Derby City Council

ADULTS AND PUBLIC HEALTH BOARD
12August 2013

ITEM 6

Report from Hardwick CCG on behalf of Southern Derbyshire CCG

Tier 4 Psychological Therapies Consultation Update.

SUMMARY

1.1	In 2011 Following a review of evidence by Public Health, NHS Derbyshire County presented plans to consult on the reconfiguration of psychological therapies.The consultation exercise elicited the views of service receivers and clinicians on plans to reduce the provision of long term dynamic psychotherapy and to increase over time availability of evidenced based therapiesrecommended by NICE.The committee responded in 2012 with the view that; 1. The Trust retained psychodynamic psychotherapy services as part of a balanced treatment service. 2. That access to psychodynamic psychotherapy services was made fair and equitable across Derby and Derbyshire. 3. That the Trust should seek to equalise rather than reduce the level andquality of service provision in Derby and Derbyshire. Since the Committees views were made known there has been further work on trying to find anacceptable way forward. This has proven difficult because of: • Changes in high level leadership and Staff capacity through NHS reorganisation process; • Concentration of financial and officer time to deliver primary care psychological therapies via an any qualified provider route (AQP) across all areas (Now achieved); • CCG budgets arenow based on historical spend and do not so readily allow the spreading of the costs of the service; • Finding additional funding from each CCG has proven difficult in the challenging financial climate with other MH priorities requiring investment; • PbR payment by results a nationally mandated method for commissioning services is being introduced and it has become clear that this will make the previous proposal unworkable; • DHcFT have invested in a research unit looking at new approaches and innovative ways of supporting people with complex needs. This needs to feed into service design. The Clinical Commissioning Groups (CCGs) therefore wish to formally report to the committee that the proposal originally sent for consultation will not be progressed.The CCGS and Derbyshire Healthcare NHS Foundation Trust (DHcFT) remain concerned that there needs to be delivered tier 4 services across the county to an acceptable standard compliant with NICE guidance that can be funded via a PbR when it comes fully into force in April 2015.

	The model of support for people with very complex needs to be developed and available in all areas of the county. Commissioners intend developing a new transformational approach jointly with DHCFT and intend to take this suggestion to their respective CCG boards in September. This will have two components - work on PbR clusters that have to be ready at the outside for October 2014 for April 2015 implementation and work on developing a service specification for people with very complex needs. There is no time pressure from external sources for this later objective but it will be a project managed approach reporting jointly to the CCGs and DHcFT board. The supporting information provides more details.
RECOMMENDATION	
2.1	To note that the proposals on which the consultation was based are now no longer being considered by The CCG.A changed Commissioning landscape and national currency being implemented necessitate a different approach be adopted. NHS commissioners and Derbyshire Healthcare NHS Foundation Trust are initiating a new joint approach which includes coproduction with service users and clinical staff. Members may wish to bring Commissioners and DHcFT back to committee in November 2013 to confirm new transformational board arrangements for the work.
REASONS FOR RECOMMENDATION	
3.1	The New Commissioning organisations are adopting a different approach based on changed circumstances and have listened to the views of service receivers on proposals made. Progress has been made with primary care psychological services. Dynamic psychotherapy will be part of the psychological therapies offered as recommended by the Committee.
SUPPORTING INFORMATION	
4.1	In 2011 NHS Derbyshire County presented plans to review and reconfigure the provision of specialist psychological therapy services. The availability of Specialist Psychological Therapies services varies across the County and City with the majority of specialist psychotherapies being delivered in the South of the County and in particular Derby City where much of the service is based. The North of the County has limited availability of some of the specialist psychotherapies hence the need to review the service and ensure that evidence based therapies were available to all regardless of where people live.
4.2	The review was undertaken to support the further development of a model of delivery of specialist psychotherapy (SPT) services across the subsequent Clinical Commissioning Groups (CCG) in Derbyshire that met 4 key aims: Services that are: • Equitable; • High quality;

	• Evidence based and; • Outcome focused.
4.3	A formal consultation ran from August – October 2011. The consultation exercise elicited the views of service receivers and clinicians on plans to reduce the provision of long term psychodynamic psychotherapy but to increase availability over time of evidence based therapies such as CBT and DBT. The majority of clinicians who fed back delivered long term psychodynamic psychotherapies and the service receivers who responded to the consultation were either in receipt of long term psychodynamic psychotherapy or had experience of receiving long term psychodynamic psychotherapy and these groups were the most concerned.
4.4	We learned that; • The long term psychodynamic service is valued by those who have received the service; • Service receivers report that they have benefitted from having received long term psychodynamic psychotherapy; • In many instances other therapies were reported to be ineffective by those who had received long term psychodynamic psychotherapy; • Longer term support is valued; • Service receivers reported that they struggled to get referred into specialist services sometimes only being accepted into the service following concerns around risk; • Most patients have no access at all; • Care pathways and routes to specialist therapies are unclear; • Service receivers worry about not being able to get back into therapy should there be a relapse in their mental health; • Service receivers voiced concern about the lack of support in the community after discharge following what can be several years in therapy.
4.5	In examining the quality of the current service model from a service receiver point of view the pathway appears to be challenging to navigate, overly complex with long waiting times and uncertain outcome from the point of referral to receipt of service. Service users told us that following referral the decision making process for treatment was confusing and uncertain and that there was little on-going support once discharged. One of the greatest fears was not being able to re-enter services once discharged. From a commissioning point of view the current service suffers from a number of fundamental issues. There is clear unequal provision between what is available in Derby City and South of the County and of that in the North (and vice versa). We

