

## **South London and Maudsley NHS Foundation Trust**

### **Lambeth and Southwark**

### **Joint Over view and Scrutiny Committee 16<sup>th</sup> May 2012**

### **Psychological therapy reconfiguration proposal**

The proposal to reconfigure psychological therapy in Lambeth Southwark and Lewisham was considered by the relevant scrutiny committees: Lambeth 20<sup>th</sup> March 2012, Southwark 14<sup>th</sup> March 2012, and Lewisham 20<sup>th</sup> March 2012. Lewisham agreed the plans; Lambeth and Southwark requested the plans be paused, subject to further consultation.

This report will focus on the specific questions raised at the Southwark and Lambeth committees. A general overview of the proposed changes; which has recently been sent out widely to users of the service and stakeholders, is attached. (Appendix A)

#### **1. Further Consultation:**

We were asked to undertake further consultation on the proposals. This work is currently underway, led by staff and users of the service and will culminate in a partnership event on 16<sup>th</sup> May 2012, where we will have the opportunity to work with a large group of stakeholders on our proposals. We are currently engaging with a wide range of people including; current service users and those on the waiting list, GP's and other referrers, carer networks, LINKs and a wide range of groups, including those specifically representing people from black and minority ethnic communities and lesbian, gay and bisexual people.

Our consultation activities are currently addressing; improving access to the service, the process of initial assessment, the nature of the work carried out by the service, the setting of activity targets and the impact of the model on the use of unpaid therapists in training (honorary therapists) In addition, we are focusing on how we monitor patient experience, and how we can work more closely with non statutory/ third sector services.

A range of information leaflets describing the proposed changes as well as descriptions of the current services and therapies are available through the following link

<http://www.slam.nhs.uk/media-and-publications/latest-news/changes-to-psychological-therapies.aspx>

This work will build upon existing stakeholder engagement; described in Appendix B. This work informed the development of the initial proposal and formed the basis of the formal staff consultation which took place from 9th December 2012 to 16<sup>th</sup> January 2012, which in turn led to revisions being made to the proposal.

We were also asked to undertake further consultation with staff. This process started with a staff involvement workshop, 29<sup>th</sup> March 2012, which was attended by representatives from all psychological therapy services, including those not affected by this proposal, as well as other local mental health teams and a representative from our user advisory group.

The workshop supported the model of borough based Integrated Psychological Therapy Teams (IPTT). In particular staff identified the importance of prompt targeting of the skilled psychotherapy resource to those with greatest need; particularly those with personality disorder or those who have experienced trauma. This is not the case currently.

Staff clarified that if multiple psychological therapy assessments are to be avoided, there is a need for a more detailed description in the proposal of how the proposed 'single point of access' will work in practice. This work is underway and will be shared at the partnership event in May.

This group is currently working on detailing the proposal ready for implementation. The group includes representatives from all services as well as service users from our internal advisory group. The approaches under consideration are described in Section 3; Impact of service changes.

## 2. Financial Context:

We were asked for clarity concerning the financial implications of this proposal.

Cash releasing efficiency savings 4% per annum are required from all NHS providers over the next three years, in addition to NHS QIPP savings. Annual service re organisations are destabilising to service users and staff. Though we have been asked to consider the possibility of staging the changes, attempts to implement incremental changes in 10 /11 failed. Repeated changes to staffing are disruptive and impractical in services where individual staff members must make commitments to patients over long periods.

The financial savings realised from this reconfiguration are as follows;

<b>Borough</b>	<b>Current staffing cost (£)</b>	<b>Proposed IPTT staffing cost (£)</b>	<b>Saving (£)</b>	<b>% Difference</b>
Lambeth	1,496,334	1,190,919	- 305,415	- 20.41%
Southwark	1,272,646	994,603	- 278,043	- 21.85%
<b>Totals</b>	<b>2,768,980</b>	<b>2, 185,522</b>	<b>- 583,458</b>	<b>- 21.13%</b>

To put this into context; psychological therapy services are also commissioned for less complex patients in Increasing Access to Psychological Therapy (IAPT) and for the most complex patients in specialist personality disorder day treatment services.

