REPORT ON STAKEHOLDER INVOLVEMENT
in the proposed changes to
psychological therapy services in
Lambeth Southwark & Lewisham
April—May 2012

KING'S
HEALTH
PARTNERS

	Contents	South London and Maudsley NHS Foundation Trust
		May 2012

Background

The purpose of this document is to report on and detail the feedback received about proposed changes to psychological therapy services provided by South London & Maudsley NHS Foundation trust in the boroughs of Lambeth, Southwark & Lewisham during April / May 2012. This feedback will inform the development of 'service specifications' which will define exactly how and what the new services will provide. The work is part of a wider involvement exercise and this document should be read with reference to the following documents:

- **Psychological Therapies - Overview of the proposed changes to psychological therapy services in Lambeth, Southwark and Lewisham**. April/May 2012

- **'Involving stakeholders in the development of the proposed changes to psychological therapies services'** April 2012

- **Find Out/Talk About – Involvement Report following stakeholder meeting** November 2011

For copies of the above reports, please contact:
Alice Glover—Patient & Public Involvement Lead

Building on specific involvement work carried out since November 2011(see above), this additional work was overseen by the ***The Psychological Therapy Services Reconfiguration Communications & Involvement Working Group***. Membership included Lambeth, Southwark & Lewisham LINks, South London and Maudsley NHS Foundation Trust staff and members of the *Mood Anxiety & Personality Clinical Academic Group Service User Advisory Group* *

The work included:
- **Increasing availability of information about the proposed changes to wider stakeholders**
- **Approaching individual organizations and user groups in the boroughs to give information about and to seek views/ideas on the proposals.**
- **Running an event for stakeholders to present feedback to date & invite participants to share their views & ideas about the proposals**

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* the *Mood Anxiety & Personality Clinical Academic Group Service User Advisory Group* is a group of people with experience of using mental health services who work with the senior management of the mood, anxiety & personality disorder services to keep the views of service users at the heart of all service developments and improvements.

Content of the involvement

Increasing availability of information

- An overview document was produced to outline the proposed changes, to summarise the feedback received to date and to identify ways in which people could help shape the proposals.
- Previous documentation was collated and referenced in the overview document.
- All documents were made available on the Trust website and individuals / organizations were invited to request paper copies as appropriate.

Approaching individual organizations and user groups

The following local organizations & user groups were approached individually to explore how best to inform and involve their members:

- Cooltan Arts
- Vital Link
- Southwark MIND User Council
- Southwark MIND – Kindred Minds
- Lambeth MIND
- Lewisham Users Forum
- Four In Ten (LGBT service user peer support group)
- Metro Centre (LGBT support centre)
- Family Health Isis
- Black Users Forum (Lewisham)
- Amardeep
- Vietnamese Mental Health Services
- Fanon Resource Centre

Feedback from the above (and other) organizations and individuals were made available for participants to see at a wider stakeholder event

Running an event for stakeholders—May 16th 2012

- The purpose of the event was to share recent feedback and to generate ideas and discussion with a wide group of stakeholders, the results of which would inform the detail of the plans to reconfigure the psychological therapy services.

- The event and opportunities for involvement were advertised widely through local networks, including LINks, South London and Maudsley NHS Foundation Trust membership, service user & carer networks, through community mental health teams & therapy services, voluntary sector & primary care.

- A range of information was available prior to the event and everyone who booked a place was asked about their information needs. On arrival at the event, people were given an overview document about the proposed changes and an information pack about the event.

Stakeholder Event 16th May 2012

Programme:

- Welcome & Introductions
- Presentation – Proposed Changes to psychological therapies
- Themed Table work
- Review, Reflections & Questions
- Close

Lewisham, Southwark & Lambeth LINks held information stalls, and South London and Maudsley NHS Foundation Trust (SLaM), provided information on wellbeing, psychological therapies, service user involvement, and a 'talking wall' was available for people to post & display their comments & feedback.

"*Just to say thought yesterday afternoon's session was very constructive. Impressed by the range of stakeholders present and the way it was structured. Hope it was helpful in finding a way through the current changes* "
participant

Around 120 people attended the event. Participants had experience of using and/or providing SLaM mental health services or were interested through involvement with independent or voluntary sector, primary care or local authority organizations. We estimate that 30% of participants were mental health service users or carers. Members of the *Mood Anxiety & Personality Clinical Academic Group Service User Advisory Group* supported the event by meeting & greeting participants, opening the event, participating in the presentation and table work and being available for individuals to approach to discuss the proposals. Dr. Jonathan Bindman (clinical director) and Carmine De Rosa from the advisory group gave a presentation outlining the proposed changes, the rationale behind the changes, how stakeholders had been involved so far and the aims of the event .

Table work focused on 8 themes identified from previous involvement work with stakeholders and staff — Referral, Assessment, Waiting for treatment, Treatment, Peer Support , Voluntary Sector & Local Authority Partnerships, Does it work/What was it like

Feedback from targeted involvement work in the preceding 6 weeks was displayed on the tables. Participants were invited to discuss, respond to and feedback about themes on the tables, sharing ideas and raising questions where appropriate. Participants were invited to leave their own feedback on the tables or to raise issues through the facilitators.

Facilitators on the tables were asked to summarise key points and feedback to the whole group at the end of the session. At the end of the session, there was a brief opportunity for people to raise questions to the whole group and next steps were outlined. Participants were asked to complete a brief evaluation form which included the opportunity to give final comments about the proposed changes.