	are unable to make any robust assessment of service effectiveness based on a lack of routinely reported outcome data.
4.6	In terms of evidence based, NICE recommended treatment, we must ensure that these mandated treatments are available. NICE has recommended a number of treatment approaches as defined in the literature review provided as part of the Consultation, but it is acknowledged that some approaches do not easily lend themselves to controlled studies. Having said that evidenced based elements of the Specialist Psychological Therapy (SPT) service are still not routinely available to every patient, equally, in Derbyshire.
4.7	The approach put forward in the initial consultation was to reduce long term therapies and thus release resource for NICE recommended therapies across the County. This was rejected by Derby City Council Health Scrutiny Committee. Additional funding would therefore have been needed to be fund improved pathways. At a time of significant budget challenge this was not possible for the then NHS Derby and Derbyshire PCT to resource. The PCT did however invest officer time and increased financial resources in access to psychological therapies at primary care level with the roll out of Any Qualified Provider services. The entire
4.8	County now has availability of these psychological therapies for common mental health problems. Since the consultation all staff were informed that they are no longer at risk and patients have been informed that any existing treating programmes for current patients will not be affected by any future proposals.
4.9	There have been a number of fundamental changes that have impacted on the momentum of this project, significant reforms and organisational changes in the NHS being a major factor. There are now 4 Clinical Commissioning Groups in Derbyshire that manage their own budgets and that have their own commissioning priorities. CCG budgets are based on historical spend and this makes it very difficult to consider moving the budget from where there are the relatively more resources in the south and the Derby in particular to the County North.
4.10	CCGS have committed to reducing some of the geographical inequity in access to psychological therapies by commissioning primary care psychological therapy services via an Any Qualified Provider procurement route for the whole of Derbyshire and are on an increasing use trajectory .There are now 5 providers of Psychological therapy services and north west and south west areas of the county now have a service. People can self-refer and choose who they receive a service from.
4.11	Another major factor in planning services has been the development nationally of Payment by Results (PbR). PbR mental health clusters were mandated for use from April 2013. The clusters are the currenciesfor most mental health services for working age adults and older people.This means that service users will be assessed and allocated to a cluster by mental health clinicians. It also means that the clusters must form the basis of the contracting arrangements between commissioners and providers and so this will need to be factored in to emerging plans. PbR moves services away from the current Block arrangements and presents the opportunity for

	a consistent charge for a consistent service to be established .Now that we are clearer on what PbR requires it has enabled commissioners to take the work forward.
4.12	A further factor has been the appointment of a new Chief executive of DHCFT with a clear commitment to evidenced based therapeutic interventions and to innovation with service receivers shaping services. In particular the work of the research unit on Mindfulness therapies and the work that is emerging on Self-Harm have particular resonance.
	Recommendations
4.13	i. In view of the timescales and organisational factors – it has been suggested by Commissioners and Derbyshire Healthcare NHS Foundation Trust (the service provider) to work jointly on a project with new objectives. There is commitment from both parties to work together on co-production of new plans and set up a Joint Transformation Board with a view to further engagement with service receivers. ii. Further plans will include; a description of the range of evidence based psychological services on offer which will include psychodynamic psychotherapies; inclusion of robust outcome measurement and reporting; mapping of services to PbR clusters and care pathways; programme of engagement.
4.14	iii. It is anticipated that the national tariff for Pbr will be fully implemented in 2015. The project therefore is restarting based on the requirement to have clarity of pathway and associated costs for DHCFT to implement in 2015 and to be able to charge CCG accordingly. iv. It is possible that the work may split into two areas those psychological therapies required for the clusters and those required for very complex situations where support therapy and social inclusion issues come together .The later may form the basis of a new specialist service specification that CCG may or may not choose to invest in. The former is required across all areas of the County and City. v. This proposal to enable the work to go forward is to be considered by each CCG in August / September. A transformational board is to be established in September and the work to be completed for the clusters by October 2014. vi. A plan for engagement and coproduction with Clinicians and service receivers will be produced and consultation will take place on any changes that may be required as a consequence of the proposals produced. vii. It is proposed to bring to Health Scrutiny the initial project initiation document and the engagement plan in November 2013. viii. A formal consultation plan will be produced and taken to Committee once options requiring change in service are produced.

OTHER OPTIONS CONSIDERED

5.1 None

This report has been approved by the following officers:

Legal officer	N/A
Financial officer	N/A
Human Resources officer	N/A
Estates/Property officer	N/A
Service Director(s)	N/A
Other(s)	Mahroof Hussain – Scrutiny and Civic Services Manager

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Background papers:	None
List of appendices:	Appendix 1 – Implications

Appendix 1

IMPLICATIONS

Financial and Value for Money

1.1 None arising from this report. The proposal will result in further recommendations to CCG boards which will have a financial consideration for the NHS.

Legal

2.1 Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into effect on 1 April 2013 and provide the Board with the powers to review any matter relating to the planning, provision and operation of health services.

Personnel

3.1 None arising from this report.

Equalities Impact

4.1 This report addresses issues of geographical inequality of access to some aspects of Mental Health service and is proposing development of services to support people with highest need.

Health and Safety

5.1 None arising from this report.

Environmental Sustainability

6.1 None arising from this report

Property and Asset Management

7.1 None arising from this report.

Risk Management

8.1 None arising from this report.

Corporate objectives and priorities for change

9.1 Our aim is to work together so that Derby people enjoy good health and well-being and an active cultural life.