

AN EXECUTIVE SUMMARY AND UPDATED PAPER ON THE PROPOSAL FOR REPROVISION OF PSYCHOLOGICAL THERAPIES – ALIGNING THE SERVICE DELIVERY TO NATIONAL GUIDANCE AND IMPERATIVES

EXECUTIVE SUMMARY

1. Introduction:

Recognition is given to the recent launch by Patricia Hewitt, Secretary for Health to addressing the inequalities in access to psychological therapies. “Successful Psychological Therapies ensure that the **right number** of people are offered a choice of the **right services** at the **right time** with the **right results**” (*Commissioning a brighter future – improving access to psychological therapies published May 2007 by DoH*). Whilst there is a clear link to initiatives set by Layard in terms of benefits under the works pension’s schemes initiative to enable people to return to work, the organisation has recognised the independent evidence that reflects this at a local level.

In August 2006 Derbyshire Mental health services (NHS) Trust Board gave the mandate to the Community Care Business Unit to modernise psychological therapies and to implement improved working practices. A project plan and team were established to deliver said change however the pace of change has been slow and the requirement on the Organisation to respond to the national and local drivers shown below remain.

- The lack of commissioned specialist psychological therapy provision in the north of the county.
- The long waiting times for CBT and Psychodynamic Services for the City and South County
- The average long treatment times for both CBT and Psychodynamic therapy
- Anecdotal feedback from current service users receiving extended treatment seemed satisfied with this situation, but patients who are facing a long wait contributed in part by long treatment episodes (of existing patients) are not at all happy with the resultant wait.
- Current plans to address waiting times are only being achieved through limiting access through the Clinical Assessment Services in community services.
- Group Therapy and Short-Term Therapy as alternative options have been cited as possible areas for improved service delivery since 2001 yet have not been

implemented well enough to impact on waiting times and effect improved throughput of patients.

- Complaints from service users continue to be received about waiting times for the therapies provided by these services. Local service user/patient expectations are therefore not being fully met.

The attached paper is a reminder of the background, evidence and rationale for change; it includes evidence from the recent staff survey and the publication of "Improving Access to Psychological Therapies report – DoH May 2007. This paper is in 4 sections as follows:

Section 1

Background The National Guidance and Imperatives that drive the case for change

Section 2

The Evidence - The framework used to assess the evidence is based on the Intelligent Mental Health Board criteria (May 2007) for assessing the overall performance of service provision.

The key areas considered are: -

1. Patients and carers experiences and outcomes including choice
2. Access and Targets
3. Clinical quality
4. Efficiency
5. Workforce
6. Finance

Section 3

The Options Appraisal and Benefit Criteria Assessment – a full options appraisal has been undertaken, the results of which are included in this report. The Options Appraisal details the service that is required to be re-provided as a key element of specialist mental health service provision.

Four options were identified for initial consideration and are listed, followed by an analysis of 11 benefit criteria which were considered essential to meet the investment objectives and constraints and to facilitate comparison of the option appraisal exercise.

Each option has been assessed to determine the extent to which the benefits identified could be realised. Scores were awarded to reflect the degree to which each criterion would be met by each option and the scores were then multiplied by the weights. The results of this process are included.

Section 4

The Conclusion

2. Key Themes:

The options considered were:

Option 1: Proceed with no further change

Option 2: Disaggregate Psychodynamic Team into Community Teams and Refocus Duffield Road and Rykneld Teams into Disorder-Based Services.

Option 3: Disaggregate Psychodynamic and Rykneld Teams into Community Teams and Refocus Duffield Road into Disorder-Based Services.

Option 4: Disaggregate all three of the Psychological Therapy Services and Reprovide in Community Services.

The evidence produced based on the Intelligent Board Framework, the Options Appraisal and subsequent results of the benefit criteria supports the implementation of Option 3.

Option 3: Disaggregate Psychodynamic and Rykneld Teams into Community Teams and Refocus Duffield Road into Disorder-Based Services.

Option 3 will allow the Trust to maintain high standards of professional staff input and will deliver an efficient, accessible, equitable and cost effective specialist service.

Conclusions:

The attached paper provides comprehensive evidence accrued over a number of years to support the modernisation of Psychological Therapies services. The national and local sources of guidance and information provide significant assurance that the proposed re-organisation is in line with the overall vision for the future direction of travel of Psychological Therapies.

Of particular significance is the feedback from both Patients, and Staff and the wider health community which is central to the outcome of this proposal. The importance of patients being able to access this service is currently receiving national interest and is as a result increasing national awareness of the limited choices available in some areas.

The aims of the modernisation are to improve outcomes and care for everyone referred for Psychological Therapy. Key factors in achieving this are to provide more accessible, acceptable and responsive services, and to reinvest essential functions of specialist health services in an appropriate way in the new modernised service system. Option 3 is one such function.

Recommendations:

The Trust Top Team is asked to:

1. Note the background and evidence outlined in this paper.
2. Consider the 4 options and the benefits realisation for each option.
3. Support and inform the effective implementation of Option 3.

4. Approve the distribution of the paper to the wider Trust (CAMHS, Adult Psychiatrists, Psychology Services, and DBT) to gain comments and support on the implementation of Option 3.
5. Advise on any additional groups/forums to be consulted.
6. To agree for an implementation plan for option 3 to be formulated and presented to this team and to discuss a timescale.
7. Agree to receive further update reports at future meetings of this team.

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