

ADULT SERVICES AND HEALTH COMMISSION
NHS SERVICE RECONFIGURATIONS CONSULTATION FORM

NHS health bodies are required under section 7 of the Health and Social Care Act 2001 to consult with health overview and scrutiny committees on any proposals they may have for substantial variation or development of health services. Please complete this form if you are considering making changes to services that:

- affects the accessibility of patients and the public to services- This may be in terms of increase in travel time, greater cost to patients, change in opening/closing time of clinics etc.
- affects a significant proportion of patients or public
- is a speciality service and meets an important regional/national need
- require consultation with the patients and public
- is more than just a temporary change and state how long it will take for the service to be put back to original or better state
- affects the method of service delivery such as moving a particular service from acute to community setting
- impacts on the wider community

SECTION 1

Name of organisation: DERBYSHIRE MENTAL HEALTH NHS TRUST

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Background information

1.1 Please outline the nature of the proposed service reconfiguration

The proposal is to reconfigure the provision of Psychological Therapies Services in the City and South County. The proposal is to modernise the current service to improve outcomes and care for patients referred.

The aim is to provide a more accessible, acceptable and responsive service and to reinvest essential functions of specialist health service in an appropriate way. The proposal involves disaggregating the current 2 teams based in the City of Derby into Community Teams in each locality in the County. Additionally, this will allow the current group therapy service to re-focus its work on providing a Disorder Based Service.

1.2 What will the proposed service reconfiguration mean for patients and the public?

A more locally accessible service. One assessment of their needs through one Clinical Assessment Service. Faster identification of their needs. A more comprehensive range of choices of treatment available. One pathway of care throughout their treatment. Consistent and comprehensive information to support their decision on treatment choice. An improved patient experience.

1.3 Please provide a copy of the project programme, illustrating the project timeline and key milestones.

An implementation plan and project plan has to be agreed.

1.4 Is there any further information you want to provide at this stage?

An Executive summary and a Benefits Criteria assessment are attached.

SECTION 2 – Further information

The following information will assist the Health Overview and Scrutiny Committee to determine its response to the service reconfiguration.

Strategic relevance and evidence base

2.1 Is the proposed service reconfiguration in context with the stated aims and objectives of your organisation?

Yes. At the core of everything the Trust does is a set of values and a statement of intent which includes:

“We will work to constantly improve services for people across Derbyshire”

2.2 How will the service reconfiguration enhance the health of local communities?

It will enhance local communities through the provision of a locally accessible and responsive service as close to peoples home as possible. The benefits include:

- ◆ Be centred on the service user.
- ◆ Be equitable across the whole range of potential service users across Derbyshire.
- ◆ Provide and facilitate informed choice.
- ◆ Respond appropriately to the diversity of service users
- ◆ Integrate staff from all agencies involved in addressing psychological needs, drawing on all professional disciplines and therapeutic models.
- ◆ Be locally accessible and co-ordinated and will manage and prioritise demand in order to be locally available.
- ◆ Is evidence based.
- ◆ Be safe and effective, delivered by trained and supervised staff that operate in a governance framework.
- ◆ Be comprehensive, offering a range of interventions addressing a range of tiers of need
- ◆ Support and train staff within the service.

2.3 a. What is the evidence base for the service reconfiguration?

The imperative to modernise psychological services is clearly driven by national policy guidance. It is clear that the Trust has a range of service inequalities in terms of access, volume and quality making the need for change imperative.

1.1 NATIONAL GUIDANCE AND IMPERATIVES

1.1.1. Creating a Patient – led NHS (DOH March 2005)

The NHS Plan in 2000 began a series of reforms, which would take the next 5 years to increase capacity and capability in the NHS. ‘Creating a Patient Led NHS’ build on this foundation and sets out what NHS organisations need to do in order to build a ‘truly patient led service’. It states that the next 5 years are about improving quality and making sure that the organisation delivers services, which are the very best value for money.

The document states the move away from an NHS that has very hierarchical traditions with professional divides and bureaucratic systems and inflexible processes', which gets in the way of good patient care. The message is simply 'how does the organisation respond to the patients' needs and wishes'?

The key requirement for mental health providers is to be able to "respond quickly to what patients want, who can introduce new clinical practices at pace and who can flex their services to fit new pathways of care". This is a vital element to improving access to services within the Trust.

1.1.2. The Operating Framework 2007 – 2008 (DOH December 2006)

This document sets out the real changes that NHS organisations cannot afford to ignore. Two of the main areas of focus are on improving access by:

- ◆ Responding to the rising expectations to deliver shorter waiting times and better services
- ◆ Reducing variations in quality, safety, access and value for money

1.1.3. Our Health, Our Care, Our Say (DOH January 2006)

This white paper again emphasises the need to do more on tackling inequalities and improving access to community services. It states that "local health and social care commissioners work together to understand and address local inequalities". The emphasis is the shifting of resources to community based care – closer to home and away from hospital based settings.

b. Is the proposal in line with 'good practice'?

