

**DOCUMENT A****OVERVIEW****Overview: psychological therapy service reconfiguration:**

Report for Southwark Scrutiny, February 2012

**Overview: psychological therapy service reconfiguration:****1. Summary**

- 1.1 South London and Maudsley NHS Foundation Trust (SLaM) has been working with commissioners on plans to improve secondary psychological therapies. This involves the reconfiguration of the psychological therapy provision across Lambeth, Lewisham and Southwark.
- 1.2 The way that psychological therapy services are currently organised can be confusing to patients, referrers and commissioners. A number of services operate in different locations, having developed independently over time. The current arrangement means that different services may be offered to people on the basis of where they live in the borough rather than for good clinical reasons. It is proposed that a single Integrated Psychological Therapies Service (IPTT) will be developed in each borough, with a single point of access to referrals from primary care and from other secondary care services.

**2. The case for changes to secondary psychological therapy provision**

- 2.1 The reconfiguration, which is scheduled to be implemented in April 2012, will lead to the creation of a borough specific psychological therapy teams in Lambeth, Lewisham and Southwark. These new teams will bring together therapy provision previously delivered in the separate services. The services for Southwark residents involved are the Traumatic Stress Service at Maudsley Hospital, the Coordinated Psychological Therapy Service Based at the Munro centre - Guys Hospital, the Maudsley Psychotherapy Service and psychologists currently working in community mental health teams (CMHTs). They will work alongside existing CMHTs and will provide patients and GP referrers with a single point of access to a range of psychological therapies, according to assessed clinical need.
- 2.2 There has been a substantial increase in the availability of primary care psychological therapy services for Southwark since the launch of the Borough's IAPT (Increasing Access to Psychological Therapy) service in 2008. A total of 2,152 entered treatment during 2010/11.
- 2.3 Though the majority of people treated by IAPT have less complex clinical presentations than those treated in secondary care, the great expansion in the availability of psychological therapies in the borough justifies commissioners intentions to make a modest shift of resources between secondary and primary care.

- 3.1 One of the core objectives of IAPT is to support people experiencing anxiety and depression to stay in work or support them on the journey back into paid employment, training etc.
- 3.2 In contrast commissioners across Lambeth, Southwark and Lewisham have had long standing concerns about the efficacy of the psychotherapy service and the limited evidence base in relation to impact and outcomes. It is also the case that the take up of psychotherapy services is significantly under represented by people from BME communities in contrast to IAPT and indeed primary care counselling services where take up is broadly reflective of the Borough's population profile.
- 3.3 By referring people to a single point of access to psychological therapies it will be possible to ensure that people receive a full assessment and are directed promptly and efficiently to the right treatment and care. This may be a formal psychological treatment, or treatment by the CMHT, or they may be appropriately directed to a range of other primary care services such as IAPT other community based support.
- 3.4 A peer support / group co-ordinator role is also being developed which will be responsible for developing a range of groups and peer support systems that may be accessed as an alternative to formal treatment or used whilst an individual is waiting to see a therapist.
- 3.5 The proposal is being made to reconfigure all the current psychological service elements into a single team, rather than looking at each element separately, on the grounds that making changes to the whole service in this way will resolve the historical fragmentation of the service, and improve the experience of local residents.
- 3.6 Moreover, this approach will achieve the financial efficiency savings required for the next three years, creating greater stability for the service in the longer term. Undertaking a series of smaller changes over a longer period of time would lead to the risk of more fragmented, poorer quality services.
- 3.7 Projections about the impact of these changes upon staffing and activity has been circulated widely by one of the SLaM clinical service leads, as part of a response to the internal staff consultation. This information is inaccurate and does not accurately represent the current proposal. Whilst the total reduction in funding will be approximately 22%, the aim is to achieve efficiencies within the new services which will limit the planned reduction in activity to approximately 10%. This equates to a reduction per annum in assessments from 498 to 448. The total staffing of Southwark psychological therapy services will reduce from approximately 16 to 13 whole time equivalents.
- 3.8 The new system of assessments should allow a more consistent process of prioritisation of referrals, and will identify referrals to secondary care which can be more appropriately managed elsewhere.
- 3.9 It is proposed that SLaM will work closely with commissioners and primary care referrers to monitor demand for the new service on a monthly basis. If it is apparent that demand for the service exceeds provision, whether by the development of waiting lists or other measures, SLaM will respond promptly to manage this using a range of

measures including discussions with primary care and other referrers, and other providers of psychological therapies. If appropriate it would be possible increase capacity of psychotherapy quickly by using a 'bank' of sessional therapists developed with the support of the existing NHS Professionals staff bank. Consideration would be given as to whether this the best option at that point, based on patient needs.

#### **4. Equality impact**

- 4.1 The initial equality impact screening undertaken by SLAM has not indicated any differential impact on vulnerable groups. Indeed, while people from Black and Minority Ethnic (BME) communities have historically been under represented in their use of secondary psychological therapy services, it is expected that by bringing the process of referral to all psychological therapies into a single pathway, the more representative levels of access currently achieved by CMHTs and by IAPT (primary care psychological therapy) services will be delivered throughout the secondary care service.
- 4.2 The clear linkage between psychological therapy services and community mental health teams presents a framework where medical, psychological and social needs can be addressed in an integrated approach. This will enable services to respond flexibly to a broader range of issues should they be presented.
- 4.3 We are aware of the potential impact on residents in each borough of the current economic down turn which may lead to a greater need for mental health support. We do not expect this to increase demand for the psychological therapies delivered by these teams to a significant degree as most people treated in these services have long standing difficulties with mood and relationships, commonly related to early traumatic experiences, rather than triggered by recent or short term social stressors. Demand for treatments related to short term anxiety and depression in response to stressors is provided largely by the Increased Access to Psychological Therapy teams (IAPT), which are well developed in Lambeth, Southwark and Lewisham.
- 4.4 A more detailed equality impact assessment is attached.

#### **5 Service user and staff involvement**

- 5.1 The proposal forms part of an ongoing review of care pathways in the Mood, Anxiety and Personality Clinical Academic Group at SLAM. Service users were involved in workshops held on 28th February 2011, 28th March 2011, and 23rd May 2011. Addressing inconsistencies in access to services was identified as a priority by our Service User Advisory Group. This group comprises people with experience of Mood, Anxiety and Personality Disorder services, and works closely with clinicians and managers in the development and delivery of services. The group has been involved in the development of this proposal.
- 5.2 The model of service change originally proposed has been revised as a result of discussions with staff. A staff consultation was launched on 9<sup>th</sup> December 2011 and ended on 16th January 2012. We are now in the process of considering the responses from this consultation and will then discuss the next steps with our commissioners.

## 6. **Conclusion**

- 6.1 In our view, changes to the provision of psychological therapy in Lambeth, Lewisham and Southwark will lead to an improved service to patients and commissioners. The changes are based upon a service model which we have been providing in Croydon for some time.