Document 7

South London and Maudsley NHS
NHS Foundation Trust

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

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Background – Proposed changes to psychological therapy services

In this context, the term psychological therapies refers to talking therapies provided by South London and Maudsley NHS Foundation Trust such as psychotherapy or clinical psychology provided one to one or in a group. We are not working on changes to talking therapies and self help provided through GPs or by self referrals and sometimes called Improving Access to Psychological Therapies (IAPT) services[*].

A proposal has been developed to change how community psychological therapies are provided in the boroughs of Lewisham, Lambeth & Southwark:-

Why are changes being made?

- There are several different services providing psychological therapies in Lambeth Southwark & Lewisham. At the moment the way people are referred to particular services can be confusing for service users and for staff who make the referrals.
- Service users have given us feedback to say that they do not like having repeated assessments, and going through a lengthy process to get the therapy that they need.
- In Lambeth & Southwark a lot of money has gone into the development of new services providing psychological therapies which are available through GPs (the Improving Access to Psychological Therapies (IAPT) services). This means that there is less money available for the more specialised psychological treatments.
- In Lewisham the services have historically been less well developed so the amount of money available for

[*] See Jargon Buster (page 32).

specialised psychological treatments is being maintained. However, as with all NHS organisations, we need to provide services for less money by being more efficient.

What are the changes?

- We are proposing that each borough will have one Integrated Psychological Therapy Team (IPTT).
- In Lambeth & Southwark there will be 22% less money available. This will mean there will be some reduction in staff and in the number of sessions of therapy available. In Lewisham the amount of money available will reduce by 11.2% however, this will not result in a reduction in therapy sessions. We do not expect waiting lists to rise, but if they do we will ensure more therapy is provided.
- All referrals will go through the same system meaning that people should be referred to the right service more straightforwardly than they are now.
- A range of both individual and group therapies will still be available in all the boroughs.
- We plan to start changing the services from June 2012.

Further details – supplementary documents

For more details about the proposed changes please see document 1:
'Overview of the proposed changes to psychological therapy services in Lambeth, Southwark and Lewisham'

Also see the following supplementary documents;

2. Original proposal – November 2011
   'A proposal for the reconfiguration of psychological therapy services
   in Lambeth, Southwark and Lewisham'
3. Revised proposal – February 2012
   'Outcome document on the Consultation with staff on the restructure of Psychological Therapies in Lambeth, Southwark and Lewisham'
4. Equality Impact Assessment (EIA), Lambeth
5. EIA, Southwark
6. EIA, Lewisham
7. Description of SLaM Psychological Therapies

Summary of stakeholder involvement

1. Feedback from people with experience of using services was gathered during spring & summer 2011 and considered in the development of the proposed new service model.

2. Between November 2011 & March 2012 staff working in the psychological therapies services were involved in the development and design of the proposed service and formally consulted around implications on staffing.

3. The service user advisory group* was kept informed of developments and supported a stakeholder meeting in November 2011 (see page 10).

4. During November & December 2011, specific feedback was sought about the proposal from service users/carers. A meeting for service users and carers was held on 21st November 2011 and individual feedback was received via email, telephone or face to face conversation.

5. The proposal was discussed at Southwark MIND user Council, at the Lewisham Joint Consultative Board and at the Lambeth Living Well Collaborative

6. In February 2012, the proposal was revised in the light of feedback from the staff consultation and mindful of service user feedback to date

7. In March 2012, following calls for wider consultation on the proposed changes, SLaM collaborated with Southwark

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* See Jargon Buster (page 32).

and Lambeth LINKs to run public meetings and give people access to a jargon light version of the revised proposal. Lewisham LINk promoted the consultation and made available the jargon light document. The document was also available on the SLaM website.

8. The proposal was discussed at the Trustwide Involvement Group meeting which aims to oversee involvement across Trust activities.

