

Changes to community psychological therapy services across Lambeth, Lewisham and Southwark

1. Summary

We have worked with *commissioners** to look at reorganising the way *psychological therapies** are provided across Lambeth, Lewisham and Southwark.

The way that psychological therapy services are currently provided can be confusing to patients, referrers and commissioners. A number of services have developed independently over time and operate in different locations – not necessarily in the borough where the service user lives. The planned service model involves creating a single psychological therapy team in each borough that will bring together therapy provision previously delivered in the separate services. Working alongside our existing community mental health teams, they will provide patients and GP referrers with a single point of access to a range of psychological therapies, according to assessed clinical need.

In the last few years, commissioners have spent a lot of money developing psychological therapy services that GPs can refer to directly (the ‘Increasing Access to Psychological Therapy’, or IAPT services). These have been very successful and for some people they are a good alternative to more specialised services. This means that, given that the financial situation is now more difficult commissioners want to reduce the amount of money spent on the specialised services.

Themes from patient experience information were taken into account in developing a proposal, which was shared with service users/carers and staff in November and December 2011. We adjusted the plans in the light of feedback from staff and service users and are now ready to let people know about the more detailed plans.

The services that will be affected by the changes provide services to people in Lambeth, Lewisham and Southwark and are:

- St. Thomas’s Psychotherapy Service (SPS) in Lambeth,
- Co-ordinated Psychological Therapy Service (CPTS) in Southwark,
- Lewisham Psychological Therapy Service
- Traumatic Stress Service (TSS)
- Maudsley Psychotherapy Service (MPS)

Psychologists now working in Community Mental Health Teams in the affected boroughs will join the new services.

2. The case for change

In 2011/12 we reviewed Maudsley Psychotherapy Services and St. Thomas' Psychotherapy Services for people in Lambeth and Southwark. This showed problems in managing services that are funded in different ways. For example, some parts of the service are funded through 'block' funding, . Other parts of the service are funded on a 'cost per case' basis, which is where the funding we receive is based upon the number of people we treat. Reducing staffing can reduce the ability to provide cost per case services. The results suggested that it would be difficult to find savings through small scale change, and might lead to fragmented, poorer quality services.

As the wide financial situation means that there is less money available to provide mental health services, we believe it is better to redesign the services rather than try to reduce activity. We are expecting to have to cut the cost of services over the next few years. So, rather than make changes each year; which could create a lot of disruption, we want to make one set of changes.

We have identified and developed the processes by which people enter, and move through the services for anxiety, depression and personality disorder. This includes being clear about which treatments are best for which problems. We call these 'care pathways'. We need to make sure that people who use the services in any of the boroughs can get the treatments recommended in these care pathways. The commissioners also want to know:

- which clients are served by each pathway
- what is provided
- what outcomes can be expected
- how it is accessed

At the moment there is potential duplication: either because two services provide specialist treatment for the same condition; or because the same type of therapy for various conditions is provided by a number of different services.

In Lambeth there has been a substantial increase in the availability of primary care psychological therapy services since the launch of the borough's IAPT (Increasing Access to Psychological Therapy) service in October 2009. A total of 2,880 people entered treatment during 2010 and the service is on track to meet the target of increasing the number of people entering treatment to 3,700 in 2011/12. Though the majority of people treated by IAPT have less complex clinical presentations than those treated in secondary care, the great expansion in the availability of psychological therapies in the borough justifies commissioners' intentions to make a modest shift of resources between secondary and primary care.

In Southwark, there has also been a substantial increase in the availability of primary care psychological therapy services for Southwark since the launch of the Borough's IAPT (Increasing Access to Psychological Therapy) service in 2008. A total of 2,152 people entered treatment during 2010/11

Commissioners across Lambeth, Lewisham and Southwark have had concerns for a long time about the efficacy of the psychotherapy service and the limited evidence base in relation to impact and outcomes. It is also the case that the take up of psychotherapy services is significantly underrepresented by people from BME communities in contrast to IAPT and indeed primary care counselling services where take up is broadly reflective of the borough population profiles.

By referring people to a single point of access to psychological therapies it will be possible to ensure that people receive a full assessment and are directed promptly and efficiently to the right treatment and care. This may be a formal psychological treatment, or treatment by the community mental health team (CMHT), or they may be appropriately directed to a range of other primary care services such as IAPT other community based support.

3. The new model

In each borough, we are proposing to reorganise all the current psychological service elements into a single team, rather than looking at each element separately. We believe that making changes to the whole service in this way will enable us to resolve the historical fragmentation of the service, and improve the experience of local residents.

This approach will achieve the financial efficiency savings required for the next three years, creating greater stability for the service in the longer term. Undertaking a series of smaller changes over a longer period of time would lead to the risk of more fragmented, poorer quality services.

The planned changes will lead to the creation of a single psychological therapy team in each borough. These new teams will bring together therapy provision previously delivered in the separate services. They will work alongside our existing community mental health teams (CMHTs) and will provide patients and GP referrers with a single point of access to a range of psychological therapies, provided according to the patient's assessed clinical need.

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A peer support / group co-ordinator will support the development of groups and peer support systems that people can join after, or as an alternative to formal treatment or use, while waiting to see a therapist.

