


Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of John Brewin, Chief Executive, Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	16 March 2016
Subject:	Adult Clinical Psychology and Psychotherapies Service

Summary:

This report includes information on the Adult Clinical Psychology and Psychotherapies service that is operated by Lincolnshire Partnership NHS Foundation Trust (LPFT). The service provides psychological interventions to those individuals who access secondary mental health care.

Actions Required:

To receive, consider and comment on content of report

1. Introduction

Lincolnshire Partnership NHS Foundation Trust (LPFT) delivers its clinical services from four operational divisions. The Adult Clinical Psychology and Psychotherapies Service (ACPPS) sit within the Adult Community Mental Health Division along with Community Mental Health Services, Community Forensic Services, Eating Disorder Services and IAPT (Improving Access to Psychological Therapies), a service for the treatment of common mental health problems. This paper will give the Health Scrutiny Committee a briefing in regard to the service and what it delivers, some of the challenges it has faced and the action the service has taken to address these.

2. Purpose of the Service

The ACPPS is commissioned by South West Lincolnshire CCG, on behalf of the Lincolnshire CCGs to provide talking therapies to people who present to services in Lincolnshire that have moderate to severe levels of psychological need. Referrals to the service are received in the main from within the Trust such as Outpatient Psychiatry Clinics, Community Mental Health Teams and IAPT services. It delivers NICE [*the National Institute for Health and Care Excellence*] guideline recommended treatment pathways and principles where possible, yet also draws from emerging evidence of new ways of working, that are recommended for patients who have complex psychological needs.

3. What are Talking Therapies?

Talking therapies involve the formation of a formal relationship between a professional and a patient, that involves a set of procedures that are intended to form a therapeutic alliance, explore the nature of their psychological problems, and encourage new ways of thinking, feeling or behaving.

There are many types of psychological interventions to draw upon for instance Cognitive Behavioural Therapy (NICE guideline recommended therapy for individuals who have symptoms associated with depression and anxiety), Dynamic Psychotherapy (insight fostering), EMDR¹ (NICE guideline recommended therapy for individuals who have symptoms associated with post-traumatic stress disorders - PTSD), and Cognitive Analytic Therapy (therapy with practice based evidence for working with ingrained relational difficulties). Essentially the work that is delivered is based upon research evidence and outcome studies as well as trained clinical judgement. The underpinning thread that links the patients who access the ACPPS is a personal history that involves the consistent and significant exposure to traumatic events, often in early life and also across the patient's life span. The interventions provided are therefore aimed at developing insight, in which the emphasis of the work is upon developing a greater understanding of personal motivations underlying the individual's thoughts and feelings, and action based work in which the focus of the intervention is upon changing how the patient thinks and acts.

4. What is Stepped Care?

In the 2007, the Government released a significant amount of money to provide increased access to psychological therapies for the general population across the UK. The money has been invested in the development of a stepped care model of psychological intervention which seeks to provide the least restrictive of those interventions currently available, but is still likely to provide significant mental health gain. Therefore movement through the stepped care model is dependent upon the level of intervention intensity that the patient needs in order to achieve psychological change.

Step One (Generally delivered by the patient's GP)

- General patient population
- Watchful Waiting
- Contact with non-specialist in mental health on infrequent basis

¹ Eye Movement Desensitization and Reprocessing

Step Two (Generally delivered by IAPT Services – Psychological Well Being Practitioners)

- Mild to moderate difficulties
- 6 – 8 30 minute individual sessions
- 4 x 90 minute group based sessions
- Guided self help

Step Three (Generally delivered by IAPT Services – Cognitive Behavioural Therapists)

- Mild to moderate difficulties
- 12 x 1 hour (up to 20 if needed) individual sessions
- 12 x 1hour group based sessions

Step Four (Generally delivered by Clinical Psychologist or Dynamic Psychotherapists)

- Moderate to severe difficulties
- 18 sessions x 1 hour (25 x 1 hour if Dynamic Psychotherapy) individual sessions
- 12 x 2 hour group based sessions (up to 18 months in group therapy if Dynamic Psychotherapy)