9. On March 29th 2012 staff representatives from the services met with managers and representatives from the service user advisory group to consider the process and feedback to date and to plan next steps

10. Plans for continued involvement include a ‘working together’ event on May 16th 2012 for all stakeholders to contribute to the detailed plans, and an ongoing working group on to develop & measure quality indicators for the new services.

Summary of themes from feedback:

Themes from the above feedback are detailed in the document, but in summary are:

- General agreement about the proposed model for one integrated service in each borough, welcoming more streamlined assessment & referral

- Need for more detailed work on aspects of the model: - specifically
    - Single point of access
    - Pathways through community and non statutory services
    - Activities targets
    - Management of risk

- Concern about the impact of the reduction in funding in Lambeth & Southwark: - & the need to continue to provide a range of types of therapy, including support to ‘honararies’.

- The need to develop a workable, balanced & appropriately skilled staffing structure with adequate supervision capacity.

- Equalities & Access Issues – the need to ensure that black and minority ethnic communities are reached by the new model and appropriate targeted group support is maintained.

- Noting the importance of developing good monitoring / feedback / outcome reporting systems to oversee & track changes in quality/demand/outcome in the new service.

- A request from service users & wider stakeholders for more detailed information about the specific proposed configurations in each borough service and to be kept informed and involved in the future process of developing the services, using a variety of methods, involving wider stakeholders and borough by borough.

How service user views, priorities & feedback informed the development of the proposal:

The Service User Advisory Group
Who are they?

This group of people have experience of using services for mood, anxiety & personality disorder. Several members of the group have direct experience of using psychological therapies. On average 5 members of the group attend the meetings and there is a circulation list of around 9 service user consultants. 2 members of the group have been supporting the Maudsley Psychotherapy Service to use their patient feedback data, 2 members are members of the Psychology Service Users Involvement Group, 2 members are members of the Trustwide Involvement Group and 3 members have been involved in the recent peer reviews of services and/or CQC* visits. Outside SLaM members of the advisory group are active in Southwark MIND, Southwark & Lambeth LINk, Vital Link, the Lewisham Linkworkers Scheme.

What is their role?

They meet monthly to support the managers of the CAG* to make sure that the views and experience of people who use services are at the heart of developments & improvements. Jo Kent (deputy director of the Mood, Anxiety and Personality Clinical Academic Group*) attends all the meetings and Simon Rayner has attended the meeting to give a presentation about the proposed changes.

How have they been involved?

- In April 2011 the group identified some priorities – one of which was:

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* See Jargon Buster (page 32).

The need to address inconsistency in terms of access to services, level of services and quality of services across the CAGS and individual services.

- The proposed changes to psychological therapies services have been on the agenda of the monthly meetings since August.
- In September 2011, the advisory group supported the idea of running a stakeholder meeting in November and a member of the group assisted in planning the session and chaired it on the day.
- Recently, the group has identified 2 members with a particular interest in psychological therapies who will be working particularly on taking the proposals forward.

Feedback from questionnaires: The following services have asked people what they think of their services through using satisfaction questionnaires:
Lewisham Psychological Therapies Service, Maudsley Psychological Therapies Service, Traumatic Stress Service, Psychotherapy Service at St. Thomas' Hospital.

A total of 214 responses were looked at and themes identified:

Doing well	• High rates of satisfaction overall • People feel involved in decisions about their care • People feel treated with dignity & respect • Positive feedback about the attitude of clinical staff
Could do better	• Long waiting times for psychological therapies and the communication during that time • Need for better information and communication between SLaM & service user,

	but also about other services available in the community • Assessment or referral process eg: being assessed many times, the quality of assessment, no support after assessment, cumbersome referral processes, being pushed from pillar to post

Feedback from work on care pathways:
During March & April 2011, a group of around 10 service user consultants worked together to come up with some key points for staff to consider when developing care pathways[*]. These service user consultants worked alongside staff at 3 workshops and separately in meetings or via email.

