

Talking Therapies Clinical Strategy

2023 - 2028

Heads of Service:

Judy Leibowitz – Camden & Islington Talking Therapies
Anupama Rammohan – Barnet & Enfield Talking Therapies

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Abbreviations

CBT	Cognitive Behavioural Therapy
DIT	Dynamic Intensive Therapy
EMDR	Eye Movement Desensitisation and Reprocessing
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICS	Integrated Care System
KPI	Key Performance Indicator
MBT	Mindfulness Based Cognitive Behaviour Therapy
NCEL	North Central and East London
NCL	North Central London
NICE	National Institute for Clinical Excellence
NLMHP	North London Mental Health Partnership
QI	Quality Improvement
UCL	University College London

1. Vision

We will offer a range of NICE recommended, goal-focused, evidence-based, psychological interventions to people with common mental health problems who are likely to benefit from them. We aim to offer accessible, high quality, interventions that are effective as demonstrated by at least 50% of our patient's reaching recovery on standard outcome measures.

We want our service to:

- Be trauma-informed
- Reflect the needs of local populations within boroughs and be delivered with cultural humility.
- Work closely with primary care.
- Ensure patient choice is at the forefront of service delivery.
- Be a place where staff want to come to work and feel proud to work in.

2. Service Description

- There are four Talking Therapies teams across the partnership - Barnet, Enfield, Camden & Islington.
- Haringey Talking Therapies (run by Whittington Health NHS Trust) is part of the NCL Talking Therapies group and has actively contributed to the formation of this NCL wide strategy.
- Talking Therapies services deliver evidence based psychological therapies to individuals presenting with anxiety disorders and depression and operate a stepped care model with treatments matched to level of need and problem intensity.
- These are large teams (60-100 staff) with administrators, Psychological Wellbeing Practitioners (who deliver low intensity interventions), CBT therapists, psychologists and counsellors who deliver high intensity interventions, team leads and managers. Talking Therapies trainees, funded by Health Education England, are also part of these teams and contribute to output and form an important part of the pool of staff to recruit into permanent positions on qualifying.
- We work collaboratively with primary care networks, secondary care and other teams within the boroughs to discuss referrals for service users.
- We work closely with physical healthcare services to offer treatment to service users with long term health conditions and mental health needs
- We liaise with local community organisations, including local authorities, schools, colleges and universities.

- We work collaboratively with the voluntary sector and third sector organisations and have formal partnership working arrangements in some instances to deliver subcontracts.
- Employment advisors are co-located with Talking Therapies teams to support people with employment issues alongside their mental health difficulties, forming an essential part of service provision.
- NLMHP Talking Therapies services work closely with the Haringey Talking Therapies service (run by Whittington Health).
- We are part of NCEL research and service improvement network (based at UCL) and work closely with them on research and service evaluation projects to help improve our services.

3. Service Users and Carers Feedback

Service users in treatment were surveyed anonymously across the Barnet and Enfield Talking Therapies services over their experience of service delivery, and what they would like to see from services in future. Over 600 responses were obtained. Camden and Islington services held a meeting with service users on 27th April 2023 to obtain feedback on this strategy.

- Service users highlighted the importance of having choice and flexibility in terms of treatments, planning appointments and mode of appointment delivery, which includes in-person appointments and remote delivery, as well as a 'hybrid' model where in person and remote appointments are blended across the course of treatment.
- Service users want options to be clearly stated and discussed when treatment decisions are being made. Services need to be clear about waiting times and ensure good communication around this.
- Service users highlighted the need to offer support to people whilst on the waiting list and after discharge. They suggested the use of digital resources, which could also be used as part of treatment.
- Service users welcomed the opportunity to talk about their positive experiences of Talking Therapies, as this helps to tackle stigma and spread the word about services.

