

Reforming NHS Talking Therapies: a briefing for councillors

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The problem in brief

Only 1 in 6 people referred to NHS Talking Therapies in England reliably recover, and 45% of those who start treatment do not finish it (2024–25).

- **Drop-out:** of 1.81 million referrals, 1.21 million entered treatment and 670,400 finished (at least two sessions). About 540,000 started but did not finish.
- **Recovery:** 301,800 people reliably recovered. That is 45% of those who finished, but only 17% of everyone referred.
- **No change or worse:** 31% of people who finished showed no reliable change or reliably deteriorated.
- **Postcode lottery:** reliable recovery ranges from 24% of referrals in Derbyshire to 10% in Greater Manchester.
- **Inequality:** in every area with data, people from the most deprived areas recover less often than those from the least deprived. Where figures exist, Asian and Black patients recover less often than white patients.
- **Cost:** funding per session ranges from about £126 to £319. The three costliest areas all have below-average recovery.

The service is built around short, protocol-driven CBT and is moving towards digital and AI-led delivery. Relational therapy, and the large local workforce of qualified counsellors and psychotherapists, are largely left out.

Why it matters to councils now

Councils do not commission NHS Talking Therapies, but they carry the consequences and keep the levers that matter most once the Health Bill passes.

- **Commissioners are moving further away.** Integrated Care Boards (ICBs) are merging into fewer, larger bodies in 2026–27, and councils lose their seats on ICB boards.
- **Health and Wellbeing Boards gain a role.** Integrated care partnerships are abolished; Health and Wellbeing Boards become the main place councils and the NHS plan together, including neighbourhood health plans.

- **Scrutiny is the main formal lever left.** Health scrutiny committees can require ICB leaders to attend and provide information, and must be consulted on substantial service changes.
- **Councils pick up the cost of failure.** People who drop out or do not recover turn up in adult social care, housing, public health and voluntary-sector services that councils fund.
- **The 10 Year Health Plan pushes digital-first care** for mild to moderate needs, through the NHS App and “virtual therapists”, with no named role for qualified counsellors and psychotherapists.

What we ask councillors to do

1. **Raise NHS Talking Therapies at health scrutiny.** Ask the ICB to report local figures for referrals, drop-out, reliable recovery and deterioration, broken down by ethnicity and deprivation. Ask how much activity is digital or AI-led, and what relational, in-person therapy is offered.
2. **Write to the ICB.** Use the model letter below. Ask who will be accountable for Talking Therapies locally once the ICB has merged, and request a response within 28 days.
3. **Table a council motion.** Use the draft below to put the council on record, link Talking Therapies to the neighbourhood health plan, and call for real scrutiny powers in the Health Bill.
4. **Use the Health and Wellbeing Board.** Ask that relational, in-person therapy and the local counselling and psychotherapy workforce are written into the neighbourhood health plan.

Draft council motion

Adapt the bracketed text to your area.

This council notes that:

1. In 2024–25, only 1 in 6 people referred to NHS Talking Therapies in England reliably recovered, and 45% of those who started treatment did not finish.
2. In [ICB name], [X]% of referrals ended in reliable recovery, against 17% in England.
3. People from the most deprived areas, and Asian and Black patients, recover less often than others.
4. The 10 Year Health Plan and the Health Bill move NHS Talking Therapies towards digital and AI-led delivery, while removing councils’ seats on ICB boards.

This council believes that:

1. Effective psychological therapy depends on a human, relational connection between client and therapist.
2. Residents who need help should be offered a genuine choice of therapies, including in-person and relational options.
3. Local democratic oversight of mental health services must be strengthened, not weakened.

This council resolves to:

1. Ask the Health Overview and Scrutiny Committee to review NHS Talking Therapies in [area] within the next 12 months, including drop-out, outcomes by ethnicity and deprivation, and the use of digital and AI tools.
2. Ask the Leader to write to [ICB name] requesting the information set out in Mental Health Action's model letter.
3. Ask the Health and Wellbeing Board to include relational, in-person therapy and the local counselling and psychotherapy workforce in the neighbourhood health plan.
4. Write to [local MPs] and the Secretary of State for Health and Social Care calling for enforceable health scrutiny powers in the Health Bill.

Model letter to the ICB

To the Chief Executive, [ICB name]. Copy to the Chair of the Health Overview and Scrutiny Committee.

Dear [name],

NHS Talking Therapies in [area]

I am writing as a councillor for [ward/division] about the performance and future of NHS Talking Therapies for our residents.

Nationally, only 1 in 6 people referred in 2024–25 reliably recovered, and 45% of those who started treatment did not finish. Recovery is lower for people from deprived areas and for Asian and Black patients. I would be grateful for the following information for [area] for 2024–25:

1. The number of referrals, the number entering treatment, the number finishing, and the number who reliably recovered.
2. The proportion who showed no reliable change or reliably deteriorated.
3. These figures broken down by ethnicity and by deprivation (Index of Multiple Deprivation quintile).
4. The proportion of treatment delivered digitally, by app, or with AI tools, and which providers deliver it.

5. What relational, in-person therapies are offered, and how many qualified counsellors and psychotherapists are employed or commissioned.
6. Total funding for the service and the average number of sessions per course of treatment.
7. Following the ICB merger, who will be accountable for Talking Therapies in [area], and how councillors can raise concerns.

I would welcome a response within 28 days, and would be glad to meet to discuss it.

Yours sincerely,

[Name] [Councillor, ward/division, council]

Sources and notes on the data

- **Figures:** NHS Talking Therapies for Anxiety and Depression, annual data 2024–25 (NHS England), by ICB, compiled by Mental Health Action. “Finished” means at least two treatment sessions. Reliable recovery means a reliable improvement in scores and moving below the clinical threshold.
- **Cost per session:** ICB funding (2023–24) divided by people who finished multiplied by average sessions. It excludes sessions given to people who did not finish, so it overstates the true cost.
- **Inequality figures:** ethnicity data is complete for three ICBs only; deprivation data covers 14 ICBs and refers to people who finished treatment.
- **Policy:** [LGA briefing on the 10 Year Health Plan](#); [Health Bill \(UK Parliament\)](#); [NHS England: ICB mergers 2026–27](#); [UKCP on the 10 Year Health Plan](#); [BACP on the NHS workforce plan](#).

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