Repeated assessments
We do not like unnecessary assessments. If we need to be assessed more than once, it is important that the clinician acknowledges that we may have already had an assessment & explains why a further assessment is necessary. It is essential that this process is dealt with in a sensitive manner and if we are to be subjected to repeated assessments we have control of our assessment and take it to each assessment, so that we don't find ourselves having to repeat the same things. We give a lot of ourselves in assessments and can feel violated by the process. We need to change the way the sessions are ended so that the therapist takes into consideration that we may also feel worse after an assessment; and incorporate some form of closure at the end.

Documentation for users at beginning of their care pathway
When someone develops a physical health condition, they are given the opportunity to have all relevant issues explained to

[*] See Jargon Buster (page 32).

them; they are given documentation and information at the point before treatment starts. We would like the same consideration at the beginning of the care pathway journey, so we know what to expect and what the treatment choices are.

Information for users about services available in the Trust – and maybe beyond

It would help to have information about what was open to users in the Trust – and beyond. It would also help if users were able to attend some of the same training that staff under-take, in order to form more effective partnerships; with a better understanding of staff issues; in order to improve practice

Feedback from a session in July, looking at quality improvement

12 participants with experience of using services identified what makes a good quality service…

Themes	Examples
Accessibility & timeliness,	*Speed of response, consistency, good follow up*
Quality of staff	*Good listening/engagement, honesty, supported & trained*
Quality of information	*Clarity, information giving choice, describing the process, what to expect*
Quality of treatment	*Needs to be holistic, diagnosing correctly,*

In September, the above feedback was collated and disseminated to staff leading on the development of the proposal.

Involving and consulting with staff

November/December 2011

Using the above feedback & priorities, the proposal for a new service model was initially developed by a working group of senior clinicians. This group presented their work and engaged staff to comment and feedback on the model at a workshop in November 2011. From this workshop a proposal was formed for formal staff consultation. The consultation provided a listening period and an opportunity for staff in teams, in groups and as individuals with their representatives to engage with the proposals and suggest alternatives and improvements.

The consultation document was circulated to all staff on the 16th December 2011 and the proposal discussed in the following team settings between 13th – 21st December 2011.

- St Thomas' Psychotherapy Service
- Coordinated Psychological Treatment Services at Guys Hospital
- Maudsley Psychotherapy Service
- Lewisham Psychological Treatment Service
- Traumatic Stress Service
- Community team based psychologists

Additionally, there were 33 consultation meetings with individual staff members, 52 email responses and 32 letters individuals and teams.

February/March 2012

Following the consultation outcome document was circulated on the 21st February 2012 and team meetings were arranged to discuss the new model and to answer any questions or queries that staff members had. Individual meetings were

offered to all staff affected by the reconfiguration of the psychological therapy services.

Themes from staff consultation:

About the model in general	• Comments and views were expressed that the new model would be beneficial in promoting joint and integrated working practices and providing a single point of access and clear pathways. • Views were expressed about the need to develop joint protocols and to preserve the good work that we currently do with other teams and services. • There have been suggestions and comments raised with regard to supervision and the need to have a more psychologically minded workforce in general. • There were concerns raised that we were not recognising and keeping good practices that have been developed in services over the years. • There were questions raised regarding the role of the centralised service and relating to cross CAG working relationships and structures. • Some points were made about the need to continue to work closely with primary care and IAPT
About the impact of less money	• Many questions related to reduced funding and how to allocate these resources within each of the boroughs and central services, & how to offer therapy to service users with reduced staff.

	• Concerns were raised that there was a disproportionate reduction in some higher grades and within psychotherapy as a whole. • There have been questions relating to the need to keep staff who are able to supervise other staff, trainees and honoraries.
About the team bases	• There were questions about where the new team bases will be for the new teams. • There were comments that there need to be good transport links for staff and service users and adequate interview rooms and facilities.
About the treatments available	• Many comments highlighted the excellent work of the services and the wide range of effective modalities. • There was a strong feeling about the need to keep these modalities and the need to ensure we have expertise within them. • There were questions about how to continue providing all these modalities if we do not retain the senior staff who provide the necessary supervision and training.
About staffing	• There were comments about the job descriptions and the skills of the staff, including how these will change within the new IPTTs. • Several specific questions were raised about the rationale around the proposed staffing structure. • Staff asked about voluntary redundancy and

