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Healthwatch Worcestershire  
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Dear Simon

**RE: Patient experience of accessing community mental health services for support with low level mental health issues**

Thank you for the opportunity to respond to the recommendations set out in Healthwatch Worcestershire's report regarding community mental health services. I know that you have since taken the time to meet with colleague from the ICB to discuss the findings and recommendations in more detail.

Please find below our responses to each of the 21 recommendations. These have been informed by discussions with Herefordshire and Worcestershire Health and Care NHS Trust, which is the main provider of community mental health services for people in Worcestershire.

**Overall response**

NHS Herefordshire and Worcestershire ICB and Herefordshire and Worcestershire Health and Care NHS Trust, have committed to the following key actions which support the majority of the feedback provided:

1. Improve information and materials available, in accessible formats, through a range of methods and including signposting for those waiting
2. Review VCSE 'Improving Access to Psychological Therapies Alternative' services
3. Complete service specification for Neighbourhood Mental Health Teams
4. Contents of the report to be shared with all relevant providers and commissioners.

**Recommendation 1 - Seek to involve patients in decision making about the choice of services available to them**

The contents of the Healthwatch Worcestershire report have been shared with PCNs by Healthwatch Worcestershire and will be shared again by colleagues in the ICB along with recommendations around local PCN-commissioned VCSE services. Improved materials outlining the services available (see responses to recommendations 12 and 14 below) in

accessible formats will provide resources to support GPs in involving patients in informed decision-making.

### **Recommendation 2 - Demonstrate active listening**

The contents of the HWW report have been shared with PCNs by Healthwatch Worcestershire, and will be shared again by the ICB along with recommendations around local PCN-commissioned VCSE services.

### **Recommendation 3 - Explore the best fit for patients and consider alternative VCSE provision/community offer where appropriate**

See response to recommendation 1.

### **Recommendation 4 - Provide printed information where possible about the service they are referring to**

Printed materials will be standardised and provided to primary care to support referring GPs / clinicians to provide clear written information at the point of referral (see responses to recommendations 12 and 14 below).

### **Recommendation 5 - Work with Primary Care Networks (PCNs) to establish what an appropriate referral for their respective service is**

The PCN-commissioned 'Improving Access to Psychological Therapies Alternative' services were established to help reduce demand on NHS Talking Therapies (formerly Improving Access to Psychological Therapies), while providing PCNs with the flexibility to commission appropriate services for their local population. To minimise the burden on VCSE organisations and PCNs, reported measures for the services were limited to outcomes (measured consistently using WEMWEBS/SWEMWEBS), waiting times, access numbers and protected characteristics data. Specific targets for waiting times were not put in place, however as the funds were for PCNs to commission services that met the needs of their patients, it is expected that waiting times are monitored and any changes made as required. In 2025 feedback was gathered from PCNs, who reported that the flexibility of the funding was valued and that PCNs wished to continue to directly commission services. The ICB has already committed however to a review of all services delivered through the scheme, to assess whether the existing commissioning model is working effectively to deliver consistent outcomes across Herefordshire and Worcestershire. A review of waiting times will form part of this work.

### **Recommendation 6 - Contact patients waiting longer than the required time and provide regular updates on expected waiting times**

#### *NHS Talking Therapies*

Regular communication with patients on waiting lists is a recognised gap currently. In addition, while every effort is made to accurately predict waiting times for patients, waiting lists are sensitive to demand, complexity, and NHSE-directed priority cases. Best efforts are made to predict waiting times as this is considered best practice within guidance, however this inevitably comes with timescale changes, especially with longer waiting lists.

Herefordshire and Worcestershire Health and Care NHS Trust has committed to develop a communication schedule that triggers at 90 days and every 60 days following this for patients experiencing longer than anticipated waits. This system will be in place by April 2026.

#### *Neighbourhood Mental Health Team VCSE Services*

For those patients referred to the Link Worker service as part of Neighbourhood Mental Health Teams, provided by ONSIDE, patients are contacted every 4 weeks until they are able to be seen. For those patients referred to Mind for group-based psychoeducation as part of Neighbourhood Mental Health Teams, patients are contacted within 2 days of referral. Courses run for 12 weeks so patients are given the start date of the next available course.