Borough		Cost (£) p.a.	Totals (£) p.a.
Lambeth	IAPT	3.0 million	
	Specialist Personality Disorder day treatment	488,276	<b>3, 488, 276</b>
Southwark	IAPT	2.4 million	
	Practice based Counselling	600,000	
	Specialist personality disorder day treatment	458,871	<b>3,458,871</b>

### 3. Impact of service changes

Concern was expressed by staff during scrutiny meetings about the impact of this proposal on the amount of therapy that will be provided.

The activity delivered by the proposed team will vary from that of the current service. This is because we want to change the way in which the service operates to make it more accessible to people traditionally excluded from psychological therapy. As such, we will be providing approximately 30% less of formal long - term psychotherapy treatments whilst increasing the number of shorter term interventions and groups which can be delivered more flexibly to people with more severe problems.

We expect the number of patient contacts to approach or exceed 90% of the current level but this will be achieved in a very different way from at present. We wish to target our services more clearly to people who do not engage at present with traditional models of therapy and who experience significant barriers to receiving therapy in the current system.

We are working with commissioners, staff and service users on developing a new service specification. Key aims of this are that psychological therapy treatment should be accessible promptly and will provide appropriate evidenced based treatment for those with the highest level of need. All therapies within the new service will be evidenced based.

A recent example of a local person who was not served well by our current system is;

A man in his mid thirties who was referred to a Community Mental Health Team (CMHT) in a very distressed state by his GP.

His difficulties were linked to abuse he had experienced when younger; the memory of which was now causing him acute distress and difficulties in many areas of his life. He had given up his job.

Within our current system this man would receive some support from the CMHT. To receive psychotherapy, he would need to be referred to a separate team, wait for assessment before being placed on a waiting list for psychotherapy. He may then be offered a nine – twelve months of treatment in an outpatient clinic.

This is not an unusual scenario, as the first level of contact for patients in crisis or with significant social problems will often be the Community Mental Health Team (CMHT).

In the proposed model; all psychological therapy would be delivered from one team closely linked to the CMHT. This man would be offered a psychological assessment quickly and then access to psychologically informed support. This will be designed to help him cope with his current life problems and hopefully maintain his employment and relationships. He may need to go onto further formal treatment, or, the timely help he received may have met his needs adequately.

Psychodynamnic therapy will remain a significant and important part of the service however, in this model; psychotherapists will be more directly involved with training and supervising CMHT staff in working with complex patients thus extending psychological help to a broader group.

In addition, CMHT and IPTT staff will facilitate time limited, evidence based groups of 8-12 sessions duration which we envisage will be the first line of formal psychological treatment for most patients entering the service. The content of the groups will depend upon local needs and staff skills and will include the following;

- Dialectical Behaviour Therapy (DBT) for emotion regulation.
- Behavioural Activation for chronic depression.
- Problem Solving Skills groups.
- Mindfulness Based Cognitive Therapy.
- Psychoeducational groups in Mentalisation Based Therapy or Schema Therapy for people with personality disorders.

This change in emphasis will reduce the amount of medium- long term (6-18 months) individual and group therapy we offer however, the integration of the existing psychological therapy services will allow us to target patients who will benefit from this more effectively and to manage the throughput more efficiently.

Individual and group Cognitive Behaviour Therapy (CBT) and Cognitive Analytic Therapy (CAT), and psychodynamic work will still be available. Family and couples work, which has previously only been available in the Maudsley Psychotherapy Service, will now be distributed more evenly across the boroughs and linked more closely with the CMHTs. We are eager to engage with referrers in considering how and for whom this important but limited resource should be provided.

We will identify more clearly the needs of patients with personality disorder, particularly those with more severe emotionally unstable personality disorder who are not served well at the moment. In particular we wish to build on our success in Croydon in providing accessible co-produced peer support groups for people with severe personality disorder who need help over the longer term

For patient's who are self harming, we will offer Dialectical Behaviour Therapy (DBT) in group and individual format of up to a year in duration. For a small number of patients we will offer longer term treatments (18months - 3 years) that have been shown to reduce by up to a half the percentage of patients continuing to meet criteria for a diagnosis of personality distorted.