Yes.

1.2.3 Community Mental Health Team Policy Implementation Guidance (DOH)

This further supports the development of locally based services with an expectation that Type A and B competencies are available in CMHT's. Access to type c practitioners in the management of complex cases, supervision of other practitioners and acting as clinical advisors is required to be available at a local level.

The internal review of Psychological Therapies in April 2003 recommended the model of a Local Psychological Therapies Service. (LPTS). The suggested model outlined the implications for clinicians who worked as part of the centralised specialities, which were:

- a) They would be required to work as part of a local service
- b) They would be expected to clinically lead psychological therapy treatment by generic practitioners, including supervision, teaching, setting standards and audit.
- c) To lead the single point of access appropriately directing patients to assessment and treatment in agreed time frames
- d) Agreeing clinical pathway and protocol work with primary care.

'Psychological Therapies working in partnership' publication by the DOH in April 2000 clearly supports the development of community-based services. The training and education strategy recently agreed within the Trust reflects and supports this model allowing for services to be reconfigured in line with the competency framework.

This approach was supported by the outcome of the Commissioner led local review of Psychological Therapy Services in January 2006.

2.4 How does the service reconfiguration complement your partner organisations' aims and objectives?

Following the formation of the County Wide PCT increased emphasis has been placed by them on the delivery of an equally accessible service to all residents of Derbyshire. Emphasis has been placed by the Department of Health on "developing marketing strategies that focus particularly on local priorities and concerns identified by Members and Governors of Foundation Trusts to improve working relationships and practices with GP's" This approach was supported by the outcome of the Commissioner led local review of psychological therapy services in January 2006.

Finance

2.5 a. What is the cost of the service reconfiguration?

The reconfiguration is cost neutral.

b. Is the project affordable, short term and long term?

Yes.

2.6 What is the source of funding for the service reconfiguration?

The service is currently funded.

2.7 Are there any direct service changes linked to the proposal so that it can be funded, e.g. service reductions, delays in new services?

No

Human Resources

2.8 What is the impact on the current workforce?

This option will involve the dissolution of the current provision of psychodynamic psychotherapy and CBT services as specialist services at Temple House and Rykneld respectively

Current staff would have to be re-located into the Community Teams and be willing to be based in the localities.

2.9 What are the human resource demands within the service reconfiguration proposals?

This option would involve the redeployment of the clinical post holders of these services into Band 7 Posts within CMHT's across the whole of the County and 2 post holders into a senior clinical Band 8a roles (responsible for clinical supervision of Band 7 post holders in respective specialism).

A central hub would be developed that would include the Band 8A's and any specific highly specialist roles that would be required to have a more Trust wide overview. The hub (as suggested by David Shapiro's review would act as a centre for support, supervision and education. As already indicated discussions with commissioners suggest that because of the current countywide responsibility of the new PCT there is an identified need to re-align the service to meet needs patients across Derbyshire.

This option would mean improved access to two specialist psychological therapy modalities across the county. The entry process would be via the local CAS at which the psychotherapist would play an advisory role and the waiting list would be managed through the CMHT in line with the revised 'internal waiting list' process agreed within the Business Unit.

2.10 Will you be able to recruit sufficient trained and experienced staff to deliver the newly reconfigured services?

Community teams quite frequently treat patients over extended periods due to chronicity of mental health problems. Patients are frequently referred to psychodynamic psychotherapy and remain in treatment for long periods. Therefore it seems a better use of resources to manage the provision of both types of interventions in parallel to each other and in much closer partnership. This will build on the existing work bringing together psychodynamic psychotherapy assessment of referrals at the Clinical Assessment Services in the community mental health teams.

Anxiety and depression related presentations require specialist skills in CMHT's that currently require further development and training. The co-location of CBT specialists within the CMHT's will result in the development of these skills and improve the psychological literacy and therapeutic abilities of the CMHT clinicians

2.11 What are the plans for workforce development?

The delivery of a modern Psychological Therapy service is dependent on a commitment to education, training and supervision.

The organisation has therefore agreed to a specific strategy in addressing the education and training of psychological therapies and where this fits within the spectrum of mental health services delivered by the Trust as a whole.

SECTION 3 – Detailed information, with a patient and public perspective

Consultation

3.1 a. Who has been consulted so far?

Over the last months service user involvement in the project management of change in these services has been supportive of change. The service user representatives have worked at providing a wide representation of views. It is therefore imperative in the new NHS for services to respond positively in developing services in response to service user needs.