#### *PCN-commissioned 'Improving Access to Psychological Therapies Alternative' services*

Individual PCNs have been allocated funds, as part of the Mental Health Investment Standard (MHIS), to commission services on a local footprint as best meets the needs of their populations and local provider landscape. Due to the number and varied natures of these services it is not possible to provide current waiting times data or communication practices for each individual service. For these services, the ICB commits to share the Healthwatch Worcestershire report and this response with PCNs, with a clear requirement for PCNs to a) communicate these recommendations with individual providers; and b) confirm communication standards are in place for patients waiting for these services (where applicable).

### **Recommendation 7 - Provide patients with information about self-help techniques whilst waiting**

#### *NHS Talking Therapies*

All assessments should end in an outcome; but also the provision of self-help information, and signposting to any additional services that may be able to offer complimentary support, where appropriate. Additionally, resources are available on the Herefordshire and Worcestershire Health and Care NHS Trust website for additional support, ranging from self-help material, alternative services, and access to computerised cognitive behavioural therapy (SilverCloud). From the feedback provided it appears that the provision of self-help materials and signposting is not occurring with sufficient consistency, nor is there a standardised pack of information that is provided to patients about available materials. Herefordshire and Worcestershire Health and Care NHS Trust has committed to develop a clear and comprehensive information pack to be provided to all patients who have received an assessment that includes how to access all available self-help material, to be in place by April 2026. In addition, further information about local community support and self-help offers will be added and updated on the Herefordshire and Worcestershire Health and Care NHS Trust website.

#### *VCSE Services*

VCSE-delivered services do not operate under the same delivery model as NHS Talking Therapies whereby an initial assessment is followed by a subsequent in-service wait, so

community and self-help resources need to be available universally for those referred to these services. Updates to the Herefordshire and Worcestershire Health and Care NHS Trust website with these resources is therefore expected to cater for these individuals also, and PCNs will be asked to ensure VCSE services are signposting to these resources.

**Recommendation 8 - Provide information about local community services and peer support groups they may wish to contact whilst waiting.**

See response to recommendation 7 above

**Recommendation 9 - Involve all patients in the planning of their care**

NHS Talking Therapies services all administer a standard set of patient experience questionnaires (PEQs) both after assessment and after treatment. Results during this reporting period show that 96.6% of patients reported 'Yes' in response to '*Were you given information about options for choosing a treatment that is appropriate for your problems?*', and 82.6% answered 'Yes' to '*Have you been offered your preference?*' For PEQs during the 12 months following the reporting period, these are 97.2% and 95.3% respectively. Given the high proportion of PEQ respondents, taken at the point of care anonymously within Talking Therapies, the data presented suggests the 50% from Healthwatch may be indicative of an overall view of their choice throughout the care pathway across all services.

Within VCSE Link Worker provision, care planning is fundamental to the delivery model and patient involvement in this is essential to service delivery. Where patient choice in care planning may be less available is where PCN-commissioned services have a single offer or delivery model, as selected by the individual PCN. Involvement in care planning and the impact of this on patients therefore starts earlier in the patient journey, at point of referral from primary care. See responses to recommendations 1 and 3 above.

For recommendation 9 however, Herefordshire and Worcestershire Health and Care NHS Trust commits to increase uptake of PEQs by September 2026, and the ICB commits to review all Improving Access to Psychological Therapies Alternative services in line with these recommendations by October 2026 to inform future commissioning arrangements from April 2027.

**Recommendation 10 - Increase the involvement of Carers in care planning**

*NHS Talking Therapies*

It is rare that Talking Therapies clients request this. However, it is always facilitated where no safeguarding concerns exist, and clinicians may benefit from further guidance to improve this.

It's expected that only a minority of people will involve carers or loved ones in primary-care psychological treatment. Many prefer to work independently because of the private and often sensitive nature of what is discussed; that preference is common in services treating anxiety, depression, trauma, and related difficulties. People are always able to involve others whenever they feel this would help, and clinicians routinely seek consent to speak with anyone a patient wishes to include. What the service does not do is actively bring carers into treatment unless the patient requests it. Because requests are relatively infrequent, clinicians may benefit from clearer guidance and training on how to initiate and

support carer involvement more confidently and constructively when appropriate, without undermining patient autonomy.

