

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

7 July 2014

**PRESENT** – Councillor Newall (in the Chair); Councillors Crichlow, Donoghue, Macnab, S Richmond, and J Taylor. (8)

**APOLOGIES** – Councillors Nutt, Regan, EA Richmond and H Scott. (2)

**ALSO IN ATTENDANCE** ( )

**OFFICERS IN ATTENDANCE** – Karen Graves, Democratic Officer.

**EXTERNAL REPRESENTATIVES** – Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group (CCG); Sharon Pickering, Director of Planning and Performance (TEWV), and Dean Cuthbert, Commissioning Manager Commissioning Manager (Mental Health), North of England Commissioning Support (NECS).

**HP12. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP13. TALKING THERAPIES PROCUREMENT** – The County Durham and Darlington Clinical Commissioning Groups submitted a report and Action Plan (previously circulated) requesting Committee's views on the procurement of Talking Therapies in order to improve the delivery of Mental Health Primary Care Talking Therapies as a key commissioning intention.

The report outlined the reasons for changing the model which included onward referral to the most appropriate service may be missed and had been identified as a potential clinical risk; 'bounce backs' where individuals had been sent back to GP's following initial referral (which was unacceptable patient experience and placed pressure on local practice staff); minimum dataset, it is not possible to effectively monitor outcomes for individual patients using NHS computer links and data systems and is a national requirement for all talking therapy services; national tariff for mental health, services for each provider are required to be future proofed and paid through implementation of a national NHS tariff for mental health; and service standards, current system has many individual counsellors contracted to deliver talking therapy services, although there are checks and balances for individuals there are still elements of risk.

Scrutiny were advised that an improved system would give CCG's the opportunity to ensure a single access point, more co-ordinated services, improved choice of therapy and therapist, other interventions are available whilst waiting for a particular therapy and other services for local residents can be included such as rapid response suicide prevention.

It was reported that the CCG's have undertaken discussions with member practices and key elements of the new model are to improve and streamline the

referral process, improve access and develop a stepped mode of care to ensure the correct level of care at the right time is received.

Scrutiny was also advised that the services could be delivered in a number of different locations within the area, identified by any potential provider, but with a focus on local delivery.

The current services and independent staff would continue to operate during 2014/15, counsellors had received a 12 months' notice on their service provision and although it was recognised there could be service disruption it was noted that new provider(s) could decide to employ counsellors or sub-contract with service providers.

Engagement is taking place during June to gather views of service users, public, service providers, GP's and other local stakeholders in order to shape the service to meet the needs of the local population and develop talking therapy services as an integral part of the local healthcare system.

The formal procurement process is expected to commence in July and the new service will see patients from 1 April 2015.

Discussion ensued on the need for robust contracts to meet national requirements and provision of a service for people with less severe problems ensuring people stayed at work and therefore helped the economy. It was also stated that this service did not cover under 18 year olds as they were currently classed as children and were under CAHMS although early intervention helped to reduce a reliance on services.

Support available included self or group help, six to seven weeks waiting time for therapy and nine weeks for counselling with assessment time being shortened by four days. The new process ensured treatment started straight away.

A national and local publicity campaign had been undertaken last November resulting in a massive increase in figures which was sustained during December.

**RESOLVED** – That the following response to the Talking Therapies Procurement document be forwarded on behalf of this Scrutiny Committee :-

- (a) Members were pleased to note that the referral process was to be streamlined ensuring a single point of access, improved patient pathways and less waiting time;
- (b) the stepped model of care and the greater flexibility between the different levels was welcomed by Members; and
- (c) assurances are sought that if the proposal is implemented there will not be a diminution of the budget for the services for Darlington.

Members also hoped that other services such as rapid response suicide prevention and anger management could be brought into the integrated pathway.