	commented that some staff have been put at a particular disadvantage because others were ‘slotted in’ to roles in the new structures. • There were questions relating to the selection process and what this entails. • There were questions about the need to have some grades full time rather than part time and about the line management of staff. • There were suggestions and comments raised about supervision and the need to have a more psychologically minded workforce in general. • Questions were raised about medical psychotherapists and the need to ensure that medical psychotherapy remains within the psychological therapy structures, and the need to train and supervise junior doctors. • There were comments and questions relating to some specific roles in the new structure including the head of service and the peer support/group coordinator roles.
About referrals	• There were questions relating to referrals, waiting times and thresholds within these newly developed IPTTs.
About the process	• There were questions about the consultation process and queries around whether service users have been consulted and whether an equality impact assessment has been carried out.

Involving service users, carers & wider stakeholders November / December 2011 – gaining feedback about the proposal

During November, alongside the staff consultation, service users, carers & wider stakeholders were invited to give their feedback on the proposal.

Individual feedback :
8 service users fed back individually, 1 in person, 6 via email and 1 via telephone.

Stakeholder Meeting on 21st November 2011
Publicity was forwarded about the meeting to local voluntary organisations or user groups such as :

- Vital Link, Cooltan Arts, Southwark Mind, Four in Ten (LGBT user group),Lewisham Users Forum,Black Users Forum, Family Health Isis, Metro Centre,
- all patient & public involvement leads, email network of service user consultants, the trustwide service user blog, all psychological therapy service leads, the advisory group

10 people who use services and/or family or carers had booked to attend the session and were forwarded a document outlining the proposed changes prior to the meeting.
9 participants attended on the day of which 8 identified as service users and one was a volunteer at the Traumatic Stress Service. A report of the meeting was developed, approved by participants and circulated in December.

Lewisham Joint Consultative Partnership Board The proposal was discussed at the on December 8th. Members of this group include local voluntary organisations such as Family Health Isis, Vietnamese Mental Health Services, Lewisham Users Forum, Metro Centre and Lewisham LINk as well as SLaM managers.

February 2012

Southwark MIND User Council: The proposal was discussed at Southwark MIND User Council where service user representatives meet to hear about and comment proposed changes or developments to services.

March 2012

Following calls for wider consultation on the proposed changes, SLaM collaborated with Southwark and Lambeth LINKs to run public meetings, producing a jargon light version of the revised proposal which was made available on Lambeth, Southwark & Lewisham LINk's websites, the SLaM website and the Trustwide Involvement Blog.

Meeting at Cambridge House hosted by Southwark LINk – March 8th

11 participants: 3 identified as service users, 3 identified as members of the LINk, 1 identified as a carer,2 identified as Southwark Mind members/staff, 1 identified as Cooltan Arts member, 1 identified as an independent service provider

Meeting at Lambeth Accord hosted by Lambeth LINk

56 participants: Approximately 10 – 12 service users, representatives from: Lambeth MIND, Mosaic Club, Lambeth Mental Health & Disabled People's Action, Community Support Network, Vital Link, Southside Partnership, Carers Hub, Fegans Child and Family Care.

Lambeth Living Well Collaborative

The proposal was discussed at the Lambeth Living Well Collaborative meeting on March 22nd. The Lambeth Living Well Collaborative includes representatives from primary care, voluntary sector, service user groups and specialist mental health services.

Trustwide Involvement Group - 19th March. The proposal and the involvement and consultation process to date was discussed at this group which is jointly chaired by a service user consultant and the Strategic Lead for Patient & Public Involvement.

Feedback on the proposal - what did people say?