During the process of the implementation of the endorsed reorganisation and improvement of the provision of psychological therapies, the view of service users has been incorporated in the project meetings. As already outlined, current service user are satisfied with long treatment episodes provided by the services. It would appear that Psychodynamic model, with the longest maximum treatment episodes, retains positive satisfaction ratings from service users. In addition during the course of 2005 a multi-agency group, engaging service users and carers, worked to develop a comprehensive model for the development and delivery of psychological therapies across the range of needs and the whole of Derbyshire.

b. Why have you consulted these groups?

The NHS document “Your Health, Your Care, Your Say” and Creating a Patient – led NHS, make some clear expectations of modern NHS services to shape and organise services based on service user expectations.

c. What questions were asked?

(Copies of Minutes of meetings available)

3.2 a. Who will you consult in the future, as part of your consultation programme?

Users will continue to be consulted and will have a key role in the Project Team.

The wider Trust (CAMHS, Adult Psychiatrists, Psychology Services, and DBT) will be consulted with in order to gain comments and support on the implementation.

PPI forum
Patient and Carer support groups
PCT's and Commissioners
Mental Health Forums

b. Why will you consult these groups?

They will be consulted as they will be receiving or working alongside the

localised service.

c. What questions will you ask?

We will be asking them to comment on the proposal and contribute to the implementation plan.

3.3 a. What information have you gathered so far from your consultation programme? (key points, themes and issues)

- 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.
- The lack of commissioned specialist psychological therapy provision in the north of the county.
- 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 current service is not cost effective.

b. How do you plan to respond to these emerging points, themes and issues?

The proposal aims to maintain high standards of professional staff input and will deliver an efficient, accessible, equitable and cost effective specialist service.

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.

3.4 What are the views of the Patient and Public Involvement Forums (or LINKs)?

Derbyshire Voice representatives have attended meetings and have also expressed that long waiting times for patients trying to access therapy while existing patients are still being treated for relatively long periods.

Changes in Accessibility of Services

- 3.5 Please set out how the proposed service reconfiguration impacts upon the accessibility of services from the patient and public perspective.

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

Is an existing service being withdrawn or modified resulting in reduced access or changes in access?

It will involve changes in access which will have a positive impact for services users.

Impact of the proposed service reconfiguration on the wider community

- 3.6 Please set out the impacts of the proposals on the wider community:

1. Supports the efficient and effective management of waiting lists to ensure patients receive and initial assessment within 6 weeks and that treatment commences within a further 6 weeks
2. Supports the delivery of equal access to specialist psychological therapies for all residents of Derbyshire regardless of location.
3. Supports reducing the variations in quality of psychological Therapies over the whole of Derbyshire
4. Supports a multi modal, multidisciplinary and full care pathway approach to targeting those individuals with the greatest need, through a joint clinical assessment service (single point of entry).
5. Delivers a central hub that develops and supports a multi-modal training strategy for psychological therapies and that undertakes regular routine audit and research.
6. Supports the involvement of service users in the delivery and monitoring of services and reduces the number of complaints into the Trust from Service Users, Members of Parliament and Local Council Elected Members.
7. Supports psychological therapies being locally owned and well integrated into mental health services with a high level of 'psychological literacy' within the Organisation
8. Supports the clear definition of which disorders are best managed by which service along with supporting the development of a tiered approach to the delivery of psychological therapies.
9. Supports a well defined leadership and operational management structure.
10. Supports the Trusts development into a Foundation Trust by ensuring delivery of the Trust Vision (Integrated Business Plan fig. 2.2.2) Trust overall Strategic Aim(Integrated Business Plan page 19) and Strategic Goals (Integrated Business Plan fig. 2.2.3)

You may want to provide an environmental or health impact assessment, or similar supporting evidence

A benefits criteria assessment is attached.

Patients affected

3.7 Please set out how the proposed service reconfiguration impacts upon patients, carers (if appropriate) and other members of the public.

- ◆ Be centred on the service user.
- ◆ Be equitable across the whole range of potential service users across Derbyshire.
- ◆ Provide and facilitate informed choice.
- ◆ Respond appropriately to the diversity of service users
- ◆ Be locally accessible and co-ordinated and will manage and prioritise demand in order to be locally available.

Methods of service delivery

3.8 Please set out plans to vary the existing form of service delivery – from an organisational and patient perspective. Further provision of information on the link between the patient care pathway and the service reconfiguration is essential.

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

Psychodynamic Psychotherapy Service (Temple House) and Cognitive Behavioural Therapy Service (Rykneld)

This option will involve the dissolution of the current provision of psychodynamic psychotherapy and CBT services as specialist services at Temple House and Rykneld respectively. This option would involve the redeployment of the clinical post holders of these services into Band 7 Posts within CMHT's across the whole of the County and 2 post holders into a senior clinical Band 8a roles (responsible for clinical supervision of Band 7 post holders in respective specialism). A central hub would be developed that would include the Band 8A's and any specific highly specialist roles that would be required to have a more Trust wide overview. The hub (as suggested by David Shapiro's review would act as a centre for support, supervision and education. As already indicated discussions with commissioners suggest that because of the current countywide responsibility of the new PCT there is an identified need to re-align the service to meet needs patients across Derbyshire. This option would mean improved access to two specialist psychological therapy modalities across the county. The entry process would be via the local CAS at which the

psychotherapist would play an advisory role and the waiting list would be managed through the CMHT in line with the revised 'internal waiting list' process agreed within the Business Unit.