Themed feedback

'I did really enjoy the day and want to thank you for organising the day. It was quite inspiring to see so many conversations taking place between all the various stake holders'

participant

Feedback from the table work including feedback gathered during the 6 weeks leading up to the event, was collated, themed and is summarized below in the following categories

- **The model**
- **Referral**
- **Assessment**
- **Waiting for Treatment**
- **Treatment & Support**
- **Measuring Outcomes & Understanding Patient Experience**
- **Communications & Involvement**
- **The Whole System**

The model:
We propose that: Each borough has an Integrated Psychological Therapies Team (IPTT) with a single point of access.

- There was positive feedback about the proposed single point of access

Comments included the need to:
- Maintain evidence-based treatments
- Offer a variety of and choice of therapeutic support -
- Evaluate new innovations
- View therapeutic support holistically - *"I see therapy as part of many services. It's to do with how the person interacts and relates to you. There's much more scope out there for therapeutic input without just using the label "psychotherapy."*
- Offer services in a range of settings (eg GP practices, community organizations etc) – *"It is a really good idea to have 'community outposts' for BME clients services" "Go to where the people are, rather than where your office is"*
- Move away from 9 – 5 provision and be more responsive
- Work more seamlessly with primary care, & have good transitions between other mental health services
- Retain the good work that is already happening *"Lets not lose good work that is happening already – eg: Vauxhall City Farm"*
- Make sure the system works before implementing it
- Be clear about who is eligible for the service in terms of level of severity -

Concerns and questions raised:
- Volumes of referrals and capacity to respond in and across teams – particularly with the increased relationship with Community Mental Health Teams - *"Capacity of single point of entry, some need for more work." "What about re-referrals? Is this an easy-in/ easy-out thing?"*
- Being able to understand the before & after scenario in terms of activity
- How does payment by results work with ongoing and long term mental health conditions?
- The relationship with the CMHT's is pivotal in the new developing service

Referral

We propose that: Services such as GP's and Improving Access to Psychological Therapies (IAPT) refer to a 'single point of access' in the Integrated Psychological Therapies Team (IPTT). Referrals will be 'triaged' collaboratively by IPTT and community mental health teams to ensure the most appropriate assessment, signposting or treatment is offered.

Comments included the need for:

- Clear and consistent referral procedure – mutual understanding about what is expected – both between referrer & IPTT and service user & IPTT
- At the point of referral, to manage expectations further down the line, Be clear about what information is needed at referral
- Good preparatory work with service users prior to accessing psychological therapies
- Excellent information for referrers, Primary Care Trust, service users/carers and wider organisations about what is available, and how people could benefit and who can refer
- Consideration of under represented groups – eg Black & Minority Ethnic (BME), Homeless   *"Why will the proposal improve access and use of talking therapies? Black, Asian and other minority groups (BAME) are not going to have better access the service any more than they do currently due the stigma associated with mental health care services; the fear of being detained under the Mental Health Act, and the history of the relation mental health services has had with BAME people to date?"*

## Concerns and questions about:

- The capacity of GP's to respond to mental health issues, and to be informed about what services are available
- The quality of work done by potential referrers being crucial – whether IAPT, GP or Community Mental Health Team (CMHT) as this may (or may not) result in referral to IPTT
- The time at which a diagnosis is made, is it part of the assessment process?

Suggestions/ideas

- Referral form to indicate whether psychological therapies or engagement assessment & stabilisation (EAS) would be more appropriate
- Check list on referral form
- Training for GP's
- Contact person for referrals/GP contacts
- Information for service users – leaflet/website – on what to expect from referral to end of treatment
- Patients with lived experience of treatment to induct & navigate – service users can signpost to other organisations
- Link with community development workers in IAPT to increase access to BME communities
- Joint mental health promotion work between Assessment &Treatement and IPTT could assist with access BME communities for example.
- (Face to face) contact between IPTT and service user to explore expectations, assessing motivation and commitment.

Assessment

We propose that: by making sure that the appropriate 'level' of assessment is carried out people undergo fewer assessments before reaching the treatment or support that is most appropriate. The profession and grade of the assessor will depend on the complexity of the service users' presentation.
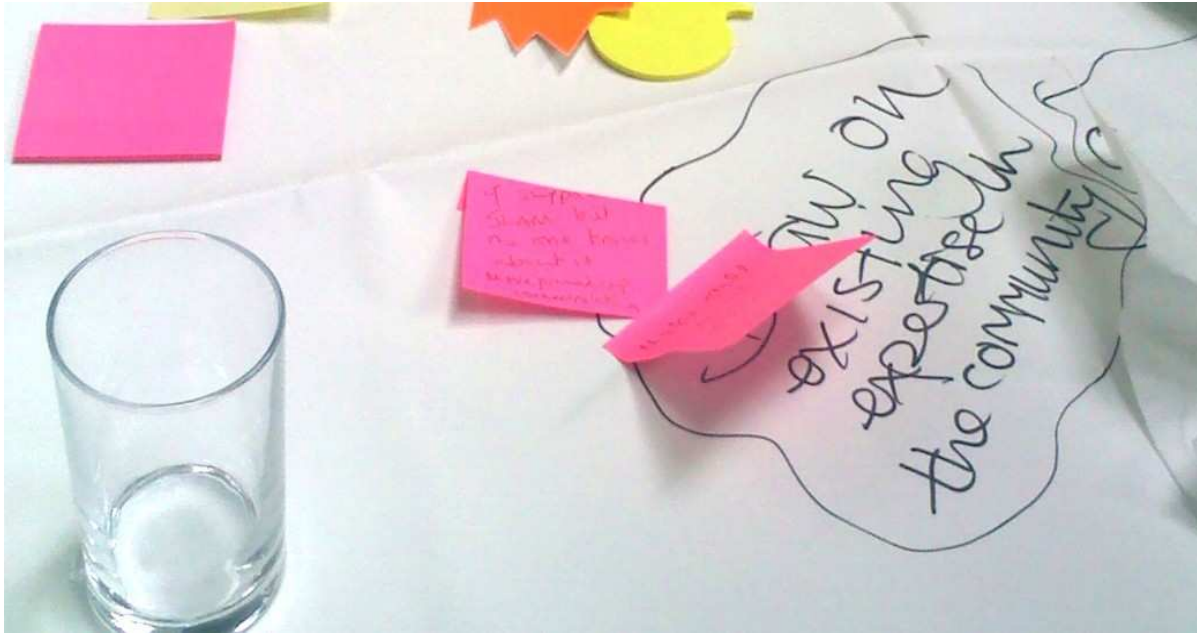
Comments included the need to:

