBT)	Self Help Services providing cCBT	1.0 WTE cCBT Co-ordinator	400 treatments per year
	psycho-educational groups	Stockport Mind - Staff facilitated groups	Stockport Mind make use of volunteer counsellors to facilitate a range of groups	Information not available at present time.
	other therapies	Pennine Care Primary Care Counselling and Psychological Therapy Services Beacon Counselling	6.0 Whole Time Equivalent (WTE) Graduate Primary Care Mental Health Workers	204 clients per worker per year
Total WTE/ Capacity			Approx 5.8 WTE	12,000 issues
				3260 clients

Step	Intervention	Service provision	Staffing Establishment	Capacity
Step 3: High Intensity	Cognitive Behavioural Therapy (CBT), couples therapy, Counselling	Pennine Care Primary Care Counselling	6.0 WTE counsellors	138 clients per worker per year
		Cognitive Behavioural Therapy	2.8 WTE CBT Therapist	92 clients per worker per year
		Beacon Counselling	Make use of volunteer counsellors	2,300 counselling hours, approximately 400 clients seen per year
Total WTE/ Capacity			8.8 WTE	1486 clients

Step	Intervention	Service provision	Staffing Establishment	Capacity
Step 4: Those requiring specialist mental health services	CBT, Psychotherapy and other psychological interventions, combined treatment interventions	Pennine Care Secondary Care Psychological Therapy Services	0.5 WTE Team Manager 3.0 WTE CBT Therapist 1.0 WTE Counsellor 1.0 Assistant practitioner providing CBT 0.9 WTE psychotherapist	CBT Therapist – 58 clients per worker per year Psychotherapist – 24 clients per worker per year
Total WTE			6.9 WTE	312 clients

- 4.10 As the positive practice guidelines suggest, commissioning of services should take account of both the cost effectiveness and the appropriateness of treatments. Stockport PCT commissions services with regard to guidance from the National Institute for Clinical Excellence (NICE) and ensures that the services commissioned are evidence based. The PCT also commissioned a piece of study to identify the most appropriate means of delivering psychological interventions to people experiencing mental health problems ranging from mild/common through to severe/complex. Reference to this document is also made when commissioning services.
- 4.11 Another relevant consideration is the provision of choice to service users. Different types of therapy may be appropriate to different service users and therefore a choice of services is important. However, this must be set in the context of the reality of what can be provided. There are a number of different therapies that could be commissioned by the PCT but, as noted in paragraph 4.10, the PCT must, and does, use its finite resources to commission services with regard to evidence and NICE guidance.
- 4.12 During the course of the review the Committee took the opportunity to examine some of the services commissioned by the PCT. The Committee saw examples of the self-help guides available to members of the public through all of Stockport's 15 libraries and available on request from the PCT's Health Promotion Department. The guides cover topics such as 'Coping with Panic' and 'Shyness and Social Anxiety' and give advice and techniques for coping with the issues that they may be experiencing. For some people, self-help guides such as these may be the only intervention required to help them with the issues they are experiencing, however they also direct people to their GP if they feel that they may need further help.
- 4.13 The Committee also received a demonstration of computerised Cognitive Behavioural Therapy (cCBT). Stockport PCT has commissioned 400 treatments per year from Self Help Services to deliver cCBT in Stockport. Each treatment consists of a course of 8 sessions lasting approximately 8 weeks. There are a variety of referral routes into the service, including self-referral and services are available in different locations across the borough. The treatment is approved by NICE for the management of mild to moderate depression. The service allows users to access CBT via a computer programme rather than using face-to-face therapy. Whilst this approach may not be suitable to all, the Committee heard that some people experiencing mental health issues may prefer to receive services in this way rather than conventional CBT. Service users are able to work through the cCBT package on their own and may need little or no assistance. However, support workers are available to service users should the need arise. The support workers are not therapists, but often people who have themselves experienced mental health needs and are experts by experience. The support workers receive regular supervision from Self Help Services.
- 4.14 As well as receiving information on the services commissioned by Stockport PCT, the Committee was also keen to examine the extent to which people were receiving services from other sectors. It is clear that the extent of the alternative services available is hard to quantify. There are many voluntary sector organisations that do provide vital help to people who may be experiencing mental

health issues; these include (but are not limited to) Stockport Mind, Stockport Women's Centre, the Samaritans, and other groups providing counselling. To get a better understanding of the particular issues faced by the voluntary sector, the Committee invited Stockport Women's Centre to talk about its services and issues.