The 2001 report "Organising and Delivering Psychological Therapies" recommends the increased provision and availability of psychological therapies. It does not however make specific recommendations about how these should be delivered and what models specifically need to be provided and therefore this option fully meets the requirements of this guidance.

A recent report by the Sainsbury centre for Mental Health reiterates the requirement of the "Organising and Delivering Psychological Therapies" report for health services to ensure provision of psychological therapies. It outlines clearly that Psychodynamic Psychotherapy provision can deliver benefits for a range of presenting needs and not any particular disorders. This demonstrates that the clinical work of specialist psychodynamic psychotherapists is much closely aligned to the work of community mental health teams in providing treatment to people with chronic and complex mental health needs.

Community teams quite frequently treat patients over extended periods due to chronicity of mental health problems. Patients are frequently referred to psychodynamic psychotherapy and remain in treatment for long periods. Therefore it seems a better use of resources to manage the provision of both types of interventions in parallel to each other and in much closer partnership. This will build on the existing work bringing together psychodynamic psychotherapy assessment of referrals at the Clinical Assessment Services in the community mental health teams.

Anxiety and depression related presentations require specialist skills in CMHT's that currently require further development and training. The co-location of CBT specialists within the CMHT's will result in the development of these skills and improve the psychological literacy and therapeutic abilities of the CMHT clinicians.

Duffield Road Group Therapy Service

This program of group work has been established for quite some time. The focus of the work has been based around evidence-base for effective use of group interventions for successful treatment for Personality Disorders. It is proposed that this program is already successfully managed and run based on an agreed model and needs to be explicitly presented as a personality disorder service.

It is not anticipated that this will result in any material change from what is already provided. Building on current practices this service will need to develop a clear operational policy and eligibility criteria identifies the remit of the service as a focused disorder-based service. This would provide an opportunity for integrating the emerging and developing DBT service because of the shared aims of providing evidence-based group therapy for people with a label of personality disorder. This would ensure the Trust maintained a centre of excellence in relation to working with individuals with personality disorder and a platform to continue to develop and grow the service with commissioner support.

Advantages/Benefits

- Improved concordance between community service provision and the provision of psychodynamic and cognitive behavioural models of therapy
- Will not require reorganisation of management structure but rather refocusing of management role for Duffield Road service.
- Improved information governance arrangements for the clinical management of psychodynamic psychotherapy and CBT.
- Psychodynamic psychotherapy and CBT will be provided in an integrated way that is part of a wider multidisciplinary team
- Improved integration of Psychodynamic and CBT models within community teams and opportunity for succession planning for clinical staff into specialist roles
- Clearer focus and outcomes delivered for Psychodynamic and CBT modalities as part of a range of valued psychological therapy approaches
- Clearer focus and direction for the teams based at Duffield Road which will lead to better relationship with referrers and stakeholders
- Improved management of waiting lists in the short-term and long-term
- Outcomes from specialist resources will benefit the Trust as a host organisation rather than servicing external stakeholder requirements that have not been commissioned for (training, lecturing, supervision for external stakeholders)
- This proposal will add a large amount of vacated accommodation to the Kingsway Retraction scheme
- The commissioners are supportive of improved efficiencies and outcomes for the psychological therapies services
- Better skill mix and workforce design based on explicit commissioned requirements
- Trust contributes to effective delivery against NICE guidance (provision of psychological therapies)
- Opportunity to develop the “hub and spoke” approach recommended in the local health community endorsed proposals led by Professor David Shapiro
- Opportunity for reviewing alternative psychological therapy models provided in CMHT according to need and best practice guidance/evidence-base (e.g. CAT, DBT, and Systemic Therapy).
- Opportunity to re-train staff where appropriate to provide more varied treatment options.

Disadvantages/Risks

- A management plan will need to be developed for existing waiting lists
- There may be a loss of current psychodynamic experience if postholders decide to leave posts (retention issues)
- Some short-term service user dissatisfaction (those currently open to the services) due to changes in the way service currently provided
- Careful planning will be required to ensure accommodation was available within existing CMHTs
- Dissatisfaction of existing psychotherapy staff with option and risk of further non engagement

Any other comments?

3.9 Please use this space to add any further comments relating to the proposed service reconfiguration.

FOR FURTHER INFORMATION PLEASE CONTACT:

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