- Minimize number of assessments for service users
- Approach the assessment more as a 'consultation' and less as a 'test' to be passed in order to access therapy
- Consider the option of face to face contact with service user to 'fill in the gaps' from referral & ensure correct treatment is assigned at single point of access Integrated Psychological Therapies Team (IPTT)
- Work with Assessment & Treatment in Community Mental Health Teams to discuss & log initial screening of referrals & take to weekly meeting
- Continue & extend work with BME groups currently working with Community Mental Health Teams (CMHT's) to promote access for BME service users
- Have a variety of professionals trained to undertake assessments
- Develop a transparent process, sharing assessments with service users/ external organizations where appropriate. Giving information about why someone is not seen as suitable.
- Be flexibile in the way of assessing someone, to be decided with service user
    – eg: phone or face to face

Assessment - Contd

Questions and concerns:
- Who would be members of the assessment & formulation meeting (clinical & peer)?
- Feedback about assessment: need for culturally sensitive, understanding & respectful work, & 'language can be an issue rather than race or culture'
- *"Service users do not care what colour/race/sex the assessors are – just want the help!"*
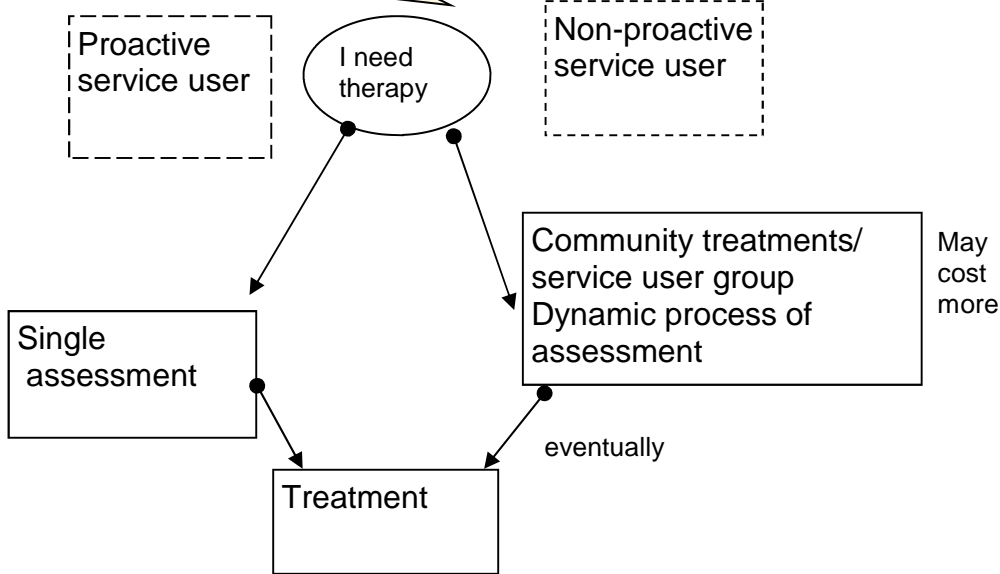- Would there be generic assessment and/or modality specific assessment?

Ideas
- Service users being more involved in the process – eg: carrying information that can be taken forward from one assessment or new appointment to the next
- Training for GP's
- Share formats with voluntary sector, to improve interface
- An objective assessment panel (clinicians, service user representative?) who assess and then decide what mode of therapy is best for each case
- Discussion about how to manage waiting times to be undertaken at the assessment stage, with realistic information about waits
- After the assessment people could be given information about: Big White Wall (not everyone has a computer) & other websites, Support Groups – there could be a list of options

"How can service users put their own assessment/story on the electronic patient journey system?"

'Wait for assessment – no email/phone - being proactive not possible …….' ………Cant always be proactive…….

Proactive service user

I need therapy

Non-proactive service user

Idea…..

Single assessment

Community treatments/ service user group Dynamic process of assessment

May cost more

Treatment

eventually

Waiting for Treatment

Patient experience data tells us that we need to improve satisfaction rates around waiting times for psychological therapies.
We propose that: We monitor waiting times between assessment and the start of treatment and that we maintain a dialogue with commissioners around the capacity of the service to meet the demand.