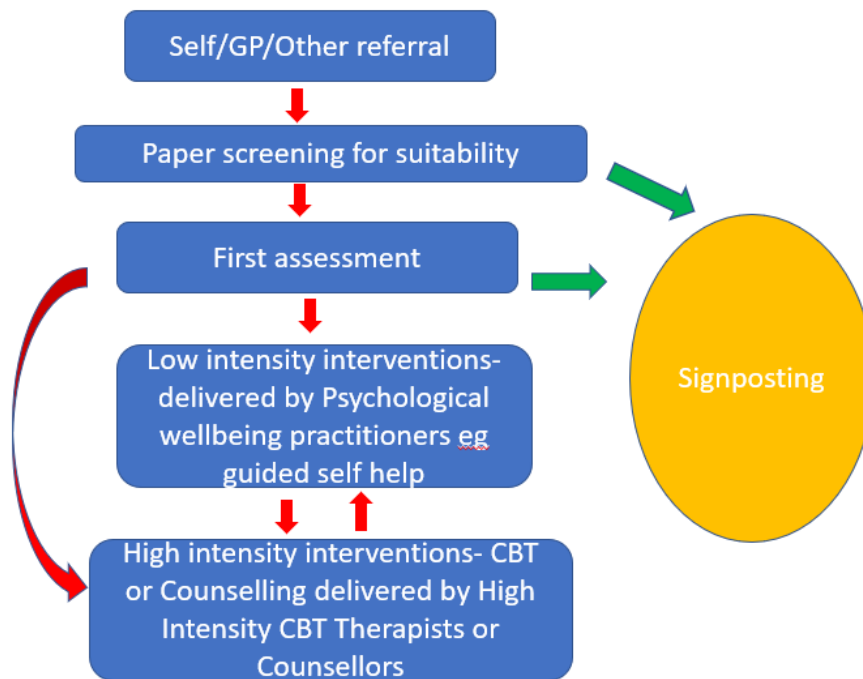
4. Local & National Drivers

NHS Long Term Plan

- ICB Core offer
- NLMHP Partnership Strategy document
- NHS Talking Therapies Manual (updated Feb 2023)

5. Clinical Model

Patient Journey



- Talking Therapies services have trained low and high intensity therapists and counsellors who offer evidence based psychological treatments for low mood and anxiety disorders.
- Services use a stepped care model where people are offered a choice of the least intensive, effective interventions for their presenting problems, taking into account the severity of presentation.
- Referrals are encouraged from a variety of sources, including self-referrals. (The majority of referrals are now self-referrals.)
- Treatments offered include Guided self-help, Cognitive Behavioural Therapy (CBT), brief focused counselling, Interpersonal Psychotherapy (IPT), Dynamic Intensive Psychotherapy (DIT), Counselling for Depression (CFD), Eye Movement Desensitisation and Reprocessing (EMDR), couples therapy for depression.
- Delivery of therapies is via a trained workforce who have appropriate qualifications and accreditation as outlined in the NHS Talking Therapies Manual and trainees who are part of an NHS Talking Therapies training programme.
- Treatment delivery is through individual sessions, groups, workshops, and digital, with appointments offered in person, telephone and video. Service users are offered choices around appointment times, delivery (based on

treatments offered within the service) and, where appropriate, preferences for gender and language of therapist.

- Services work alongside qualified interpreters (including BSL) for individuals with accessibility requirements and provide modifications and adaptations to treatment delivery when this is required. This includes longer sessions, in person requirements and appointment flexibility, amongst others.
- Services run a range of health and wellbeing workshops within local communities on various topics as a way of improving access and promoting the work done by Talking Therapies Services.
- Outcome monitoring is a key element of the service, and this is done on a session by session basis using a standardised self-report measures of anxiety and depression.

6. Eligibility Criteria

- NLMHP Talking Therapies Services treat people aged 16 and above (17.5 and above for Camden and Islington) with no upper age limit.
- We treat people with low mood and anxiety disorders including agoraphobia, body dysmorphic disorder, generalised anxiety disorder, health anxiety (hypochondriasis), mixed depression and anxiety, obsessive-compulsive disorder (OCD), panic disorder, PTSD, social anxiety disorder and specific phobias (such as heights or small animals).
- We work with individuals who present with anxiety and depression alongside long term physical health difficulties such as diabetes, cardiovascular problems, pain, respiratory conditions amongst others.
- We do not work with individuals presenting with severe mental illness such as psychosis, personality disorders or eating disorders as this is outside our level of competence and training.
- We do not work with individuals who present with a level of risk that requires additional support or a team approach outside of their therapy sessions.

7. Aims, Objectives & Priorities

7.1. Service Delivery

- To ensure that services are delivered in a trauma informed way: A significant proportion of people present with trauma histories. Our assessments will allow adequate exploration and engagement and ensure that treatment choices are made collaboratively and compassionately. This also includes providing clear reasons when therapy is not offered within Talking Therapies, alternatives are discussed, and onward referrals explained. Staff training, supervision and support will be ongoing around principles of trauma informed care and co-production.

