

North Integrated Joint Board
13 September 2018

Subject: **Progress update on the Implementation of the Review of Psychological Services**

Purpose: To provide an update on the progress of the implementation of the review of pan-Ayrshire Psychological Services

Recommendation: IJB to approve recommended work plan

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CAMHS	Child and Adolescent Mental Health Services
PS	Psychological Service
MHS	Mental Health Services
SG	Scottish Government
AMH	Adult Mental Health
V1P	Veterans First Point
CCBT	Computerised Cognitive Behavioural Therapy

1.	EXECUTIVE SUMMARY
1.1	A review of Psychological Services (PS) was undertaken as part of the whole Mental Health Services (MHS) review. As with many aspects of health and social care, increasing demand, demographic changes, workforce profile and funding challenges are placing considerable strain on the service. Some of the services are provided by single or small numbers of clinicians and parts of the service are struggling to maintain the waiting times standard. Even where waiting times standards are being met, there is recognised unmet need.
1.2	The development of the Health and Social Care Partnership (HSCP) and the whole MHS review created the opportunity to review the function and delivery of PS in order to better deliver outcomes including the waiting times standard and building capacity for psychological work in the wider workforce.
1.3	The findings and recommendations of the review were presented to the North, East and South Integrated Joint Boards (IJBs) between November 2017 and February 2018. All three IJBs approved the findings and recommendations and this paper is intended to update on the progress of the implementation of these recommendations.

1.4	<p>The aims of the PS review were to:</p> <ul style="list-style-type: none"> • Ensure service users are placed at the heart of service delivery • Improve waiting time performance in some parts of the service • Improve efficiency across the service, including the ability to deliver savings to be re-invested in identified priority areas including the development of low intensity psychological provision • Maximise the impact of the service through, for example, development of the wider workforce in providing psychological interventions and treatments • Improve equity and flexibility of service provision in line with a pan-Ayrshire specialist service
1.5	<p>The review identified many strengths of the service including its pan-Ayrshire professional lead structure, reputation, and ability to recruit and retain staff. Stakeholder and service user feedback highlighted a quality service where the expertise was valued by staff and service users. There were examples of effective service delivery involving flexible, collaborative working across psychological specialties and within multi-professional teams. In many parts of the service, waiting times standards were being met and the provision of training, supervision and consultancy to colleagues was increasing delivery of psychological interventions and therapies by the wider workforce. However, in parts of the service, the review highlighted high waiting times and a need for shared agreement on role clarity and collaborative team working.</p>
2.	BACKGROUND
2.1	<p>PS is a pan-Ayrshire specialist service comprising a professional skill-mix of Psychologists, Psychological Therapists and Graduate Assistant Psychologists (approximately seventy plus whole time equivalents). The service provides specialist psychological assessment and treatment to all ages of the population from birth (neonatal unit) to death (palliative care psychology). Services are provided in both acute and mental health settings. Training, supervision and consultancy is provided to the wider health and social care workforce.</p>
2.2	<p>Currently, the PS provides input to: the children's services of Child and Adolescent Mental Health (CAMHS), Community Paediatrics and Medical Paediatrics; Adult Learning Disabilities; Adult Mental Health (AMH) Community and In-patient; Addictions; Forensic Community Mental Health and In-patient; Older Adult Community and In-patient, and; to the Acute Service through Neuropsychology and Clinical Health Psychology. Some of this service provision is new and is being piloted through fixed term Scottish Government funding aimed at increasing access to Psychological Therapies.</p>
2.3	<p>The majority of staff are embedded within their mental health clinical teams. The staff providing a service to the acute physical health teams are centrally located at Ayrshire Central Hospital.</p>
2.4	<p>The PS has undergone two previous reviews. The first review in 2010 was part of the development of the Directorate of a pan-Ayrshire MHS and integrated mental health teams. The second review in 2014 was in the context of integration and the development of the three Partnerships. Both reviews concluded that an area-wide structure with professional management and governance was the best model to organise and deliver a relatively small and specialist service across acute and MHS.</p>

