

DCP UK Chair's update

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Living with and through the pandemic

AS I said in a recent Chair's Covid-19 Bulletin, our world has changed in ways that we couldn't have imagined just a few weeks ago. As you know, we are doing everything we can to provide support and useful resources for members, and to contribute clinical psychology expertise to the manifold challenges presented by the pandemic itself and by the measures that have been taken to protect our whole population.

We know that the impacts of the pandemic include deep suffering, trauma and fear, but it is also instigating many acts of courage, compassion and kindness. We all have responsibility to do everything we can to prevent the spread of the virus, and we know that we are thereby contributing to saving lives. Across the world people are working together to find medical, psychological, social and financial solutions and strategies to address the current situation and its far reaching impacts. We know that it is a long haul and that we must support each other through this. We also know that living with uncertainty is challenging, and that part of our role is to help people to recognise the impacts of this, and to provide advice, help and support when and where we can.

Amongst increasingly widespread tragic deaths and suffering, we are also trying to manage the impacts of new ways of working, social isolation, stress, furloughing and job losses, and witnessing the impact of inequalities, as well as moral injury and distress. We can also be uplifted by witnessing and enacting bravery, kindness and compassion. In this crisis situation there has been a great response from our members; sharing resources, volunteering, and offering compassion, help and support to each other, to families and friends, to the people we serve and to the wider community.

On 23 March the DCP Exec drew up an initial set of priorities in relation to the pandemic, and these have been taken forward through swiftly convened work streams. Roman Raczka, DCP Chair Elect and DCP England Chair, is leading on the coordination of these workstreams, and is a member of the BPS Covid-19 coordination group chaired by BPS President David Murphy, as is DCP NI Chair Nichola Rooney. Richard Pemberton, DCP Professional Standards Unit Director, is drawing together our over-arching Covid-19 strategy. Sheelagh Rodgers, Membership Service Unit Director and Amra Rao, Leadership & Management Faculty Chair, are leading on member wellbeing, and Julia Faulconbridge, DCP Vice Chair, is leading on Covid-19 communications. Other DCP Exec members, wider DCP members and Experts by Experience are also leading and/or contributing to the DCP and BPS Covid-19 work streams (which are inter-linked). These are:

DCP C-19 Workstreams

- Member Wellbeing
- Living and working differently
- Adaptations to the provision of Clinical Psychology services
- Reviewing and organising Covid-19 psychologically informed resources
- Consulting with Expert Reference Groups
- Covid-19 Communications strategy

BPS C-19 Society-wide Workstreams

- Staff wellbeing
- Psychological Care & Rehab of Patients
- Disease Prevention
- Confinement & Isolation
- Relatives & Bereavement
- Adaptation to psychological services
- Working differently

There are many outputs already from these workstreams, including a great range of useful resources (<https://www.bps.org.uk/member-microsites/division-clinical-psychology/resources>, <https://www.bps.org.uk/responding-coronavirus>) and our new Chair's Covid-19 Bulletins which are being emailed to all members and which are also available on the [blogs section](#) of the DCP online community.

A couple of things to highlight from the BPS workstreams are the [staff wellbeing guidance](#) and the recent [BPS webinar](#) both of which have been extremely well received. The staff wellbeing guidance has also been used in the London Nightingale hospital training.

During this very difficult period, we can also reflect on some of the positive by-products of the changes we have had to implement, as well as the negative. We know that for some people, isolation in the home has increased risk and suffering in the context of domestic abuse and violence, and for those who live alone there may be problems of disconnection and loneliness; we want to reach out and support and provide safety and connection to those people. However for many people there has been an opportunity to spend high quality time with family/household members, with a greater focus on relationships rather than consumerism, on being rather than doing. The positive impacts on our world's climate crisis are evident in cleaner air and incredible pictures which show, for example, that the Himalayas are now visible from parts of India for the first time in 30 years, having been masked by air pollution from factories and traffic. Let us hope that there are some positive changes that we can carry forwards. In a recent Centre for Mental Health update I read this quote from Arundhati Roy, writing for the Financial Times:

'Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging... our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.'

DCP & Clinical Psychology training funding

At the DCP Conference in January I was delighted to be able to share the news we had just heard; that Health Education England (HEE) had confirmed they would continue full funding for clinical psychology training including full funding of Band 6 salaries for trainees. I had been contributing since March 2016 to the work of the DCP to reach agreement re. maintaining the funding model, initially as a member of our working group chaired by Professor Tony Lavender (which became part of our DCP Workforce and Training Sub-Committee), and then as part of the group working directly with HEE, and had participated in a very productive meeting a few months previously. However we had been waiting for some time to hear the decision made by the HEE Board. The news was particularly welcome in the light of the growth in the psychological

workforce needed to fulfil the NHS England Long Term Plan, and the addition of psychologists to the shortage occupation list. I would like to pay tribute to everyone who contributed to achieving this outcome, especially Tony Lavender, Jan Hughes and Gary Latchford. Tony, Jan and Gary have produced a summary which is included at the beginning of this issue of CPF.

Zero based (break-even) budgeting

As some members will be aware, the BPS Board of Trustees has requested that all member networks operate on the basis of break-even budgets, sometimes referred to as 'zero based budgeting', from 2020 onwards. This is essential for the overall financial governance and sustainability of the organisation. However this is challenging for the DCP centrally and for our DCP networks, as we have previously been able to rely on making use of reserves to fulfil our annual activity plans. While reserves haven't disappeared, in future we will need to make a business case to use money from reserves.