- Ensuring equity of access and treatment outcomes for all within our local communities. We will use data to identify underrepresented communities accessing the service, increase and expand outreach into these communities working in partnership with community organisations. We will develop specific roles within teams to lead on this. We will link in with existing work by Public Health/ Local Authority and the VCS and develop a NCL-wide approach.
- Manage waiting times: We will adopt innovative approaches to meet rising demand, such as increasing use of group therapies and digital approaches, particularly at step 3 CBT. Services will ensure that internal waits are reduced, with a view to reducing waits for step-3 interventions to six months. Service users will be informed at the outset about waiting times.
- Embed digital approaches at different stages of the patient pathway: This will improve the quality of our services and offer support at particular stages, e.g. while on waiting lists, as a standalone treatment, as an adjunct to therapy and after discharge. Services will be innovative and embrace new digital initiatives, as well as expand what is currently on offer, ensuring that evaluation is built into new service developments and ensure that barriers are not experienced by those individuals who are digitally disadvantaged.
- Ensuring that service users with long term physical health conditions as well as anxiety and depression can access treatments across all of NCL and that effective interventions are delivered by a skilled and appropriately trained workforce.
- Offer priority access to assessments and treatments for women during the perinatal period.
- To be part of conversations around mental health transformation to improve pathways for service users to deliver more joined up care, based around the needs of our local communities.

7.2. Workforce Priorities

- We will develop a **high-quality workforce**, with an emphasis on staff retention by:
 - a) Supporting all staff with training and career progression. This also includes skill mix reviews and developing new job roles (within the remit of what is outlined in the IAPT Manual)
 - b) Services will support flexible working and champion staff wellbeing.
 - c) Support staff in developing areas of particular expertise/championship within their existing roles and also support this across NCL
 - d) Embed QI approaches within our change management processes, by offering QI training for staff, identifying QI champions and supporting QI projects and e) Promote staff wellbeing and mitigate burnout through adequate and high quality supervision, and protected time for reflection and reflective practice.

- **Developing consistent ways of measuring and modelling demand and capacity** across the NCL Talking Therapies services - to better predict expected output and be data led in planning the development and expansion of services.
- **Increase diversity within our workforce**, with teams representative of their local communities, and in particular ensure representation in senior roles within Talking Therapies Services.

7.3. Partnerships and Co-production

- **Co-production and engagement with service users** to be further developed across all Talking Therapies services in NCL. This involves integrating feedback from Patient Experience Questionnaires, development of service user advisory groups, service user involvement in recruitment, involving service users in sharing positive messages about talking therapies and developing and consolidating service user representation in a consistent way to plan and improve service delivery. To consistently involve and include service users in recruitment, advisory panels, expansion of peer wellbeing worker roles across all of our services.
- Use **research to help evaluate** our services and improve quality.
- **Work with local partners across NCL** to support a focus on prevention, early identification of problems and mental health promotion.
- **Promote Talking Therapies within our local communities** as a source of support and help but also as a potential career. This includes highlighting training and amending job descriptions to offer priority to applicants from local areas and who speak local languages.
- **Updating service websites and communications in line with national rebranding exercise** for change of name from 'IAPT' to NHS Talking Therapies. Service websites to be updated to include updated information on treatments offered, signposting and direction to resources to use while waiting, and also on completion of treatment.
- Work with local partners across NCL to support a focus on prevention, early identification of problems and mental health promotion.

8. Challenges

What are the challenges that may prevent the service from achieving its aims and objectives?

- Workforce recruitment and retention.
- Increase in complexity of presentations and high levels of mental health demand in some boroughs impacting delivery of treatment and achieving recovery rates.

- Pressures on other services making Talking Therapies interface more difficult and resulting in more 'gaps' in provision and pressure on Talking Therapies services to see people the service is not equipped for.

9. Outcome Measures

- Outcome measures are prescribed nationally for Talking Therapies services and are included in the Minimum Data Set (MDS). These include the Patient Health Questionnaire (PHQ 9), General Anxiety Disorder Scale (GAD 7), IAPT Specific Phobia Scales and the Work and Social Adjustment Scale (WSAS).
- There are a range of KPIs including access targets, waiting times, recovery rates.
- We collect and analyse data to determine whether all our local communities are accessing our services and achieving equitable recovery rates.
- Patient Experience Questionnaires (PEQs) are used to measure patient experience.
- Data shows a reduction in waiting times for treatment, particularly for step 3 interventions.