About the proposed model in general	• There was no identified concern about the proposal to develop one local service in each borough with a single point of access. (Southwark LINk meeting) • There was a general sense of approval for the proposed changes - The advantages were seen as the potential to reduce repeated assessments and to have clearer pathways rather than lots of different services providing similar services. (From Advisory group notes - about stakeholder meeting November 2011) • The argument is not about the model but the speed of implementation. We appreciate the budget settings. (Southwark LINk meeting)
About the impact of less money:	• Will services or activities be stopped as a result of the proposal? • Will the threshold for eligibility change, will waiting lists be longer? • Will SLaM be able to signpost to other available therapy? Suggestion: partnerships with voluntary or private sector organisations • Are PCT's monitoring the impact of disinvestments on service users? • Won't reducing staff increase the number on waiting lists leaving no space for access and treatment from

	these services? • Can we not put the ‘waiting list’ scenario to Commissioners? Would bringing service users to Commissioners help? • Could people not be trained to be volunteer counsellors? • Have you any cost analyses about the knock-off effects from cutting psychotherapy service to other SLaM services? • looking at all funding streams and not just from grant funding from the Local Authority. E.g. National Lottery, EU. Commissioners could be primarily responsible for the ‘mapping of the different funding streams/services in the area’. It is up to them to create different stakeholders. • Suggestion - staff wages being frozen • There is no doubt that the levels of mental health need will continue to increase. And if the government is unable to provide an effective perspective on how to provide this -as seems very likely- it needs to come from elsewhere. • Against reduction in services at St.Thomas’ psychotherapy x 6 • Very concerned about the reduction in services as CMHTs are already overwhelmed

About the referral process	• Currently, it can take a long time to get to see a psychological therapist, will this model help? • When people are not well they need a quick option • It seems that funding is now to be channelled towards a better referral and assessment process and that the therapies on offer will be only those detailed in the NICE guidelines which are applied nationally. My concern is that psychological and emotional health depends upon a holistic approach to the individual and their problem. The complete picture is often the only way to find out, treat and aid full recovery for an individual with psychological problems. • The average GP has so little training in Mental Health, do they know about specialised psychotherapy services? • Currently there are very 'uneven' referrals from GPs – people are bounced around • Can you self-refer to these services? • Support the idea of a single point of access • The inter-relationships & referral patterns are confused & unclear
About the assessment process	• Some people may not feel comfortable with the person doing the assessment, or with the outcome of the assessment. There would need to be processes in

	place for this eventuality. Sometimes people do not feel empowered at the point of assessment • The assessment report should be written in plain English and accessible to the service user. • Assessment is key to be pointed and directed to the right service • What is the prioritisation process? • What is the quality of the staff doing the assessments? Do they understand? Cultural awareness?
About available treatments	• Participants asked about the availability of the following types of therapy: Mindfulness Based Cognitive Therapy (MCBT), Dialectical Behaviour Therapy (DBT),Cognitive Analytic Therapy (CAT),Transpersonal / holistic/ eclectic • There should be "holding therapies" designed to keep people afloat until appropriate "professional services" become available. These could include befriending, peer support, mentoring and pastoral care & be provided volunteers and/or by voluntary organisations. • What about introducing new techniques and treatments? Suggestions: life coaching, group work such as anger management • Nurturing /rediscovering interests and talents and developing creative outlets

	for people who have things to express is highly beneficial to their psychological and long-term health. They would also be providing their own worthwhile support by engaging in these processes and types of activities they feel they would enjoy. The range of activities could be seen as very wide and extremely vibrant, considering the complex mix of culture and ethnicity across these boroughs • Key specialities can be 'borrowed' across the boroughs • Suggestion : to have a workshop on the different types of therapies so people understand them • Concern about the range of therapies, whether appropriate therapies will be available and whether some modality/approach might disappear.
About choice and equality of access	• Will there be more group work and less one to one therapy? • Importance of keeping group therapy eg: women's group at St. Thomas' – important part of recovery x3 • Will there be a choice of therapists and will we be able to change therapists if appropriate? • Concern about promising access to these services to Black, Minority & Ethnic (BME) groups and you are now just taking these services away from them.