An additional challenge is that we put in place an extensive recompense model for elected roles for 2019 to support the rebuilding of the DCP. Unfortunately this isn't affordable at the same level going forwards (even if we could use reserves, as our reserves are now low following the success of our recent grant scheme).

We are therefore facing some challenges this year with regards to our budgets and achieving zero based budgeting, while still making a commitment to fund roles and undertake activity for and with our members.

We have been working with our BPS colleagues to find ways to overcome the challenges and produce a workable business plan for 2020. We have also been offered BPS support to have a facilitated co-creation workshop later this year, so that we can come together to identify our priorities and develop new approaches for 2021 and beyond. We hope that the BPS change programme and member journey workstream will support us in increasing our membership, which will enable us to grow our resources and fund increased activity in the future.

At the February DCP Committee meeting we were able to agree a business plan for 2020 that fulfils the budgeting requirements of the BPS, but also allows us to continue funding elected roles and Experts by Experience, undertake activity for our members and achieve some efficiency savings that will not only save us money, but also allow resources to be diverted into more meaningful activity.

We agreed that funding will continue for most of the elected roles which were funded in 2019, albeit at a reduced level across the board, and that the subventions to networks as agreed for previous years will remain. The reductions to funding will come into effect from Quarter 2 (the BPS financial year runs with the calendar year). We agreed to invite every network chair (or another representative) to participate in a co-creation event as part of our annual strategic Representatives Assembly. The date and arrangements for this unfortunately cannot yet be confirmed due to the situation re. Covid-19. This will be an opportunity to design the DCP of the future based around our priorities rather than how things have been done historically.

We have also agreed that, apart from DCP UK, DCP Scotland, DCP Northern Ireland and DCP Wales, all other DCP Networks do not need to hold a separate formal AGM to elect their Committee. We will be having conversations with each of the Networks to discuss individual circumstances and how their Committee elections will be done.

This is a transitional year but we believe that a positive solution has been found for 2020, and we can work together to co-create a new way forward for 2021 and beyond.

European Association of Clinical Psychology & Psychological Treatments (EACLIPT) update

As mentioned in a previous update, Adrian Neal and I presented a symposium at the EACLIPT conference in Dresden in November 2019, which was convened by Amra Rao who unfortunately wasn't able to attend in person. I have recently received the following message from Philipp Kanske:

We are still looking back on EACLIPT2019 with a lot of gratitude. Thanks so much for coming to Dresden to exchange ideas and bring clinical psychology forward. Find our thoughts on EACLIPT2019 in the association's journal Clinical Psychology in Europe <https://cpe.psychopen.eu/index.php/cpe/article/view/2561/1849>

The new president of EACLIPT, Claudi Bockting, asked us to send around the current newsletter of the association, which we happily do here. You can find attached. It includes an important call to action to engage for mental health policy in Europe.

With best wishes, stay healthy!

Philipp Kanske

Prof. Dr. Philipp Kanske

Professor for Clinical Psychology and Behavioral Neuroscience

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The EACLIPT March 2020 newsletter is available [here](#). It is very good to hear that together with other mental health organisations (e.g. GAMIAN), EACLIPT is initiating a joint effort to request MEPs for their support for an EU level mental health strategy. It is a great shame (to say the least) that we no longer have a way to participate in this directly.

Clinical psychologists working in primary care

DCP and the Policy Team in the BPS are working jointly to develop a multi-strand approach to advocating for the roles that clinical psychologists can play in primary care (PC).

DCP funded a project in 2018, carried out by the Centre for Mental Health, and led for us by Lawrence Moulin and supported by Sabrina Kamayah from the Policy Team, looking at existing models of psychologists working in PC. The report on this will be out soon with recommendations.

The NHS LTP for England sets out a 10-year vision that sees primary care growing and taking on greater responsibilities. It requires all GP surgeries to cluster into Primary Care Networks (PCN) to take on responsibility for a range of enhanced health services. AHPs are considered core to the delivery of PCNs, which have now formed across England. The recent changes to the GP contract now allow for a wider range of professions to be directly employed by PCNs.

The new Community Mental Health framework for services in England was published in autumn 2019, and 12 early implementer sites have been identified to pilot new integrated care models across PC and community mental health. NHSE/I have confirmed that all sites include psycholo-

gists in their workforce plans, and all the models are based on delivering new models within PCN footprints. Psychologists will either be recruited as part of the new models, or will be working closely with PCNS, if not directly employed by them. The new models being tested will inform to a large extent the types of PC models to be implemented and the roles that will be recruited to them. These sites have been given £5m over a two-year period to develop and implement integrated models. Twenty-five per cent of the funding is being used to support people with more complex mental health needs.

Our task will be to maximise the impact of psychology and psychologists with the potential to blend the psychological care and treatment offer between primary and secondary care to better meet peoples' needs.

Psychologists working in primary care is not a new concept, it has woven in and out of the national policy landscape over the decades. We are planning to make a robust case for a psychological workforce and psychologically informed approaches at the primary care level and ensure this does not fall out of the policy landscape in the long-term. We will also be working with others to look at the workforce and training aspects. All of this work is of course impacted by the pandemic, but this also provides an opportunity to highlight the positive impact Psychologists can make, both in the acute phase but also looking ahead to the increased needs of the recovery phase.

We need to ensure we are sharing ideas, learning and developments across the four Nations.

We are intending to develop a network of clinical psychologists in primary care. In the meantime, if you are or have been working in primary care or know of any initiatives that have been evaluated (even if they have since closed) please get in touch with Julia Faulconbridge on dcpvicechairjpf@gmail.com

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