Comments:

- We should try to make waiting an opportunity rather than a burden, using the time to support people to prepare for therapy
- Community Mental Health Teams need to be part of the solution to managing waiting lists
- The service user should not be a passive person waiting
- Staff should understand the anxiety that service users may experience during waiting
- It is important to acknowledge change in people during the waiting time

Questions and concerns:

- Inheriting a large waiting list in the new Integrated Psychological Therapy Teams (IPTT)
- Would like to see a before & after picture of waiting list number by modality

Ideas:

- Using a long wait trigger
- Checklist for people on waiting list – what to expect, when
- Provide information about the waiting times, regularly & systematically updating people on the waiting list using a variety of methods eg: email/text/letter/phone
- Groupwork during waiting time: peer support, therapeutic 'holding groups', internet groups, workshops on how therapies work, and what is involved
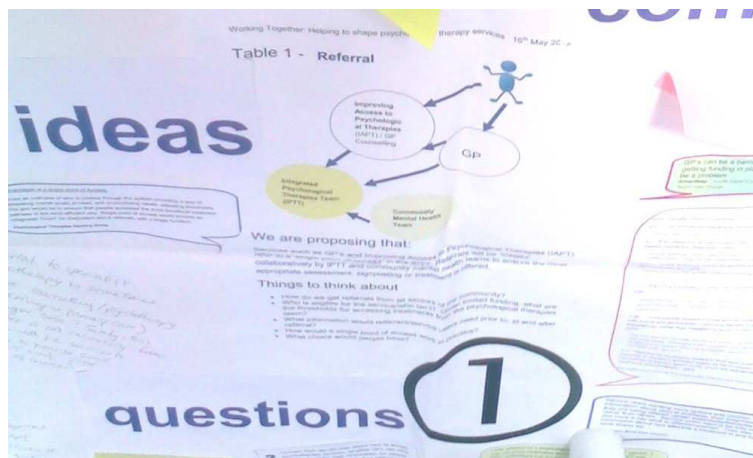
Treatment / Support

We propose that:

- A 'stabilisation and/or re-ablement pathway', within a therapeutic relationship will be offered to most service users initially.We develop new approaches and joined-up ways of working with the 3rd sector, the local authority and other agencies to ensure the most appropriate level of treatment is offered to service users
- The capacity of the service will need to be monitored closely to ensure it is able to accommodate as much psychological therapy as possible. There will need to be a systematic approach to working effectively & efficiently. The more skilled and experienced workers will assist others to run groups, to supervise and mentor other staff in being 'therapeutic' in their assessments and treatments
- We also need to do things differently – we have fewer resources and we want to maximise the therapy we offer.

Suggestions that the service should include:

- Variety of therapies - *"Service users want more options and choices. Want information about what is available, their diagnosis, why they are being offered certain treatments/therapies – rather than others. "*
- Evidence based treatments
- Opportunities for long term therapy
- Real time information & signposting.
- Psychoeducation, peer support, staying in touch, recovery college
- Co-production written into the pathways
- Procedures for service users to change workers if they are not happy
- Opportunities to offer patients some choice over where they are treated - (e.g. voluntary sector agency).' Go to where the people are, rather than where your office is' to promote access for BME & other underrepresented groups
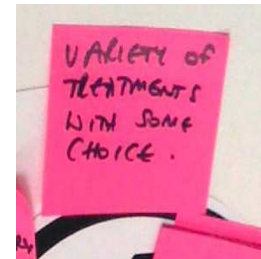
In developing the service the need to:

- Consider how we treat conditions for which there are no NICE (national institute for clinical excellence)guidelines?
- How much time & money can be allocated for introducing and researching new modalities?
- Consider what is meant by peer support, how does it differentiate from user run groups, how good is it, what is the evidence around its benefits?
- Differentiate between peer support, friendship & peer advocacy
- Develop greater collaboration with voluntary sector in both provision of formal therapies and promotion of therapeutic work or therapeutic ideas
- Consider how partnerships and relationships with external organizations can be developed to enhance the pathway for service users, and how this can be funded, how to overcome practical issues such as information sharing etc
- Draw on the expertise in the community, developing networks and communication systems – the voluntary sector can have better representation

Treatment/Support Contd:

The need to:

- Consider the implications for existing service users going through the changes to service
- Consider the support needs of staff
- Understand that most patients prefer to access services locally,

Concerns and questions

- Are there modalities that are currently provided that are at risk of not being provided in the new service?
- The honorary/trainee system - what are the implications on this in the proposed changes? "*Trainees are the future*"
- Concern about how peer support will be used – it should not be used to replace statutory services. Need to have strategies for addressing negative as well as positive aspects of peer support group work
- Peer support - the vast majority of the people that would benefit from such a project are the last to seek such support?
- How will peer support for BME communities be developed?
- How will payment for peer supporters work? How will peer supporters be supported & supervised? How about Criminal Record Bureau checks for peer supporters?
- How will funding for peer support be maintained?
- Voluntary sector & user led services are reducing due to budget cuts
- Staff who are happy to go out in community are not given the incentives such as unsocial hours/toil without bureaucracy of management
- How can therapy services be made accessible to people who are homeless or in insecure or temporary accommodation?
- Services need to be made more acceptable to BME groups
- How do the IPTT work closer with Community Mental Health Teams – as they need to
- What can people do when they are in a crisis

"Community Mental Health Teams (CMHT's) have been good at delivering short term interventions such as workshops on anxiety & depression or mini CBT courses on sleep or anger management. CMHT's have also given me one off social work support around a housing problem, and offered me a 6 week healthy lifestyle course with a social worker, which did not completely meet my needs. I found that the worker was able to remember the things she had said more than the things I had said. I have thought for some time that the workers would benefit from more training in listening skills. I don't go to the CMHT when I'm in crisis – as I come out feeling worse. They only want to assess me in terms of risk and whether I am safe to go home. I want support and space. Our agendas are too different. I only go when I feel well enough."

Treatment/Support Contd:

Comments about therapy:

- Group work – people learn by hearing from others in the group, can help people feel more connected, working with peers can make more difference
- Individual therapy - too didactic. *"It feels like "clinician knows best." , "you can have too much therapy".*
- A collaborative relationship is the key
- Cultural barriers: therapists may not understand the cultural context

"Its not just about race with psychotherapy – class is an issue too"

"the therapist did not understand my background", Language is a problem in accessing psychotherapy as interpreters can impact on the relationship between therapist & client. Some therapists can speak other languages, but only offer therapy in English, Difficulties of therapies via interpreters. Lack of Vietnamese speaking therapists.