3.	PROPOSALS
3.1	<p>As noted in the previous paper to the IJB's "Findings and Recommendations from Review of Pan-Ayrshire PS", key findings and proposals were:</p> <ul style="list-style-type: none"> • In the case of some services it would be beneficial to further develop joint accountability for the functionality of the service alongside clinical accountability and governance through a professional leadership model. This practice is in place in some parts of the service and is associated with high levels of collaboration and good working relationships.
	<ul style="list-style-type: none"> • A pan-Ayrshire professional lead role to be developed further to provide strategic leadership for PS across the region and at a senior Partnership level. Lead roles for each broad specialty area are also to be developed and will have co-management responsibilities and accountability with the appropriate senior managers.
	<ul style="list-style-type: none"> • PS staff to be embedded in operational teams, with joint accountability resulting in more collaborative decisions on the balance of work of staff.
	<ul style="list-style-type: none"> • The review also highlighted the need for accessible performance management data for PS staff, as well as for wider Mental Health Senior Managers, to enable understanding of clinical activity and to ensure efficiency in the utilisation of staff time.
	<ul style="list-style-type: none"> • Recommendations of the review indicated that a whole Mental Health system approach is required for transformational change to occur and to ensure MHS, including Psychology and Psychological Therapy provision, is fit for the future.
	<ul style="list-style-type: none"> • In line with joint working, PS cannot make the required changes independent of the wider team in which they deliver. Development of new ways of working needs to be realised through Psychology's involvement in service re-design work being undertaken by services across the three Partnerships (e.g. review of the AMH community teams, review of the neurodevelopmental pathway and processes across CAMHS and Community Paediatrics). The new models of service provision will help clarify the remit of the service teams and the required roles of the multi-professional team staff. This work will shape the focus and balance of the work of the PS staff across functions of direct clinical activity for specialist assessment and treatment as well as the provision of training, supervision and consultancy to build capacity in the wider team staff. The latter is essential if all levels of psychological work are to be provided: psychologically informed, low intensity, high intensity and specialist level.
4.	PROGRESS UPDATE
4.1	Psychological Service structure
	<p>Completed re-configuration of the senior level of clinical lead posts across the PS following a loss of posts through the review process, retirements and to financial savings. The Professional Lead post was appointed to in January 2018 and will be supported by two Heads of Specialty posts covering the broad service areas (Child and Adult Learning Disabilities; Adult and Physical Health). The Head of Child and Adult Learning Disability commences post in October 2018 and the Head of Adult and Physical Health post requires re-advert with an expected start date of end of year. Further re-configuration of senior staff posts, with job planning, has been completed to ensure all Psychological Specialties have a designated clinical lead.</p>

4.2	Communication of key findings and recommendations of the review with Managers
	A series of meetings have been planned with appropriate Senior/Service Managers across the three Partnerships with a focus on joint responsibility and accountability for psychological work within the service teams. Key messages included: PS staff being integral to service re-design work; changes in their service provision being agreed in the context of the whole team re-design, and; the relatively small resource utilised appropriately at the specialist level (assessment, treatment, consultancy, training and supervision of wider workforce).
	PS staff are contributing to key re-design work being undertaken (e.g. North review of the Adult Community Service, East and South reviews of their Primary Care Mental Health Team service, area-wide CAMHS review of the processes and pathway of neuro-developmental assessment, area-wide pilot of new Psychology provision to the Addiction service).
4.3	Communication of key findings and recommendations of the review with Professional Leads
	This work has initially focused on Nursing, as the largest professional group, and is currently being extended to Allied Health Professionals. The focus of communications has been on how PS can best support the SG priority and local identified need to increase access to psychological therapies through skilling up the wider workforce. There is a need for a shared agreement with Professional Leads and Managers of Services (Team Leaders, Service/Senior Managers) on the priorities for the development of the wider workforce in their provision of psychological interventions. These priorities will be identified through service re-design work and will have an initial focus of developing psychologically informed work integral to generic roles to low intensity psychological interventions reportable through the SG HEAT standard for Psychological Therapies.
	Shared agreement will inform a strategic plan for training and supervision and will ensure that training leads to protected time for delivery of psychological work and that teams have clarity on the resource available for different levels of psychological work. For example, a recently appointed Clinical Psychologist to the pan-Ayrshire Addiction community teams completed a scoping and mapping exercise of psychological training undertaken by staff, current delivery, needs and gaps, and is now progressing the findings and recommendations through local delivery of training and supervision of staff, supported by the management team and Clinical Director.
4.4	Service Re-design
	In keeping with the recommendations of the PS review, Psychological provision will be reviewed through the wider re-design of service teams, in recognition that PS staff are fully integrated into service teams and deliver their service within the multi-disciplinary/agency context. The PS is an area-wide service and re-design work is being undertaken across all three Partnerships. This whole service team work is looking at new models of care, including new ways of working to meet the increased and changing demand, service gaps and role clarity for the different professional groups. As this re-design work clarifies the specific contribution the service team requires from the PS workforce, job plans and balance of activity between direct clinical work, training and supervision of others will be shaped as well as referral criteria. This collaborative approach has already been realised through the fixed term funded SG posts where Professional Leads and Managers agreed at the outset how these posts would be utilised to meet service priorities. Within this re-design work, PS staff are working on discrete pieces of work identified through the PS review such as