The new service will sit along side the borough based IAPT (Improving Access to Psychological Therapy) Teams, which provide evidenced based therapy to people with less complex needs.

The services in Lambeth and Southwark are among the highest functioning in London, in delivering good recovery rates and addressing large scale population needs.

In Lambeth, a total of 2,880 people entered therapy during 2010 / 11 and the service is on track to meet an increased target of 3, 700 in 2011/ 12

In Southwark a total of 2,152 people entered therapy and are planning, in conjunction with the practice based counsellors, to deliver an increased target of 4,192 in 2011/ 12.

The new specification will ensure that the available resources are used most effectively and will also ensure the implementation of clearer pathways to eliminate duplication and waste.

We plan to develop an advisory group as part of our ongoing service improvement activity, to monitor the impact of these changes on patient experience levels of activity and outcomes. Key members of this group will be users of the service, commissioners and colleagues working in different parts of the pathway; For Example; GP's and CMHT staff

#### **4. Honorary psychotherapists:**

Concern was expressed that the proposal would impact negatively on the availability of honorary therapists who provide therapy free of charge.

Our current services provide positions for approximately 25 whole time equivalent honorary psychotherapists across Lambeth and Southwark. Concerns have been raised that the proposed model will not be suitable training or attractive to honorary therapists, and that a reduction in numbers will lead to a loss of service to residents in Lambeth and Southwark

We think this is unlikely to be the case. We have already committed to providing our respected training in Cognitive Analytic Therapy in the new model which will retain 12 – 18 honorary places. We are continuing our successful partnerships with DlinPsy and Counselling Psychology Training courses. We have also been able to offer experience in a range of different therapies, and the new integrated services will help us build on this. We anticipate this will be a very desirable training experience for psychologists in

training. In summary we have a healthy demand from trainee therapists wishing to undertake such placements with us.

Given the importance of this resource to our local services, we intend to centralise our management of this staff group and to formalise the links we have with the various training organisations. Through this process, we can ensure that placements and the associated clinical activity is clearly built into our annual plans. In addition, we intend to involve the training institutions in our developments to ensure that the teaching program is relevant to the therapy we wish to deliver in the future.

There may be a small reduction in honorary therapists during the transition into the new service. This effect will be clear once the staff selection process is complete.

### **5. Impact on staffing:**

Confirmation is sought on the impact of this proposal on staffing levels.

Psychological therapy services are made up of psychology and psychotherapy posts. The overall impact of the proposal on the combined groups is as follows;

Lambeth 18.5 whole time equivalent staff (WTE) to 15 WTE

Southwark 16 WTE to 13 WTE

The proposed staffing structure; which was revised following the formal staff consultation, is designed to ensure adequate levels of seniority for the purpose of assessment and supervision. A 0.6 WTE consultant psychiatrist post has been established in each team. This is a reduction on the current configuration, but is in line with usual practice and will not significantly impact activity.

### **6. Equality Impact Assessments with reference to sexual orientation and transgender:**

Significant work has been carried out on the Equality Impact Assessment of this proposal. We would like to acknowledge the help we received from Lambeth and Southwark Councils in undertaking this work.

(Appendix C Lambeth, Appendix D Southwark)

Concern was raised at the Southwark committee concerning how SlaM collect information concerning sexual orientation and transgender

Concerning the legal status of collecting data on people in protected status; we refer to The Equality and Human Rights Commission guidance 'Meeting the equality duty in policy and decision-making' Revised (second) edition,

January 2012 (formerly published as Equality Analysis and the Equality Duty: a guide for public authorities) which states:

*“If you do not have equality information about people with particular protected characteristics, consider whether you need to fill these information gaps. This could mean undertaking short studies or surveys, or some engagement work. If it is not possible to collect this in time to inform your assessment, consider how you can increase your understanding in the short term before undertaking more robust research at a later date. This could mean, for example, meeting with stakeholders. The information that you collect at a later date will be valuable for your monitoring and review work. The information you gain from engagement with stakeholders will help you to understand the potential impacts of your policy on different groups”*

Within the Trust we routinely collect data concerning sexual orientation / transgender within our IAPT Services.