Essentially the ACPPS offers psychological interventions to those patients who have deeply held dysfunctional or maladaptive beliefs about themselves and their world, which have led to a significant impact upon their daily functioning. These beliefs are formed as a reaction to adverse life events, and are pervasive and lead to significant emotional distress

5. Service Challenges

Capacity and Demand

From 2012 – 2014 there was a significant increase in referrals to the service by 17% year on year. Further to this the Trust is obliged to achieve a 4% cost improvement saving each year and this has meant a reduction in psychology posts within the service.

Although the introduction of a new internal referral pathway of care has reduced the number of referrals into the service during the last year, the level of need that patients present has not diminished.

Since 2012, the service has completed 4,686 episodes of care, averaging 1,171 episodes per year. An episode of care is someone entering and then exiting the service and can range from 18 sessions of individual therapy, 12 session of group based interventions, 8 sessions of formulation driven work to an assessment and formulation of treatment plan for others to implement.

Historical waits

The current significant challenge for the service is the continued existence of lengthy waits to access the Step 4 service; these have been in situ for over a decade. Capacity modelling has consistently shown that the service is able to manage, within a timely fashion, the referrals that come into the service; what is not possible, is to clear the backlog of patients who are waiting and continue to accept new referrals into the service without the development of significant waiting times.

6. What have we done to address it?

To try and address, this the service has put in place various measures, these have focused upon the development and delivery of new pathways of care that include:

- Parameters around the number of sessions offered
- Introduction of Group Based Interventions
- Re-design of referral pathways into the service
- Adoption of emerging new therapies such as Acceptance and Commitment Therapy
- Skill mixing of staff to offer different types of therapy
- Clear job planning and expectations for those individuals delivering the service

The impact of this on the delivery of clinical care to patients is consistently assessed, and the current outcome rates demonstrate a statistically significant improvement in symptoms for those patients who receive an intervention from the ACPPS Clinical Psychologists. Further to this 94% of patients who accessed the service felt that they would recommend it to family and friends.

In its continued effort to improve access to the service, the Trust is looking at innovative approaches to how it uses the workforce, increased access to self-help advice and the offer of interim therapeutic support while people are waiting to see a psychologist.

Current Waiting Times

There are extensive waits to access the Adult Clinical Psychology Service, for just over 800 people. As of 1 March 2016, the longest waits are in Louth and Lincoln, with individuals waiting 31 months to access 18 session individual pathways of care. The shortest wait of twelve months for 18 session individual pathways of care is in Grantham and Sleaford. The average waiting time for the 18 session individual pathway of care is 24 months. Waiting times for group based interventions are shorter; with the longest waits being 25 months in Louth and the shortest being 12 months in Grantham and Sleaford. The average waiting time for a group based intervention is 21 months. The waiting times for groups will reduce again, as group based interventions are planned across the region over the next three months. Whilst there are not any national figures for waiting times for Tier 4 services available, the picture of lengthy waits is known to be similar in Derbyshire.

Location		Waiting Times in Months	
<i>East CCG</i>		<i>Individual 18 session Therapy</i>	<i>Group Based Therapies</i>
	Boston	25	24
	Louth	31	25
	Skegness	27	23
<i>South CCG</i>			
	Spalding	23	23
	Stamford	20	19
<i>South West CCG</i>			
	Grantham & Sleaford	12	12
<i>West CCG</i>			
	Lincoln	31	21
	Gainsborough	24	24

7. Summary and Conclusion

The Trust is committed to continue its proactive approach to addressing waiting times and ensuring the continued provision of high quality psychological interventions to those with the greatest severity of need.

Reassuringly, although there are long waits to access the service, all feedback methods that are used to evaluate it demonstrate consistent recovery rates and significant patient satisfaction when the service is received.

8. Consultation

This is not a consultation item.

9. Background Papers – No background papers as defined in Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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