	reviewing record keeping protocols to improve efficiency in time allocated to non-direct clinical activity to increase available time to direct clinical work.
4.5	Waiting times and Service Developments
	Compliance with the SG HEAT standard for Psychological Therapies has increased from 77% March 2017 to 87% March 2018; the standard is 90% compliance. A contributing factor to this improved waiting time is the introduction of computerised Cognitive Behavioural Therapy (cCBT) in July 2017. This overall improvement in waiting times compliance masks areas of remaining high waits, including parts of AMH Community teams, neuro-developmental assessment within CAMHS and Community Paediatrics and parts of Clinical Health. Improving waiting times and associated service user experience and satisfaction is a priority for the service re-design work being undertaken.
	The cCBT pan-Ayrshire service is a collaboration between the Mental Health Service and Technology Enhanced Care and is professionally led by PS. The service has achieved 450 commences against the target of 300 for the first year of operation. Fifty of the fifty five General Practice's have been trained and are able to refer and thirty five have referred at least one patient. Relative to national cCBT performance, Ayrshire and Arran is demonstrating among the highest rates of referral to the service, highest numbers commencing and completing the programme and lowest rates of suicidal alerts. This service development is in the early stage with opportunities to improve engagement with Primary Care and to roll-out from Primary Care to the wider Mental Health and Acute services.
	Similar success has been achieved by the pan-Ayrshire Veteran's First Point (V1P) service in its first year of operation. For example, this local V1P service has received the highest number of referrals relative to other V1P Services in Scotland and the service currently supports four hundred registered veterans. The success of the service was noted in Scottish Parliament and a motion was lodged congratulating V1P Ayrshire in its first year. Joint funding between SG and the three Partnerships has enabled an extension to this service until March 2020. Savings achieved through the PS review have contributed to this extended funding and to enhancing the Psychology Lead sessional commitment to the service to provide assessment and treatment as well as leading on the development, evaluation and sustainability of this service.
4.6	Data systems
	Through improved support from Business Intelligence/Objects to the NHS Care Partner team there is positive progress toward PS senior staff (as well as Managers of services) being able to access reports of clinical related activity. The negative impact of lack of accessible and accurate clinical activity on performance management and service re-design was a consistent finding across all MHS reviews. As Care Partner is the main data system for NHS clinical activity, all PS staff (including those working in Acute) are now moving to this electronic system and training sessions are being established regarding extracting reports.
	Benson Wintere, an external company, is working with the CAMHS service to pilot the development of a workforce planning data system. This pilot data system was initially focused on the demand and capacity data of PS staff working in pan-Ayrshire CAMHS and is now being developed for a whole CAMHS team (East).
4.7	<u>Anticipated Outcomes</u>