Herefordshire and Worcestershire Health and Care NHS Trust commits to develop and deliver guidance and training for clinicians and administrative staff on best practice for involving carers, family, or friends in a person's care when this is their stated preference, ensuring staff feel equipped to facilitate involvement while maintaining patient choice and consent.

#### *VCSE Services*

Carer involvement will be expanded in line with consent, ensuring their role is fully recognised, within the Link Worker provision of the Neighbourhood Mental Health Teams.

For wider VCSE provision this is service-specific. Where PCNs have elected to commission 1:1 counselling or therapies, a similar approach to that within NHS Talking Therapies should be maintained. Where 1:1 support is provided carers should equally be considered within the holistic support. The ICB will write to all PCNs to ensure providers are aware of this requirement.

Where VCSE provision is group-based psychoeducation it may be less relevant to specifically include carers in care planning.

#### **Recommendation 11 - Ensure communication preferences are identified for each patient**

The service does not operate an opt-in model as was suggested in the report. Patients may self-refer, and national guidance requires that multiple booking routes are available, including an online booking option. However, once a referral is accepted and the person is registered, the service functions in line with standard NHS pathways; patients are contacted for assessment and treatment without any additional requirement to opt in.

#### **Recommendation 12 - Ensure information about their service is provided to all patients**

It is acknowledged that there is a gap in the routine provision of written information outlining what will happen after referral and what people should expect from the service. Herefordshire and Worcestershire Health and Care NHS Trust has committed to develop a standard written information pack covering what Talking Therapies offers, what to expect at each stage, and common questions or concerns. This will be shared at referral or registration to improve clarity and reduce avoidable anxiety. Materials developed will be created at an appropriate accessibility level. To be available by April 2026.

#### **Recommendation 13 - Ensure information is provided in an accessible format for each patient.**

Accessibility considerations are embedded in routine practice, and support is provided where literacy or communication needs are identified. See also the response to recommendation 12 above.

**Recommendation 14 - Seek to ensure patients know what to expect from their service by providing written information in an accessible format**

*NHS Talking Therapies*

See the response to recommendations 12 and 13 above.

*VCSE Services*

All VCSE partners within Neighbourhood Mental Health Team provision have leaflets informing them of services they provide, in an accessible format, which can be shared with partners. To increase coverage, Herefordshire and Worcestershire Health and Care NHS Trust have added these leaflets to intranet page so all practitioners can access and share with patients, including accessible formats. For VCSE Improving Access to Psychological Therapies Alternatives, services are commissioned and access gatekept by practices within each PCN. Service information is available on websites of individual providers, however PCNs will be asked to ensure that all providers supply accessible communication materials for all commissioned services, including physical formats within practices.

**Recommendation 15 - Seek to ensure all patients feel valued and respected**

*NHS Talking Therapies*

PEQ data collected by the Talking Therapies service contradicts the findings of this report, suggesting the majority of patients do feel valued and respected (96.1% said “All of the time” to ‘*Did staff listen to you and treat your concerns seriously?*’). Herefordshire and Worcestershire Health and Care NHS Trust has nevertheless committed to improve uptake of PEQ completion.

*VCSE Services*

The findings of this report will be shared with VCSE partners to ensure all providers are aware of the feedback and actions can be taken to improve services in this area. VCSE providers within the Neighbourhood Mental Health Teams currently undertake regular surveys of patients, however results are not routinely shared and do not necessarily contain consistent information/questions. These survey results will be provided as an annual report to monitor patient feedback and progress, including against headings within this report.

**Recommendation 16 - Seek to capture feedback from patients who disengage before their treatment/support is completed**

This is a recognised gap, though is challenging by definition as patients have disengaged and are unlikely to respond. However, Herefordshire and Worcestershire Health and Care NHS Trust has committed to develop and implement a feedback-capturing process for unexpected disengagements.

**Recommendation 17 - Consider how to improve ease of return to Mental Health services in relation to the aims of the Transformation Plan**

*Talking Therapies*

The NHS Talking Therapies service has no barriers to re-referral. Discharge letters include information on how to return to the service via telephone, email, or the online self-referral route. People can self-refer again at any point should they need further support.