	• The need to improve access to psychological therapies for people from BME communities • Suggestion: to increase accessibility for BME communities, therapists seeing clients in community rather than NHS settings • What equality impact assessment has been carried out? • What are the cultural competencies of the therapists? • The document mentioned BME users but contained no information on other strands. More data on the other strands need to be collected. • Some service users feel less comfortable with white assessors/psychiatrists • There is limited access to BME therapists • Suggestion: more publicity for BME service users
About staffing	• If there are redundancies, is the proposal an opportunity to make sure that those staff retained are of the highest quality? This would help towards consistency of quality in terms of staff. • Service user concerned about the employment of the therapist who is a valuable asset • Concern about losing specialist skilled staff, once gone, cannot be replaced.

	• Concern about the wellbeing of staff undergoing the process of change • If staff use services, will there continue to be provision for them to use services not connected with where they work • Concerns regarding the collapse of the honorary (Volunteers who undertake a rigorous training programme, overseen by a qualified practitioner) system. • What is the availability of BME therapists? • Big concern about making decisions on what type of services are available based on staff grading
About getting feedback about the service, therapist, outcomes	• Sometimes questionnaires are too long • Sometimes it is difficult to identify what is effective and good quality in a therapist. Existing outcome measures do not measure easily how people might value the input of one therapist over another • It would be useful to be able to track the changes in patient experience using 'before & after data', when reconfigurations like this are made. • We would want a description of the monitoring mechanism. • Good data is required for good monitoring. • It is so very difficult when making decisions about psychotherapy and its effectiveness, as it is not always

	possible to assess treatment and turn the assessment findings into meaningful statistics. • Monitoring of the new services need to happen on borough by borough basis.
About planning ahead & trying new treatments	• It is important to be able to plan ahead, to try new treatments and to respond to ideas/suggestions.
About the consultation process, Communication & staying involved	• Will this consultation event make a difference to the proposal? • Participants did not see service user input being meaningful. Suggestions that it could be more user friendly, and perhaps asking the Commissioners to attend as well. Continuous dialogue and conversation is needed rather then a one-off focus group like today. • Dissatisfied with the lack of consultation with service users • Could ask people on the waiting list for their input and expectations. • Suggestion: to develop a small working group of people with experience of using services to support staff to develop consistent patient experience questionnaires and relevant & useful outcome measures. • Suggestion: to reach out to different groups and borough by borough with consultations and get a cross section of views.

	• Use all kind of communication methods, such as emails, leaflets, workshops etc. • People felt there is still very little information available and there is a lack of clarity on what will be changed. • The SLaM members council should have been involved in the consultation.

Next Steps:

1) A steering group will examine & reflect on the feedback gained to date, both from wider stakeholders and through the staff consultation.
2) In response to requests for clearer information a further document will be produced which outlines the amended proposal (see page 4).
3) The document will be disseminated through local service user & community networks and people will be invited to:
4) A ‘working together’ event for all stakeholders on May 16th will be held to further develop the proposals
5) As suggested at the stakeholder meeting in November a small working group of service users and staff will work to develop quality standards for the new services.
6) SLaM have been invited back to Lambeth LINk in June to give an update on progress.

Jargon Buster

Care Pathways
A standard way of giving care or treatment to someone with a particular diagnosis.

Care Quality Commission (CQC)
National body overseeing registration & quality for social care & health providers.

Clinical Academic Group (CAG)
A SLaM operational unit which brings together all the clinical services, research and teaching which takes place within a particular area (such as psychosis or addictions).

IAPT
The Improving Access to Psychological Therapies (IAPT) programme aims to improve access to talking therapies in the NHS by providing more local services and psychological therapists. IAPT services have now been set up across the NHS.

The IAPT Services help people, aged 18 and over, cope with depression and/or anxiety. IAPT services provide a range of therapies including one to one, group, and home-based online support programmes.

Service User Advisory Group
This group of people have experience of using services for mood, anxiety and personality disorder. Several members of the group have direct experience of using psychological therapies.