Case Study – Stockport Women’s Centre

The Stockport Women’s Centre was established in 2001 to help improve the quality of women’s lives. The centre is open to all women but focuses on those who are more disadvantaged.

Part of its core services is the provision of counselling and psychotherapy; a high proportion of the users of these services have experienced, or are experiencing, domestic abuse. Access to these services is available through self-referral but they also receive referrals from statutory agencies and other voluntary agencies.

From 7 January 2008 to 5 November 2008, 250 clients have been allocated a counsellor or psychotherapist, 142 have completed a course of therapy and (as at 10 November 2008) 108 are currently receiving therapy.

Sustainability is the main issue facing the Stockport Women’s Centre. The Centre is currently benefiting from a three year grant from the Big Lottery Fund; however, the Centre has to plan for when this funding runs out. The Centre has an ongoing submission of bids for funding from various sources; however, many grants are awarded for specific initiatives but don’t allow for the overhead/infrastructure costs incurred (such as buildings and utilities). It is the instability of funding inherent in the voluntary sector which presents the biggest risk to the survival of the centre.

- 4.15 It is clear to the Committee that voluntary sector provision does provide an important part of the overall provision of psychological therapies within the borough. Although hard to quantify, if this voluntary sector provision was not available the demand currently being met by the sector would fall on the statutory sector with resultant cost and service impact. The scope of this review has not allowed a detailed examination regarding the issues faced by the voluntary sector in general in terms of accessing funding from statutory bodies. However, the Adults and Communities Scrutiny Committee has recently completed a review entitled ‘Developing the Capacity of the Third Sector’ and this Committee would support the recommendations of that review.

Recommendation 3

That Stockport PCT formally recognise the contribution made by the voluntary sector in delivering psychological therapies, and analyses the potential cost to the statutory sector of the loss or reduction of this provision

Recommendation 4

That Stockport PCT take note of the ‘Developing the Capacity of the Third Sector’ scrutiny review, with particular reference to recommendation 2 of that review, namely that:

‘The Executive Member (Communities) takes steps to:

Support third sector innovation in service delivery by:-

Building on the existing joint working arrangements with the PCT in order to explore creative solutions and/or funding processes, particularly relating to prevention and early intervention services.’

Right time

- 4.16 This principle is about ensuring people have prompt access to the services they need to ensure that their problems are quickly resolved. Resolving problems quickly can reduce the social impact on the individuals who, if left untreated, might continue to experience problems over many years. Best practice sites are working towards achieving a maximum waiting time of 10 working days from referral to treatment for people with mild to moderate conditions.
- 4.17 The waiting time figures provided by Stockport PCT show that, although waiting times have improved, they are still well above level advocated as best practice. The number of referrals to the Primary Care Counselling and Psychotherapy Service is approximately 220 per month. Current staffing levels are able to meet the demand but there are waiting list across interventions.

Waiting times – September 2007

Intervention	Numbers waiting	Longest wait	Average wait
Counselling	678	Not available	41 weeks
Graduate Mental Health Workers	220	Not available	31 weeks
CBT Therapist	357	Not available	Over 104 weeks

Waiting times – September 2008

Intervention	Numbers waiting	Longest wait	Average wait
Counselling	219	45 weeks	18 weeks
Graduate Mental Health Workers	238	36 weeks	18 weeks
CBT Therapist	269	26 months	73 weeks

- 4.18 Information provided by Pennine Care Trust also suggests that waiting times are long in secondary care and that these are showing a slower improvement than in primary care services.
- 4.19 Although waiting times are long, the waiting lists are regularly re-assessed. The lists are actively managed and contact is maintained with people on those lists to ensure that the service they are waiting for is still appropriate to them, and to assess whether they need to be 'stepped-up' or 'stepped-down' to a different level of services. However, anecdotal evidence suggests that some GPs do not refer patients into services at all because of the long waiting times.
- 4.20 The PCT is committed to improving the capacity and provisions of the service so that (among other things) waiting times can be reduced. The PCT has recently submitted a bid for funding from the second wave of the national IAPT programme to improve access to services. This Committee has been pleased to support that bid. The PCT bid requires it to demonstrate 'organisational readiness' across a number of areas. The PCT's bid aims to use the additional funding to increase the

number of people receiving psychological therapies through increased workforce.