Comments about peer support

- People can gain expertise in recovery – from other service users as opposed to from training
- You can be given hope via peers. "*If someone else says, look, this is how I coped with the situation it can give real hope rather than a professional just saying what to do."*
- Peer support – people can talk in their own languages, a neutral space, dispelling the myth of professional superiority, less hierarchy, non directive/ authoritarian
- Example of peer support – Amardeep & group for older people
- In peer support groups those who are more experienced in using services can support others who are new to things – but we need to keep aware of the difference between advocating and befriending
- Peer support needs consistency, leadership & structure

Comments about partnership working with external organizations:

- Recognize the strength in each group - its not just about money
- A clearer understanding from service users and professionals about other community outreach 3rd sector groups that are out there.
- Main issue at our table was need for clear pathways from Voluntary Sector to SlaM/NHS/GPs and vice-versa.

Ideas and suggestions

- To promote attendance at appointments – how about a system of deposits?
- Types of therapy – mentalisation therapy, Rogerian Therapy
- Build in systematic and regular feedback
- Advocacy services in psychological therapy services
- Link with researchers to look at conditions that are 'difficult to treat' & develop new treatments
- Staff training to include: Lesbian Gay Bisexual Transgender (LGBT) awareness training, recovery training
- Work with the local MINDs

Treatment/Support Contd:
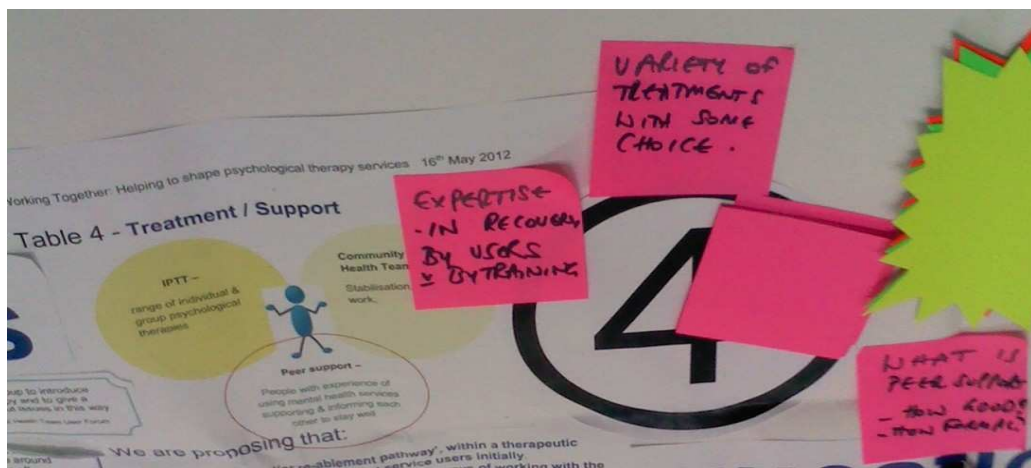
Ideas and suggestions about peer support:

Peer support could offer:

- Support to people to navigate the IPTT system—induction, through assessment etc
- Signposting to relevant support/information whilst waiting for therapy
- Informal support after a formal intervention
- Ways for people to give feedback about how they have experienced the service
- Life skills, self advocacy & therapy skills

> *"Teach peers counseling skills. Basic counseling is not hard to learn, is effective & gives peers a tool to use."*

- The trust that exists within a peer support relationship could easily be compromised if it was seen to be simply an extension of statutory services.   It might be a good idea for there to be an ongoing user only group established to discuss issues that arise form peer support.

Specific suggestions:

- Tree of Life & Kindred Minds—to work with SLaM on this model together & promote on the wards in Southwark
- Cognitive Behavioural Therapy (CBT) M.O.T *' This idea came out of my telling my CBT therapist that in an ideal world I'd like to have a top-up of a few weeks of CBT every year.'* Annual top-up available of a 4 week peer-supported course run twice a year for people who have done CBT and want re-motivation. Co-designed by trained professional & experienced ex-CBT service user .5 or 6 members per group, self referral and with a commitment to attend all sessions.
- From Four in Ten : *- "User run & user led organizations, talk to us, we would love your support & you might need us"*
- Peer support for families? – dispelling myths. Home visits, training, money?
- Training service users to be peer support mentors

Treatment/Support Contd:

Ideas and suggestions contd:

- Directories for each borough with local support opportunities, a newsletter - A HUB for this service to include a LIST/directory of relevant/appropriate Voluntary sector deliverers.
- Map the current services in the local area. Think innovatively to provide a range of support. Think prevention, look at work with young people & children

> *"It would be good to have a 'talking therapies forum' for networking between SLaM & voluntary sector organizations, have a system for representatives from different groups to come together – elected members, safe in a group "*

- Improve links between voluntary sector & SLaM by having a named person as champion, phone numbers, champion, office space to go to, team contacts, agreed response times - could we get a formal link between voluntary organizations and the hospitals
- 'Talking therapy' groups for BME groups to introduce people to the idea of talking therapies
- Care co-ordinators (with greater cultural understanding of service user) could share maybe 10 mins of the therapy session to liaise around practical issues such as housing & to offer a cultural bridge where needed
- Trained volunteers to access isolated people
- Low level care co-ordination with recovery, support & crisis plans for clients with occasional needs, 6 –monthly appointment ? plus rare specific-need appointments
- Community Mental Health Team workers could ask clients on a regular basis, how the treatment is going and if there are any problems or issues
- Clear information and/or workshops for service users about the different types of therapy, how they work, what the evidence is about their effectiveness etc

Measuring outcomes & understanding patient experience:

We propose that: Staff & people with direct experience of using services work together to develop a framework for measuring patient experience across all the IPTT's. We develop a consistent approach to measuring outcomes across the psychological therapies services.