	<ul style="list-style-type: none"> • Enhancement of professional leadership support to the service and consolidation of joint operational management arrangements to improve service delivery. • Integrate PS staff into MHS re-design work to ensure psychological provision is scoped across the multi-disciplinary skill-mix and embedded into service models. Together with workforce planning, develop new ways of working to increase efficiency, improve access to psychological provision and service user experience and comply with national standards. • Clarity of the remit of service teams and the role of the PS staff and wider workforce in the provision of psychological assessment and treatment. • Development of a strategic plan for psychological training and supervision based on the needs of the teams with more explicit knowledge of what resource is available for delivery of the different levels of psychological work. • Improved access to clinical activity data to inform on demand capacity analyses and clinical outcomes.
4.8	<u>Measuring Impact</u>
	Impact will be monitored and measured through the Strategic Planning & Mental Health Change Programme Board and against SG HEAT standards and service user satisfaction.
5.	IMPLICATIONS PS re-design in alignment with wider MHS re-design. Workforce planning.
Financial:	Service re-design has been implemented within current financial resources. 2018/19 savings have been generated through re-configuration of the senior professional/clinical lead posts (approx 190,000). Some of the savings have been re-invested in the V1P Service to enable this service to be further developed and evaluated until March 2020. Other savings were intended for re-investment in identified priority areas where there is no/minimal established resource (e.g. Addictions, Older Adults, Low Intensity Psychological provision). The SG fixed term funding to increase access to Psychological Therapies has provided opportunity to pilot new developments in these identified priority areas. The funding for these posts ends March 2020 and there will be a need over the next year to identify which service developments are made permanent. Please see Appendix 1 for details.
Human Resources:	Human resource implications and organisational change process for the re-configuration of the senior professional/clinical lead posts – reduction of two Heads of Specialty posts from previous establishment of four. The organisational change process for the re-configuration of the senior level is complete.
Legal:	None
Equality:	Equality impact assessment has been completed.
Children and Young People	In alignment with Mental Health strategy of improving access to psychological therapies and focus on prevention and early intervention.
Environmental & Sustainability:	None

Key Priorities:	In alignment with the Partnership strategy and integration of services.
Risk Implications:	<p>Reduction in the Head of Specialty posts from four to two has led to a loss of clinical capacity and expertise from the service. This loss is in addition to previous loss to financial savings. These losses have been part mitigated against through the development and re-configuration of other senior posts, through accessing external supervision from other Health Board areas, and through the fixed term additional SG funding. If some re-investment is not provided to identified priority areas in alignment with the original aim of the review, then there will be a loss of clinical capacity from across the services.</p> <p>Recently published ISD data shows an overall reduction in whole time equivalent resource to PS (approx 7 wte) since SG fixed term investment in 2016 and an expectation of an overall increase in resource. Some of this reduction is related to Maternity Leave and current vacancies but there is a reduction in overall established resource related to financial savings.</p>
Community Benefits:	Not applicable

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	Ongoing consultation through the Mental Health Senior Management Team, Partnership Senior Management Team, Strategic Planning Operational Group, IJBs (North, East and South), Strategic Planning & Mental Health Change Programme Board, Area Psychology Professional Committee, and Acute (Paediatric) Clinical Directors and General Manager.
6.	CONCLUSION
6.1	A pan-Ayrshire and Arran Professional Lead role for PS was established in January 2018. This role will provide strategic leadership for PS across the region and at senior Partnership level. This post will be supported by two new Heads of Specialty: Child and Adult Learning Disabilities (post-holder commences in October 2018) and Adult and Physical Health (re-advertised August 2018). Further re-configuration of senior posts has been completed. Where possible, all PS staff are integrated into their operational teams. Shared management and accountability with senior managers has been implemented and will result in more collaborative decisions on the focus and balance of work of staff and the utilisation of available resource in the context of new service models and ways of working.

Milestone	Completion date	Status
Psychological Service Restructuring	Dec 2018	In progress
Establish joint accountability for functionality of the service	Oct 2018	Complete

Develop priorities and sustainability plan for SG/NES fixed term funded posts	Oct 2019	In progress
Achieve waiting times standard compliance (90%)	Ongoing	In progress
Develop a strategic plan for Psychological training and supervision	April 2019	In progress
Develop a sustainability plan for Veterans First Point	Oct 2019	Not started
Evaluation and development of cCBT	March 2019	In progress
Work with systems team to improve access to clinical activity data	Dec 2018	In progress
Test Benson Wintere Workforce Planning Model in CAMHS	Dec 2018	In progress