- 4.21 Although the IAPT bid focuses on improvements to primary care services, this is not at the expense of secondary care services. In its strategic plan 2008-9 to 2013/14 the PCT has identified mental health as an improvement priority and identified the need for extensive additional capacity for psychotherapy services. The Committee welcomes this focus on mental health and asks the PCT to give full account to this status when making resource allocation decisions. However, it must be recognised that all improvements needed in both primary and secondary care services cannot be achieved at once. Improving access to psychological therapies across the board needs a phased approach; the further development of primary care services will lead to learning that can be built upon and extended into secondary care services.
- 4.22 The PCT also needs to ensure that, as services improve and waiting times decrease, it continues to play close attention to waiting times in both primary and secondary care services. Improved services and waiting times will inevitably lead to increased demand of referrals as referrers feel more confident about referring into the services. This could put additional pressure on waiting times and action may be required to address this.
- 4.23 Another issue that can put additional strain on waiting lists (in all health areas) is inappropriate referrals. It is vital that the PCT ensures that its referrers (predominantly GPs) understand where psychological therapies are appropriate. Psychological therapies are not a panacea for all mental health issues, and may not be appropriate to all people experiencing mental health issues. It is the responsibility of the referrer to ensure that appropriate referrals have been made. To assist GPs they should be provided with information, in an easy to read and disperse form, about when it is appropriate to refer people into these services, and what the alternatives are (e.g. in some instances watchful waiting or self-help may be the appropriate action to take).

Recommendation 5

That the PCT continues to focus on mental health as an improvement priority and gives full account to this status when making resource allocation decisions.

Recommendation 6

That the PCT continues to actively monitor and manage waiting lists in the future with particular focus on pressures resulting from improved services.

Recommendation 7

That the PCT ensures that appropriate information is provided to referrers to enable them to make informed decisions about when it is appropriate to refer to psychological therapy services.

IAPT Bid

- 4.24 As this review was nearing completion the PCT was informed that it had been unsuccessful in its bid for funding from the second wave of the national IAPT programme (see paragraphs 4.20-4.12 and 4.26 below). This was a disappointing outcome for the PCT and the Committee would like to echo that disappointment and reiterate its support for future bids. The timescales for this review mean it is too early to comment on the reasons that the bid did not succeed. However, the Committee is keen that the PCT properly reflects and learns from the bid in preparation for future bids.

Recommendation 8

That the PCT analyse and reflect on the reasons for the unsuccessful IAPT bid and takes account of lessons learned when preparing future bids.

Right results

- 4.25 This principle sets out that positive practice sites should be able to demonstrate that they are improving the health and wellbeing of the people they treat.
- 4.26 As discussed earlier in the report, commissioning by the PCT is based on NICE guidance and other evidence based information. The PCT recognises that high quality commissioning needs to be based on evidence and outcome based information. The PCT plans to further develop the collection of outcome information as part of the IAPT bid. The new IAPT service will collect outcome measures at the initial assessment, and at the start of an intervention if there is a waiting period. In addition the new service will collect outcome measures at every session. One of the key outcomes of the IAPT programme is to have an impact on incapacity benefit claims as more people with experience of mental health issues feel able to return to the workforce. Although this review has not been able to focus in detail on this aspect, the Committee strongly agree that assisting people back into work is a key outcome for Stockport not only for the impact on incapacity benefit, but for the positive impact that work can have on those individuals.
- 4.27 Pennine Care Trust also collect information through their patient experience questionnaire. This asks service users, post-treatment, about their experience of using the service, satisfaction with treatment, information received etc. Regular collection of this information can give valuable evidence on which to base plans for service improvement and give an essential insight into user experiences of the service.
- 4.28 As the PCT relies on evidence and outcome information when making commissioning decisions, it is important that these requirements do not become a barrier to voluntary sector bids to provide services. Voluntary sector organisations currently commissioned by the PCT (such as Self Help Services) do meet with the PCT's information requirements; however, other voluntary organisations not currently commissioned may require assistance or guidance in collecting outcome data so that they are not unnecessarily excluded from bidding to provide services in the future.

