



This House is confident the NHS  
can now commission  
psychological therapies for  
everyone's needs

Allan Kitt  
Assistant Director, Mental Health, Learning  
Disabilities and Children's Services

## Outline

- Who on earth is this? And where is he from?
- World class commissioning as a driver
- No Health without Mental Health!
- The right place at the right time for IAPT?
- The Illusion of sitting on the fence
- The scale of what we are trying to do
- What is this commissioning stuff anyway and how will we know we are doing it?



## Who on earth is this? And where is he from?

- Large rural County: 6<sup>th</sup> largest PCT 700.00 population
- 10% of wards in 20% most deprived
- Working with National IAPT team since 2004
- First wave extension site aiming for 100% coverage by 2010
- A commissioning PCT with an “arms length” provider arm



## World class commissioning as a driver

- 11 competencies
- Locally lead the NHS
- Collaborate with clinicians to inform strategy, service design and resource utilisation
- Identify and prioritise investment requirements and opportunities
- Deploy procurement skills that ensure providers have appropriate contracts
- Make sound financial investments



## No Health without Mental Health!

- Lord Darzi's review reinforces the need for "psychologicalness" across healthcare
- Lord Layard makes a compelling case: even accountants get excited about IAPT!
- The gap between NICE guidance and treatment available along pathways is clear
- 90% of the work is in primary care
- Practice based commissioners are clear about the usefulness and demand for Psychological therapies
- We have more ministerial "ear" than ever



## The right place and the right time for IAPT?

- The right thing: the evidence is “good enough”: this is public healthcare not an abstract research project!
- The right place: treatment in the community is accepted by all
- The right time: strategically government and public are ready
- The right people: more experienced and knowledgeable commissioners than ever, we know more about prevalence and need than ever
- Getting it right first time: the evidence of making large scale change from pilots and pathfinders is compelling



## The illusion of sitting on the fence

- Commissioners see the field as polarised: for change or against it
- The historic status quo is seen as reinforcing inequalities
- Competition and a market is developing, there is little appetite to work with “heel draggers”
- Commissioners will inevitably polarise the field further



## The context and the scale of what we are trying to do

- Industrial scale:  
Industrial methods
- Meeting the needs of 90% rather than 10%
- Toyota versus TVR (other cars are available!)
- Productivity, efficiency and value for money



## What is this commissioning stuff anyway and how will we know we are doing it?

- Planning: *where are we now, where do we want to be and how can we get there?*
- Procurement: *getting services at the right price at the right quality*
- Performance management: *are we getting what we pay for, and is it getting the results we expect*
- Partnership development: *are we involving those delivering and using services, and is our relationship with providers more than just a financial transaction?*





## In conclusion

- The IAPT programme means we are commissioning these services: it's actions fulfil all of the 4Ps of Commissioning
- If we get it right for the 90% it will have a huge impact
- Industrial scale action to get industrial scale results
- We are ready and we are doing it!

This changed what we wear in less than 20 years:  
science, technology, industrial methods and the end  
of restrictive trade practices....sound familiar?