4. Staffing and activity levels

In Southwark, while the total reduction in funding will be about 22%, the aim is to achieve efficiencies within the new services which will limit the planned reduction in activity to about 10%. This means a reduction in assessments from 498 to 448 a year. The total staffing of Southwark psychological therapy services will reduce from about 16 to 13 *whole time equivalent** staff.

In Lambeth the total reduction in funding will also be about 22%, and again, the aim is to achieve efficiencies within the new services which will limit the planned reduction in activity to about 10%. This means a reduction in assessments from 331 to 298 a year. The total staffing of Lambeth psychological therapy services will reduce from approximately 18.5 to 14.5 whole time equivalents. For psychotherapist posts, this means a reduction from 8 *whole time equivalents** to 6.5.

In Lewisham the total reduction in funding will be about 11.2%. By creating a single team in Lewisham, rather than the current arrangement where therapy is provided in several services (Lewisham psychological therapies service (LPTS), Maudsley Psychotherapy Services, and to a small extent from other services such as the Traumatic Stress Service at the Maudsley Hospital as well) we will be able to provide a more efficient service and will not have to reduce the number of assessment and therapy sessions provided. In future, residents of Lewisham will be able to receive their therapy locally rather than having to travel to the Maudsley Hospital. Lewisham commissioners welcome this change.

We will work closely with commissioners and primary care referrers to monitor demand for the new service each month. If demand for the service exceeds provision, SLaM will respond and manage this using a range of measures. This will include discussions with primary care and other referrers, and other providers of psychological therapies. It may be appropriate to increase capacity of psychotherapy quickly by using a 'bank' of sessional therapists developed with the support of the existing NHS Professionals staff bank. We would consider whether this the best option at that point, based on patients' needs.

5. Equality Impact

Our *equality impact assessment** has not indicated any differential impact on vulnerable groups. Indeed, while people from Black and Minority Ethnic (BME) communities have historically been under represented in their use of secondary psychological therapy services, we expect that by bringing the process of referral to all psychological therapies into a single pathway, the representative levels of access currently achieved by CMHTs and by IAPT (primary care psychological therapy) services will be delivered throughout the secondary care service. That said, we will undertake further work on our equality impact assessment before any changes are implemented.

6. Service user and staff involvement

The proposal forms part of an ongoing review of care pathways in the Mood, Anxiety and Personality Clinical Academic Group at SLaM. Service users were involved in workshops held on 28th February 2011, 28th March 2011, and 23rd May 2011. Addressing inconsistencies in access to services was identified as a priority by our Service User Advisory Group. This group comprises people with experience of Mood, Anxiety and Personality Disorder services, and works closely with clinicians and managers in the development and delivery of services. The group has been involved in developing this proposal and a group member chaired a meeting in November 2011 for service users/carers to give their views on the proposed changes to community psychological therapy services. Comments & suggestions from this meeting were considered, alongside individual feedback in the development of the revised proposal.

Additionally, we have revised the model of service change originally proposed as a result of discussions with staff. A staff consultation was launched on December 2011 and ended on 16th January 2012. We have considered the responses from this consultation and issued a revised proposal. We are discussing the next steps with our *Overview and Scrutiny Committees* and our commissioners.

*please see jargon buster (p.5) for explanation

7. Conclusion

We believe that changes to the provision of psychological therapy in Lambeth, Lewisham and Southwark will enable us to provide an improved service to patients and commissioners. The changes are based upon a service model which we have been providing in Croydon for some time and will lead to the development of a locally based Borough service for Lewisham residents.

Jargon Buster:

Commissioners	Commissioners work in boroughs within the National Health Service and put simply, commissioning is “planning with money”. The role of commissioning is to identify the needs of the local population and to purchase services to best meet these needs, within available resources. Currently, South London and Maudsley NHS Foundation Trust are ‘commissioned’ to provide most local mental health services.
Psychological Therapies	Therapies which involve talking rather than medication.
Primary Care	Health services provided through a GP surgery or local health centre. Primary care represents the first contact point for a patient with a healthcare provider, usually a GP, in a given episode of illness.
Secondary Care	Specialist mental health services, rather than services for mental health provided by a GP surgery or health centre. Secondary care represents health care services provided by medical specialists who generally do not have first contact with patients, e.g. cardiologists or dermatologists. Patients access secondary care by referral from their GP.
Equality Impact Assessment	An equality impact assessment is a systematic way of analysing a service development to check its potential or actual impact on equality of treatment or outcomes for any part of the community, with particular attention to race, disability, gender, age, sexual orientation and religion/belief.
Overview and Scrutiny Committee	The National Health Service Act 2006, section 242, provides powers for Overview and Scrutiny committees of local councils to call in witnesses from local National Health Service (NHS) bodies, and make recommendations that NHS organisations must consider as part of their decision-making processes. NHS organisations must consult with health overview and scrutiny committees when considering substantial developments or variations to services. The duty to consult was originally set out in Section 11 of the Health and Social Care Act 2001 and later brought into section 242 of the consolidated NHS Act 2006.
Whole Time Equivalent (WTE)	Whole Time Equivalent (WTE) is the standard method for defining the amount of work of an employee for a given job. If two people job share working part-time to deliver the work of one full time employee, that represents one WTE.