#### Neighbourhood Mental Health Teams

Neighbourhood Mental Health Teams (including VCSE provision) should complete return plans with patients. One team is currently piloting a formal process for developing return plans with patients. Herefordshire and Worcestershire Health and Care NHS Trust commits to ensure patients are provided with a return plan, where appropriate, on discharge and to develop a report and plan on improving compliance.

#### **Recommendation 18 - Provide clarity for patients, carers and clinicians and put in place a service specification or a co-produced Service Level Agreement for Adult Community Mental Health services in easily accessible formats**

The ICB is already working with Herefordshire and Worcestershire Health and Care NHS Trust and VCSE colleagues to develop a service specification for Neighbourhood Mental Health Teams across Herefordshire and Worcestershire, following completion of the Community Mental Health Transformation programme. This work is expected to be completed by Q3 2026-27, subject to capacity.

#### **Recommendation 19 - Consider procuring a suitably resourced Wellbeing and Recovery College to incorporate NHS funded low level Mental Health support for patients in Worcestershire**

NHS Herefordshire and Worcestershire previously commissioned a Wellbeing and Recovery College as described, between 2022 and 2024, however it was unable to demonstrate sufficient activity, outcomes or value for money during a two-year pilot period. This included value for money against comparator VCSE provision. While it is recognised that Recovery Colleges have been successful in some areas it is very unlikely that that a Recovery College would be commissioned again, as there are various other priorities for investment within the mental health system currently if sufficient funding were available.

#### **Recommendation 20 - Consider how to maximise the potential of the Social Prescribing service in Worcestershire**

The report suggests that patient experience within NHS Talking Therapies is inferior to that of those patients accessing VCSE provision (p.20), with the resulting recommendation 20 that social prescribing usage should be maximised to divert more patients into VCSE provision and away from NHS Talking Therapies.

PEQ data collected by NHS Talking Therapies however contradicts this position however, and 90% of referrals to the service are assessed within 6 weeks. If an alternative VCSE or community service is more appropriate, they can therefore be signposted then. National data indicates that mental health already accounts for 34% of all social prescribing referrals. Given the above, and existing pressures on social prescribing services, it is not clear that the recommendation to place further demand on social prescribing usage would result in an improved experience for patients.

**Recommendation 21 - Consider the merits of a different pathway for this low level of mental/emotional need that directs patients away from Primary Care in the first instance. It would be assumed that any alternative model of triage has access to GP, Talking Therapies and the Mental Health Crisis Support Team where necessary.**

Thank you for this recommendation and for your continued focus on improving access to support for people with low-level mental and emotional needs. I understand you have already discussed this proposal in more detail with the team, and I do recognise the intention to simplify access and reduce reliance on primary care as the first point of contact.

It is important to note that both NHS Talking Therapies and the 24/7 Urgent Mental Health Line already provide open-access self-referral routes, meaning patients do not necessarily need to see a GP to access support. These services offer direct assessment and evidence-based interventions, with clear pathways into primary care and crisis services where required. While we acknowledge the potential merits of a separate community-based triage model, unfortunately the ICB is not currently in a position to commission an additional service given current financial constraints. The only way to fund such a model would be to reduce investment in existing provision that already supports a similar cohort of patients.

NHS Talking Therapies is a nationally mandated programme, with a directive from the Department of Health and Social Care to expand capacity over the next three years. As such, it is not a service the ICB can decommission or reduce to fund alternative arrangements. Locally, significant investment has been made to increase access and reduce waiting times, and maintaining this progress remains a priority for us. Talking Therapies delivers NICE-recommended interventions to nationally accredited standards, ensuring consistent quality, governance and patient safety. VCSE partners play an important complementary role, and we will continue to work collaboratively across the system. However, current budgets would not support the development of a new standalone pathway of the scale proposed.

For these reasons, while I understand and value the intent behind the recommendation, the ICB is not able to support implementation of an alternative pathway at this time. We remain committed to strengthening existing open-access routes, improving awareness of self-referral options, and ensuring patients can access timely, high-quality support.

I hope this provides assurance that collectively we are working in partnership to improve community mental health services in Worcestershire. We do however acknowledge that there is more that we can do to improve people's experiences of these services and will continue to keep you updated on the progress we make against the actions set out within this response.

Yours sincerely,



**Simon Trickett**  
Chief Executive  
NHS Herefordshire and Worcestershire ICB