**For more information please contact Janet Davies on 01294 323325
Janet.davies@aapct.scot.nhs.uk**

APPENDIX 1

3rd Floor, 2 Central Quay
89 Hydepark Street
Glasgow, G3 8BW

Telephone: 0141 223 1400
Fax: 0141 223 1403
www.nes.scot.nhs.uk



To John Burns (Chief Executive Office)
Eddie Fraser, Iona Colvin & Tim Eltringham (Chief Officers Integrated Joint Boards)

CC Catherine Kyle (Head of Psychology Services), Carol Fisher (Psychological Therapies Lead), Tommy Stevenson (CAMHS Service Manager), Sharon Lindsay, Lesley Aird & Craig MacArthur (Finance Officers Integrated Joint Boards)

23rd June 2016

Dear Colleagues,

Re: Increasing the capacity within the Mental Health workforce to deliver evidence-based interventions: Monies available through NHS Education for Scotland (NES) for workforce development and training in Psychological Therapies and CAMHS.

Background

We are writing to advise you about workforce development funding that is available from NES to support services in meeting LDP access standards for Psychological Therapies and CAMHS. These resources are part of the wider package of £54 million of funding over four years announced by Nicola Sturgeon on 12th January 2016, and elaborated further in the Mental Health Funding letter from Penny Curtis dated 3rd March 2016. (Both communications are attached for reference.)

In summary, the funding made available will support:

- The delivery of a Mental Health Access Improvement Support programme through Health Improvement Scotland (£4.8 million)
- A direct allocation to NHS Boards to increase capacity to deliver services to meet the LDP standards (£24.7 million)
- Enhanced supply and training of the Mental Health workforce to increase access to evidence-based interventions in Psychological Therapies and CAMHS, delivered through NHS Education for Scotland. (£24.6 million)

This letter focuses solely on the £24.6 million available through NES.

The targeting of the NES funding has been agreed with the Mental Health and Protection of Rights Division in line with Scottish Government priority areas, and the monies are to be employed as specified in the attached table. An outline of this was discussed with stakeholders from across Scotland at a meeting convened by Scottish Government on 5th May 2016. Staff from your board in Psychological Therapies and CAMHS were invited.



**Healthy
Working
Lives**



Dean of Postgraduate Medicine:
Professor Alastair McLellan

Chair: Dr Lindsay Burley
Chief Executive: Caroline Lamb

The NES Offer

We are offering to provide funding to support boards in a number of areas including recruitment to service posts and trainee posts as well as service backfill to enable release of staff for specific training. We will also continue to offer a range of training and education to your staff. These resources are being offered as part of a strategic plan to help increase the capacity of the workforce to deliver evidence based interventions in Psychological Therapies and CAMHS, and in order to ensure maximum impact we will seek some assurances and feedback from NHS Boards over the use of the monies. Monitoring arrangements will be agreed. This will include monitoring the growth of the workforce from the current baseline, and the wider impact on services including clinical outcomes.

In the attached table the indicative offer with relevant requirements is outlined.

I would be grateful if you would nominate a lead for Psychological Therapies and a lead for CAMHS from your Board area who could take responsibility for developing the plan and authorising the agreement with NES.

As the funding is available in financial year 2016/17 we would be grateful to hear back from you by Thursday 30th June with the name of the relevant leads so early dialogue can begin. We attach a template for developing the plan which your nominees may find helpful, and we would encourage them to complete a first draft of the plan as a prelude to discussions.

In summary

- The attached template details the NES offer of funding to support Boards/IJBs in meeting LDP Access Standards for PTs and CAMHS.
- NES is seeking assurances regarding the spending of the monies, and requests NHS Boards to complete the attached template as a prelude to discussions to clarify the final agreement.

Deadline for first draft of the template – Thursday 30th June

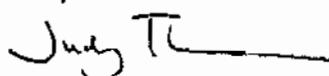
- NES requests that Boards nominate a lead for PTs and a lead for CAMHS who will work with NES to develop the local plan for the use of the monies, and authorise the final agreement

Deadline for nominations - Thursday 30th June

If you require further clarification, or would like to discuss the contents of this letter, please do not hesitate to contact us.

