The NHS Long Term Plan – Implications & opportunities for Clinical Psychology and the Psychological Professions

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SW DCP-BRISTOL
Overview:

- The NHS LTP in context
- Main features of the LTP & Interim people plan
- Some key implications of the LTP for Clinical Psychology and the Psychological Professions
- Workforce opportunities & threats
1. “A new service model for the 21st century”
2. “More NHS action on prevention & health inequalities”
3. “Further progress on care quality and outcomes”
4. “NHS staff will get the backing they need”
5. “Digitally-enabled care will go mainstream across the NHS”
6. “Taxpayers’ investment will be used to maximum effect”
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• Making the NHS the best place to work
• Improving the leadership culture
• Tackling the nursing crisis
• Delivering 21st century care
• A new operating model for workforce
• Developing the full people plan

• Annexe re AHPs & psychological professions
The NHS LTP

- Extends the transformation timescale
- Financial commitments including some new investment
- More open consultation & development process
- Wider scope
- More systemic?
- Potential to grasp the workforce issues
- New service model focused on prevention and primary care networks

- Health inequalities including environmental issues
- 0-25 service redesign
- Mental health focus - common and severe mental health problems, inpatient care and suicide prevention
- Digital innovations
- Changes to commissioning and development of the ICS model
LTP Expansion Areas

1. **Perinatal Care** – Deliver evidence-based psychological therapy to an extra 24,000 new mothers with moderate to severe perinatal mental health problems and a personality disorder diagnosis.

2. **Children and Young People** – Train and deploy at scale the new education mental health practitioners for the mental health support teams. Provide psychological therapies to some of the extra 345,000 children and young people accessing mental health support. Enable more integrated psychological and psychotherapeutic intervention from age 0-25.

3. **Adult Common Mental Health Problems** – Provide NICE-approved psychological therapies to an extra 380,000 adults and older adults with depression and anxiety each year.

4. **Adult Severe Mental Health Problems** – Provide improved access to evidence-based psychological therapies for people with psychosis, personality disorder and bipolar disorder and a psychologically-informed model of community mental health care.

5. **Autism** – Provide timely diagnostic assessments.
LTP Impact Areas

1. **Major Health Conditions** – Support psychological adjustment and psychologically-informed healthcare following a diagnosis of major health conditions e.g. cardiovascular disease, cancer, dementia, diabetes.

2. **New Service Model** – Enable the primary care networks to deliver psychologically-informed care.

3. **Prevention and Health Inequalities** – Deploy psychological expertise to support community and public health activity.

4. **NHS Staff** – Provide staff wellbeing interventions, psychological interventions and clinical supervision and training across disciplines, including new roles.

5. **Digitally Enabled Care** – Extend the development and rigorous evaluation of digitally-enabled models of psychological therapy and other technological developments to improve patient care.

6. **Best Use of Resources** – Realise full potential of psychological healthcare to return whole system savings in health & social care especially in the management of long term health conditions.

7. **Structural Change** – Use the new joined up structures to embed psychological approaches across systems.
STP/ICS implementation plans should be:
- Clinically led and locally owned
- Deliver all LTP commitments and access standards
- Financially balanced
- Inclusive of realistic workforce plans
- Phased based on local need
- Agreed by mid November 2019

https://www.longtermplan.nhs.uk/publication/implementation-framework/
Mental health & learning disability

- Where appropriate, specialised mental health services, learning disability and autism services will be managed through NHS-led provider collaboratives over the next five years.
- NHS-led provider collaboratives will become the vehicle for rolling-out specialist community forensic care.
- The specialised commissioning mental health budget will be increasingly devolved directly to lead providers for adult low and medium secure mental health services, CAMHS Tier 4 services and adult eating disorder inpatient services.
- NHS-led provider collaboratives will be able to reinvest savings they make on improving local services and pathways.
LTP delivery will include:
- stabilising and expanding core community teams for adults and older adults with severe mental health illnesses
- rolling out adult community access standards once agreed
- services for people with complex needs and people with a diagnosis of ‘personality disorder’,
- Early Intervention in Psychosis
- adult eating disorders
- mental health community rehabilitation
These services should be delivered in new models of care integrated with primary care networks.
Primary Care Networks (PCNs)

- 1260 PCNs have been established nationally, focus on service delivery, including the 5 new roles: clinical pharmacists, physiotherapists, paramedics, physician associates and social prescribing link workers
- GP practices at the core of PCNs will receive reimbursement for 20,000 more staff
- Focus on changed approach to LTCs and genuinely personalised care
- Each PCN will have a clinical director (0.1 wte)

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<td>• Primary Care networks</td>
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<td>• Improving outcomes through innovations in technology</td>
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<td>• Improving outcomes through 0-25 services</td>
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<td>Needs &amp; Service response</td>
<td>Implementation/Workforce challenge</td>
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<td><strong>Super Complex</strong></td>
<td>Inpatient work required</td>
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<td><strong>Complex Care</strong></td>
<td>Patients requiring specialist integrated services (e.g. liaison mental health, psychology, acute physicians, pain consultants, specialist physiotherapy/OT)</td>
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<td><strong>Mild to moderate symptom care</strong></td>
<td>IAPT, Community specialist teams, OT, physiotherapy, social prescribing, peer group support</td>
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**Proposed Cumbria & NE PPS Model**

- Training, supervision, flexibility to use all areas of the pyramid
- Evidence base including harms
- Community engagement
- Influence "hearts & minds"
- Easy-read Social Prescribing guidance
New models in Primary Care

• In three development sites; Catterick, Bradford and Shropshire, clinical psychologists have been working alongside GPs in primary care, designing new ways of supporting people and new models of delivery.
• Growing pressure in the NHS and a national shortage of GPs highlights the need to develop different approaches to meeting people’s needs
• DCP funded evaluation of the work at these sites will develop evidence base and identify new alternatives and opportunities.

Primary Care Wellbeing service provided by Bradford District Care Foundation Trust (BDCFT)

• developed in collaboration with GPs
• to work collaboratively with practices to create a ‘shift’ in patients’ behaviour
• The approach is psychology led and is driven by the team’s psychological formulation.
• Team = Clinical Psychology, Physiotherapy, Occupational Therapy, Advanced Nurse Practitioner, Dietetics, & support workers
• The aim of the team is to support GP practices with some of their most complex and vulnerable patients who have comorbid physical and mental health problems
The Blue Room

• A unique immersive virtual reality which helps children with autism overcome their fears and phobias
• Developed at Newcastle University by clinical psychology & neuro-disability team
• Accompanied by a psychologist, the child is completely surrounded with audio visual images representing the 'real world' in the 360 degree seamless screened room.
• This means they do not have to wear a headset or goggles which children with autism can find distressing.
• They move around the scene using ipad controls, interacting and navigating through the scenario as they wish allowing them to fully control the environment.
• Scenarios include getting on a busy bus, crossing a bridge, going shopping or talking to an avatar shop assistant.

https://www.youtube.com/watch?v=K3jpDYMM7f0
Workforce

Opportunities

- Extend partnership working - coproduction
- New funding, some targeted at psychological professions, & appetite for service redesign
- Offer solutions to workforce gaps e.g. nursing, psychiatry
- New/extended roles e.g. Approved/Responsible Clinician, Psychologist Prescribers, increased clinical & system leadership roles

Threats

- Need to establish security of supply, e.g. Clinical Psychology training funding
- Some emerging new roles may be seen as cheap substitutes
- Service redesign could reduce or exclude rather than increase psychological roles
- We are often not at the right tables
C3P0?

CPPO!

A Chief Psychological Professions Officer
Thank you

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