Comments about outcomes:

- Treatments/interventions should be shown to be effective, and that there should be standard way of doing this whatever the modality/approach used. The proposal has not however said how effectiveness is to be determined and how will you ensure that funding only goes to those who can adequately monitor and show effectiveness over time?
- Demonstrating effectiveness is not yet an exact science: means of such demonstration are more straightforward for some modalities than others
- How will you measure the outcomes such as hope/belief?
- Translated measures – difficulty of interpreting
- We need to become more aware of the ways in which the information we provide can be useful to and used by service users (this said by a psychiatrist). We need something beyond the basic stats approach of the CORE OM.
  "I have had several treatments, interventions etc over the years. I have NEVER been asked how I felt about it"

Ideas & Suggestions about outcomes

- Different styles of monitoring/assessing treatments & interventions to suit individual needs
- After 4 treatments, service users are invited for a chat to see how treatment is going
- Ask people about outcomes much later after therapy
- A discussion about outcome measures
- Consistent monitoring of outcomes for benchmarking – keep commissioners happy Sharing outcome measures

"It would be good if we could be looking at aspirations rather than targets."

Measuring outcomes & understanding patient experience contd:

## Comments about understanding patient experience:

- Clear commitment on patient feedback from SLaM, clearly communicated to patients, patients can see how their experience has an influence, on their care, but also on the service as a whole
- Continuing (throughout and post therapy) feedback and dialogue about what is happening – not just an assessment form at entry to the service then another one at the end. You need to feel you are being listened to and valued as a human being. Not just tick box experience
- Patient Experience Data Intelligence Centre (PEDIC) (the SLaM system for analyzing user satisfaction questionairres) is useful and important, and has been adapted and developed in the light of user feedback . It is one way to collect patient experience data.
- Need a variety of methods to collect feedback
- Need to consider how to get feedback from people who do not speak English
- Need to consider how to get feedback from people who do not finish therapy
- Carers & family members need to have opportunities to feedback about their experience of services
- Need more qualitative data to back up the statistics so we don't lose what real individuals are experiencing

Ideas and suggestions about patient experience:

- Use peer support groups to express experiences/feelings
- Services users call, return phone call. Other means of feedback – phone call, groups, questionnaire
- Idea of being asked after treatment & assessment – what it was like being able to feedback

PALS (Patient Advice & Liaison Service) & complaints:

- It is helpful to be able to discuss difficulties locally (with a team manager?) without making a formal complaint - *"Sometimes all I'm looking for is an apology when something has gone wrong – I don't want to be lumbered with a complicated complaints procedure." "PALS has been disappointing"*
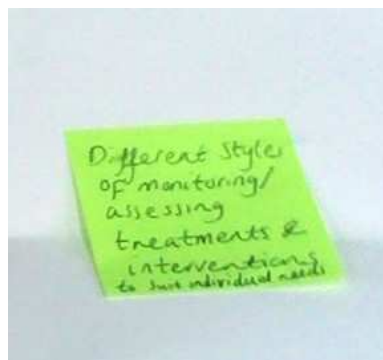
Communications & Involvement

We propose that:
- The service user advisory group continues to support the development of the new services
- People with experience of using services participate in the steering group that leads the development of the new services
- People with experience of using services work alongside staff to develop a framework for understanding 'patient experience' and for exploring options around 'outcome measures'
- Each IPTT holds regular service user forums to explore themes raised in patient experience feedback

Comments about keeping people informed:
- Need for accurate, clear, honest communication & dialogue, being open about the parameters of scope for change or influence
- *"Good to know in advance about the meeting on the 16th, better than the meeting in March."*
- Information designed with service users & staff that people can understand
- Information disseminated through a variety of routes
- Continue to use other groups, organizations to get information out to the 'grass roots', BME communities etc.

"Our main concern as a group is that most of our members are isolated and don't receive any information about changes affecting their lives."

Ideas & Suggestions about keeping people informed
- Information about changes written from the perspective of a service user illustrating how things would change
- Use SLaM website to give updates
- Newsletter

Comments about Involvement
- Service users need to be involved and included 'along the way' of the consultation, outcome & implementation and on management bodies
- Groups need to have an 'equal playing field' not be SLaM staff dominated
- Service users want to be more involved in the developments of services – need to offer clear ways of how people can become involved
- *"We need to promote grass roots involvement "*
- Working Together (not us and them, but we)
- Continue work with LINks
- *"Need to listen, not talk at people" "Ideas around collaboration and consultation very well received". "It is a matter of record that several parties felt that this consultation had taken place without some due considerations. In particular, feedback from staff and LINKs recorded concerns at inadequate consultation with service users. "*

Communications & Involvement contd:

Suggestions/ideas about involvement –

- Broaden the MAP Clinical Academic Group Service User Advisory group – what it is and how we use it – to include wider stakeholders – or the advisory group could link to other groups
- Use the Trustwide Involvement Group to oversee and comment on consultations – getting together with other groups to agree a way forward - Trustwide Involvement Group needs a website

"Comments & suggestions are fine – Action is the name of the game"