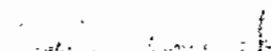
Yours sincerely

Judy Thomson



Director of Training for Psychology services

Geraldine Bienkowski



Associate Director (Psychology)

Attachments

Table/Template: Offer to NHS Boards – Assurances Required – NHS Board Proposal
First Minister's Announcement
Letter from Penny Curtis

3rd Floor, 2 Central Quay
89 Hydepark Street
Glasgow, G3 8BW

Telephone: 0141 223 1400
Fax: 0141 223 1403
www.nes.scot.nhs.uk



To John Burns (Chief Executive Office)

CC Catherine Kyle (Head of Psychology Services NHS Ayrshire & Arran), Thelma Bowers (Head of Service – Mental Health)

9th September 2016

Dear Colleagues,

Re: Increasing the capacity within the Mental Health workforce to deliver evidence-based interventions: Monies available through NHS Education for Scotland (NES) for workforce development and training in Psychological Therapies and CAMHS.

Following on from our virtual meeting in August, we would like to confirm the funding arrangements discussed for 2016/17 and 2017/18. It is expected that this funding will continue to 2019/20, subject to review of progress in September/October 2017.

Clinical Psychology Posts – Older People's Services	2016/17	£41,923
	2017/18	£83,079
<ul style="list-style-type: none">NES funding contributes to the employment of 1.5wte Band 8a Clinical Psychologist as per proposal (attached)		
MSc Applied Psychology in Primary Care (CAAP/other relevant roles)	2016/17	£22,990
	2017/18	£58,049
<ul style="list-style-type: none">Employment of 3.0wte Band 7 CAAPs by 2019 as per proposal (attached)		
Early Psychological Intervention Practice Support Children's Services	2016/17	£9,534
	2017/18	£25,183
<ul style="list-style-type: none">Contribute the employment of 0.5wte Band 8b Clinical Psychologist as per proposal (attached)		



**Healthy
Working
Lives**



Dean of Postgraduate Medicine:
Professor Alastair McLellan

Chair: Dr Lindsay Burley
Chief Executive: Caroline Lamb

Other elements including the increase in delivery capacity via existing SLAs

The additional funding available for Psychological Therapies Training Coordinators will be managed via the Existing SLA and Purchase Order already in place. The value for this will be increased accordingly and a revised PO sent to the relevant HB contact.

Monitoring Progress

NES will also be tracking progress through the LDP Access Standard submissions and the LDP Workforce data for CAMHS, psychological Therapies and Psychology. In addition, we will work with you to ensure data is collected on delivery of training, supervision and coaching. We will arrange to meet again in September/October 2017 to review progress.

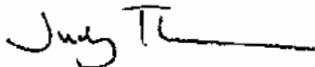
Invoicing Details

A purchase order will be raised for this work and sent out to you shortly. Please quote this number on all invoicing and invoice on or after the delivery dates on the Purchase Order. Invoicing should be broken out in to the subcategories as per the Purchase Order. Please note that although some of the funding relates to posts, we do not want to be invoiced for actual costs, just the set amounts on the purchase order.

Thanks very much for your constructive engagement with us.

Yours sincerely

Judy Thomson



Director of Training for Psychology services

Geraldine Bienkowski



Associate Director (Psychology)

Attachments

HB Proposal

Government Funded - Posts

POSTS	WTE	Band	Service
Clinical Psychologist	1.0	8a	Older Adults/In Patient
Clinical Psychologist	1.0	8a	CAMHS
Clinical Psychologist	1.0	8a	Child/Community Paediatrics
Clinical Psychologist	1.0	8b	Addictions
Clinical Psychologist	1.0	8a	Adult Mental Health CMHT - East
Clinical Psychologist	0.6 vacant	8a	Adult Mental Health CMHT- North

NES Funded - Posts

POSTS	WTE	Band	Service
Clinical Psychologist	1.0	8a	Older Adults/General Medicine
Clinical Psychologist	0.5 Vacant	8a	Older Adults
Clinical Psychologist	0.5	8b	CAMHS/Early Intervention
Clinical Associate in Applied Psychology	1.0	B7	Adult Mental Health PCMHT - North
Clinical Associate in Applied Psychology	1.0	B7	Adult Mental Health PCMHT, East
Clinical Associate in Applied Psychology--	1.0	B7	DETAILS TBC