In addition; since January 2012, our Patient Experience Surveys have collected information on all 9 protected characteristics. Data from this survey in relation to sexual orientation and transgender is presented below:

<b>Sexual Orientation</b>	<b>Number</b>	<b>Percentage</b>
Heterosexual/ Straight	491	87
Lesbian/ Gay	13	2
Other	11	2
Prefer not to say	35	7
	(n=565)	
<b>Sex</b>		
Male	288	48
Female	310	52
Other	1	0
Prefer not to say	2	0
	(n=601)	

Our survey asks questions about service user’s experience of being treated in SlaM. It covers 8 areas specified by our commissioners. Data shows that satisfaction levels are similar for each group outlined above. Continual analysis will be undertaken as the survey is introduced in more services across SlaM.

In line with the Equality Act 2010, additional information was sought from other sources.

The Gay and Bisexual Men’s Health Survey (2011) undertaken by Stonewall found higher rates of depression, anxiety and self harm in gay and bisexual men, than men in general. It also found that a third of gay and bisexual men have had a negative experience related to their sexual orientation. They described a good service as one which acknowledges their sexual orientation, welcomes their partner to the consultation, gives information relevant to their sexual orientation and creates a welcoming environment for gay and bisexual

men. These recommendations will be fed into the current consultation process.

SLaM is also specifically consulting with Four in Ten (a group for gay/ lesbian and bisexual service users who suffer from or care for someone with mental health problems) on the proposed changes to Psychological Therapies.

It is not anticipated that the proposed changes to the provision of psychotherapy services will adversely affect people based on their sexual orientation or if they are transgender. The new system will reduce the number of assessments (and the number of times and individual is asked about their sexual orientation) and ensure people access the most appropriate treatment more quickly than the current model.

### **7. Impact on patients with complex psychological and social needs, who do not fall into standard diagnostic groups.**

Concern was also raised in the Southwark Committee concerning the affect of this proposal on patients who do not fall into standard diagnostic groups.

There are a group of patients whose needs are very complex and where using a standardised pathway is not appropriate. These patients will continue to receive a comprehensive assessment and identification of a suitable treatment. This may on occasion involve working closely with GP's on psychological and risk management rather than directly treating the person within the service. We do not believe that this group will be negatively impacted by the proposed changes but will ensure that ongoing review gives clear attention to this group.

### **8. Clinical Outcomes; particularly for those with complex and severe mental illness:**

We expect that our proposed service model will improve access to services in line with need; particularly for people with more complex mental health problems. In addition, we expect to see improvements in the clinical outcomes of people with ongoing need for psychological therapy through the introduction of long term group programme.

Clinical outcomes are measured in all services. Psychological therapy services use a measure called CORE which measures reduction in symptoms. CMHT, who work with people with severe and complex problems, also use HoNOS (Health of the Nation Outcome) which measures changes in a persons overall functioning.

CORE and HONOS are not always sensitive to changes in people with personality disorder; as such we intend to develop measures that are more able to gauge issues of interpersonal and social functioning in this group of people.



The experience of people using the service is very important and will be monitored through our patient experience questionnaires, as well as through the advisory group.

### **9. Inaccuracy in the Consultation:**

Concern was raised at the Lambeth committee that the consultation document contained inaccuracies.

This concern has been discussed with staff representatives and inaccuracies have not been reported to date. However concerns have been expressed to us about the way in which the reduction on staffing levels have been described and in the differential impact on psychodynamic psychotherapy and on some existing departments. We believe, considering the changes we propose to make to the model it is most appropriate to describe changes to overall borough capacity rather than individual professions, grades and teams. We also considered when proposing the new staffing structure that reviews of CMHT in Lambeth and Southwark in previous years had resulted in a change in psychology provision.

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Appendix 1 Overview of proposed changes to psychological therapy services in Lambeth Southwark and Lewisham

Appendix 2 Involving stakeholders in the development of the proposed changes to psychological therapies services

Appendix 3 Equality Impact Assessment Lambeth

Appendix 4 Equality Impact Assessment Southwark