- Set up an advisory group with external stakeholders and service users to develop a framework for evaluating the success of the new service
- A group owned by the community to develop recommendations to give to an internal group, or a central body representing community organizations to discuss issues
- Offer better support to service users to attend steering groups
- Attend GP patient participation groups
- Use a variety of routes to get information/ feedback about proposed changes to services, having discussions locally, peers talking to each other, showing the actual comments that people make
- Get feedback & respond
- Share the learning about the involvement process across SLaM

The Whole System
In addition to feedback about the proposed model, people gave their views and ideas about the whole system:

About commissioning:

- How much resource will go into commissioning & bidding? Do the right people have the right skills?
- Joint working / consortium projects need support of commissioners and a sustainability plan – learn from experience of consortium work in older adults. Market day for GP's to find out about services
- Commissioners could be creative *'spread the pot'* not just purchase from the same areas
- *"Don't forget the on-costs when commissioning services"*
- Range of services, *"need more social support & less talking therapy"*
- *"Need SLaM to see 3rd sector as partners not competition" " Looking to work with SLaM under contract, so can provide services free at the point of access"*
  "We need to change how we work, costs, marketing to attract personal budgets"

Reduction in funding

- Concern about the impact of less funding—*"It's a tough situation – there will be misery & casualties. Maybe invest more in prevention & counselling – this cuts costs in the long run & is more effective"*
- Acknowledgement that due to lowering of budget this is very difficult.
- *"Despite assurances that out group would continue and our therapy would not be disrupted our therapist has made a decision to leave SLAM and accept a job at another Trust. This obviously has big implications for our group who will spend the next months trying to come to terms with this and build up a relationship with a new therapist I fully back the concerns expressed by the St Thomas's team at the Lambeth scrutiny committee which I did attend. It would be no exageration to say that the therapy I have received has been life changing and I am deeply saddened that cuts to the service would unable others to benefit "*
- *"I would like to re-iterate my concern about losing the most experienced psychotherapy staff, in terms of retaining the honoraries who require high level supervision and also in terms of the reduction in highly qualified therapy hours available to clients. I strongly believe removing these lynch pins positions holding the structure together would degrade the entire service provision quality, rather than solely being a reduction in provision. Eg St. Thomases Psychotherapy Dept. uses their most experienced staff to assess referred clients.(psychological therapies service user)* **IDEA:** *Make cuts elsewhere – take money from IAPT services (?) to keep the higher level staffing - in order to aid recovery for those with deeper, more complex mental health needs and thus avoid increased costs from the fall out of not adequately providing for these needs."*
- *"What evidence is available to demonstrate that IAPT and similar interventions are reducing demand for the psychological therapy services this proposal is considering? "*

Response & Next Steps

Communications & Involvement

The feedback about communications & involvement received prior to and at the event on 16th May was reviewed by:

- *The Mood Anxiety & Personality Clinical Academic Group Service User Advisory Group*
- *The Psychological Therapy Services Reconfiguration Communications & Involvement Working Group* (Membership of this group included the local LINks, members of the service user advisory group and SLaM staff)

From these discussions, the following recommendations were developed :

1) Time is set aside, in forums overseeing the implementation of the project to review the feedback generated in the recent involvement activity alongside feedback received in preceding months. Discussion about the feedback is documented and changes to the proposals as a result of feedback are identified and communicated to stakeholders.
2) The implementation plan that is developed includes opportunities for small time limited group work that includes people with experience of using services and where appropriate other stakeholders to inform the detail of the new service. This group work may also include specific topics discussed in existing user forums rather than people coming to SLaM working groups.
3)The implementation board develops a workplan with a timescale that means that stakeholders can be included
4)The Mood Anxiety & Personality Clinical Academic Group Service User Advisory Group representatives should sit on the project implementation board and will ensure that the advisory group is kept informed and involved in the work. The advisory group will develop user-friendly briefings which will be disseminated widely to user/carer groups, LINks & other interested bodies
5)A working group is set up (to include LINks, advisory group members, service users with experience of psychological therapy services and staff in psychological therapy services) to develop a framework for measuring outcomes of the new service to include activity, patient experience, clinical outcomes & patient reported outcomes
6)Lessons learned from the involvement in this service reconfiguration is shared within the Trust
7) A report detailing the recent involvement activity, is disseminated widely to those who participated in recent involvement, local organisations/ LINks & on Trust website & service user blog.

On June 16th, these recommendations were discussed and agreed at the strategic group responsible for overseeing the changes—the Project Implementation Board. Membership of this board includes senior clinical and management staff and representatives from the MAP CAG service user advisory group.

Integrating feedback & suggestions into the plans

'The initial proposal was developed using themes that service users had raised in previous work on care pathways. The basic premise of the model is to reduce assessments and to offer a less complicated journey into and through psychological therapy services. Service users felt very strongly about these two things. For this reason, it is not surprising that service user and wider stakeholder feedback has on the whole been supportive of the borough based integrated service and we have therefore not made any major changes to the overall model. However, a lot of the suggestions relate to 'how' rather than 'what', and there were good ideas about the approach we should take:- how we communicate, how we engage and inform people and how we work collaboratively were strong themes from the recent work'

Steve Davidson—Service Director

'The feedback we have received has definitely influenced our thinking - for example we understood from the feedback how much people valued the existing range of evidence based therapies but acknowledged the need to include a wider range of psychological approaches for people who have high levels of need but for whom long term therapy is not necessarily helpful. We also heard that some people did not get referred to psychological therapy until after long periods of care from community mental health teams, for reasons that were not clear to them; we need to take a much more systematic approach to considering the full range of treatment options as soon as possible after people have come into contact with mental health services.'