Recommendation 9

That the PCT should ensure that it has a robust framework in place for collection of outcomes and satisfaction data across all its primary and secondary care psychological therapy services, including those non-statutory provider organisations.

Recommendation 10

That the PCT ensures outcome measure requirements are clear, and provides additional guidance where appropriate, so that potential future service providers are not unnecessarily exclude from commissioning processes.

Appendices

Appendix One – Committee Membership

Scrutiny Committee Membership

Health Scrutiny Committee

Cllr Tom McGee (Chair)

Cllr Hazel Lees (Vice Chair)

Cllr Walter Brett

Cllr Christine Corris

Cllr Chris Gordon

Cllr Sylvia Humphreys

Cllr Bryan Leck

Cllr June Somekh

Cllr Maureen Walsh

Adults and Communities Scrutiny Committee

Cllr Chris Blackburn (Chair)

Cllr Susan Ingham (Vice Chair)

Cllr Owen Breen

Cllr Colin Foster

Cllr Linda Holt

Cllr Les Jones

Cllr Hazel Lees

Cllr Wendy Meikle

Cllr June Somekh

Scrutiny Panel Membership

Cllr Hazel Lees (Chair)

Cllr Walter Brett

Cllr Chris Gordon

Cllr Bryan Leck

Cllr Tom McGee

Cllr Wendy Meikle

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Dr Najabat Hussain - GP Mental Health Lead

Nicky Lidbetter - Chief Officer, Self Help Services

Claire McGuire - Clinical Lead, Psychological Therapies, Pennine Care Trust

Pat Megram - Stockport Women's Centre

Caroline Nuttall - Deputy Chief Officer, Self Help Services

Lily Redman - Service User Representative

Pauline Roberts - Carer Representative

Geraldine Shoard - Service User Representative

Judith Smith - Treasurer, Stockport Women's Centre

Katy Spencer - Scrutiny Review Project Officer, Stockport MBC

Barbara Swann - Chair, Stockport Women's Centre

Jonathan Vali - Principal Democratic Services Officer, Stockport MBC

Stephen Watkins - Director of Public Health, Stockport PCT

Richard Wickison - Stockport MIND

Steve Worthington - Principal Democratic Services Officer, Stockport MBC

Appendix Two - Bibliography

Department of Health (2007), Commissioning a Brighter Future: Improving Access to Psychological Therapies Positive Practice Guide.

Department of Health (2006), Our health, our care, our say. London: The Stationery Office.

Layard, R (2005), Mental Health: Britain's Biggest Social Problem?

National Institute for Health and Clinical Excellence (2007), Depression: Management of depression in primary and secondary care.

Strupp, H.H. (1978), Psychotherapy Research and Practice – An Overview, in Bergin A.E. & Garlin S.L. (eds) Handbook of psychotherapy and behaviour change 2nd edition. New York: Wiley.

Appendix Three - Glossary

Cognitive Behavioural Therapy (CBT)	Cognitive behavioural therapy or CBT involves working with people to help them change their emotions, thoughts and behaviours.
Counselling	Counselling is a talking therapy that deals with events in a person's life. It can last several weeks or longer, depending on the individual's needs and response to the therapy.
Psychological therapy	Treatment for mental distress focusing on talking and behavioural methods rather than prescription of medicines.
Talking therapies/treatments	Talking treatments describe a number of therapies available, including counselling, cognitive behavioural therapy, psychotherapy and self help.
Stockport Primary Care Trust (PCT)	Works with the local community and health partners, for example, doctors, dentists, opticians and pharmacists, hospitals and social services, to deliver health services that are responsive to the needs of local people.
Pennine Care NHS Foundation Trust	Provides mental health and specialist substance misuse services to a population of almost 1.2 million people throughout the Boroughs of Bury, Rochdale, Oldham, Stockport and Tameside & Glossop.

Appendix Four – Patient Health Questionnaire 9

The Patient Health Questionnaire 9 asks:

Over the last 2 weeks, how often have you been bothered by any of the following problems:

Little interest or pleasure in doing things?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Feeling down, depressed, or hopeless?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Trouble falling or staying asleep, or sleeping too much?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Feeling tired or having little energy?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Poor appetite or overeating?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Trouble concentrating on things, such as reading the newspaper or watching television?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
Thoughts that you would be better off dead, or of hurting yourself in some way?	Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)

The total score gives an indication of the severity of depression.