Dr Jonathan Bindman—Clinical Director

Working with the feedback—The Project Implementation Board

All feedback/comments/suggestions as documented in this report, have been circulated & read by members of the *Project Implementation Board*. The board noted the breadth, detail and quality of the feedback. It also noted that whilst there were some themes, some of the feedback was contradictory or there were good reasons why suggestions could not be taken forward. The following was agreed:

• to integrate appropriate ideas and suggestions into the detailed plans as they were developed over the coming months.
• to be clear to stakeholders that the service would have to take a view on whether and how to integrate suggestions into the service.
• to identify areas which have been informed by the recent involvement activity and to communicate this to stakeholders
• to produce and disseminate widely a report about the recent involvement activity

Working with the feedback—making plans a reality

The Project Implementation Board, supported by an Operational Group will build on the feedback & ideas to develop a 'service specification'. When agreed with the commissioners, this will outline the level and type of activity that the new borough based services will provide.

 As agreed at the Project Implementation Board a draft service specification has been developed and circulated to staff in the new borough teams for consideration. Ideas and suggestions from the feedback have been incorporated as appropriate into this document and all the feedback has been made available for the new teams to see.

Working with the feedback— considering specific themes

Specific sections of the feedback have already been digested and reviewed by existing groups for example:
- Feedback & ideas focussing on communications & involvement were reviewed by the *The Mood Anxiety & Personality Clinical Academic Group Service User Advisory   Group* and the *The Psychological Therapy Services Reconfiguration Communications & Involvement Working Group*). From this the recommendations adopted by the *Project Implementation Board* were developed.
- Feedback and ideas focusing on peer support, has been circulated to a *Trustwide Peer Support Working Group* for consideration

We anticipate that as specific work is done on particular aspects of the pathway, for example, assessment or referral, the detailed feedback will be re-visited.

Opportunities for involvement as the plans develop

At the second meeting of the *Project Implementation Board*, the recommendations on communications & involvement were agreed and the following actions identified:

- wider stakeholder involvement will be considered in all workstreams.
- to develop a small working group which will develop an evaluation framework for the new services—to include outcomes, patient experience, levels of activity etc. Membership of this group will include people with experience of using & providing psychological therapies as well representatives from local LINks.
- where wider or extended involvement is not practical due to unavoidable timescales, SLaM will be open about this

It was noted that a number of individuals have expressed interest in being involved, and that the service user advisory group will continue to support the process.

Representatives from the service user advisory group who attended the Steering Group in March & April are now members of the *Project Implementation Board* and the Operational Group. They report back to the Service User Advisory Group which has now begun to produce a monthly briefing sheet which has been widely disseminated.

The reconfiguration of psychological therapies services is a regular agenda item at the monthly service user advisory group meetings and updates are given by the representatives.

This report will be disseminated to those who have participated in the work and within wider networks.

Involvement Action Plan

Objective	Actions	Time frame
Keep people informed and updated about progress	• Produce and disseminate report about involvement • Produce and disseminate briefings from service users advisory group • Identify areas where feedback has influenced, informed or changed plans & feedback to stakeholders • Attend meeting at Lambeth/other LINks as agreed at March Meeting	*June/July 2012* *Monthly from May 2012* *August 2012* *September/ October 2012*
Ensure stakeholders are involved in small working groups as appropriate	• Contact people who have expressed interest in further involvement to discuss particular areas of interest • From the developing operational plan, identify areas for future or continued involvement	*June/July 2012* *July 2012*
Develop framework for measuring outcomes and patient experience	• Set up small working group to include people with experience of using and delivering services as well as representatives from local LINks	*July— September 2012*
Obtain more detail about how the service can be more accessible for BME communities	• From existing feedback produce ideas to discuss in small service user-led focus groups in bme organisations	*July— Septemnber 2012*
New teams up and running		*September 2012*
To give people systematic opportunities for involvement & feedback	• Each IPTT to establish service user forum for people using the service to give feedback & be involved in service improvements • Offer systematic opportunities for service users to feedback on patient experience via questionairres	*Quarterly from December 2012* *Ongoing from November 2012*

Lessons learned from the involvement process:

The Psychological Therapy Services Reconfiguration Communications & Involvement working group reviewed the involvement activity and the following learning points were identified:

- To involve service users at all stages of planned changes
- To plan well in advance for service change to enable meaningful involvement to be undertaken
- To be clear about the parameters of the involvement – what is given, what can be changed and what cannot. Where there are restraints – be honest.
- To ensure that the advisory group is supported & informed enough to co-lead the involvement process.
- To undertake a range of involvement activities – small focus groups, large wider stakeholder groups, working with user/carer organisations
- To provide information in a range of ways eg: verbal, written & with varied detail according to need
- To demonstrate and communicate changes made as a result of involvement/feedback

These lessons will be highlighted through Trust Patient & Public Involvement Networks

Final Thoughts….

"It is great that service users are fully involved in the review and implementation of the proposals with senior management and that their voice is heard at all levels within the MAP CAG"
Graham Hadley Mood Anxiety & Personality Service User Advisory Group

"The stake holder consultation has provided the MAP CAG executive with excellent information and ideas which will inform the development of the service specification. As the reconfiguration develops there will be opportunities to broaden the scope and range of user involvement. Thank you all for making such a valuable contribution to the improvement of the services the MAP CAG provide."
Carmine De Rosa Mood Anxiety & Personality Service User Advisory Group

"This process has not only strengthened the relationship between the senior management team and the service user advisory group, but has also given us opportunities to engage a much wider range of people in the development of the new services. I believe that the quality of the new Integrated Psychological Therapies Teams will be better for it."
Alice Glover—Patient & Public Involvement Lead—Mood, Anxiety & Personality Clinical Academic Group

Contact Information

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