

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 June 2017

Title and Author of Paper: NTW Psychological Services Strategy 2017-2022
Dr Esther Cohen-Tovée, Director of AHPs and Psychological Services

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Discussion & Decision

Key Points to Note:

The Psychological Services Strategy has been developed over a 15 month period, in parallel with development of the Trust's 5 year Strategy, by Psychological Services staff together with partners from operational management, other disciplines and experts by experience (service users and carers).

High level objectives:

1. All service user and carer contact & input across the whole Trust is psychologically informed
2. All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led
3. We will identify and pursue strategic growth research and innovation opportunities for Psychological Services.

Document includes an underpinning workforce strategy, 9 key recommendations and proposed 5 year action plan.

Risks Highlighted to Board : None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No - **No**

If Yes please outline

Equal Opportunities, Legal and Other Implications:

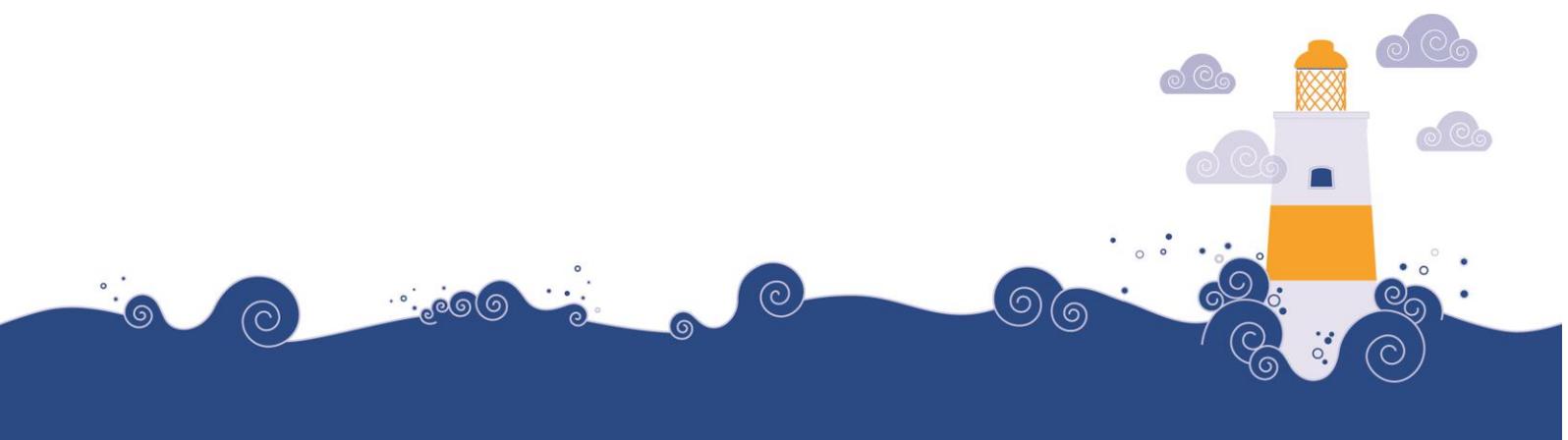
Outcome Required: Board approval

Link to Policies and Strategies:

NTW 5 Year Strategy, NTW Workforce Strategy

NTW Psychological Services Strategy

2017/2022



NTW Psychological Services Strategy

Executive Summary

The aims of the NTW Psychological Services strategy are:

- (i) To utilise our psychological knowledge and skills to improve the wellbeing of everyone we serve.
- (ii) To help the Trust achieve its objectives.

In order to understand service users' mental health problems holistically and to optimise outcomes, we need a comprehensive bio-psycho-social approach. Psychological Services contribute to this by providing specialist psychological assessments and interventions, including, but not limited to, psychological therapies, as well as working with colleagues through training, clinical supervision and consultation ("scaffolding") to promote psychological understanding and interventions across pathways. Psychologists and other psychological services staff are also skilled in service development, facilitation of change, service evaluation, clinical audit and R&D.

The NTW Psychological services strategy has been developed by Psychological services staff together with partners from operational management, other disciplines and experts by experience (service users and carers). The strategy development has been informed by, and is as far as possible consistent with, the development of the NTW five year strategy. There has been a focus on national policy, local context and Trust priorities, and the strategy is underpinned by Trust values and the principles of the NTW service model, co-production, devolution, and equality, diversity and inclusivity.

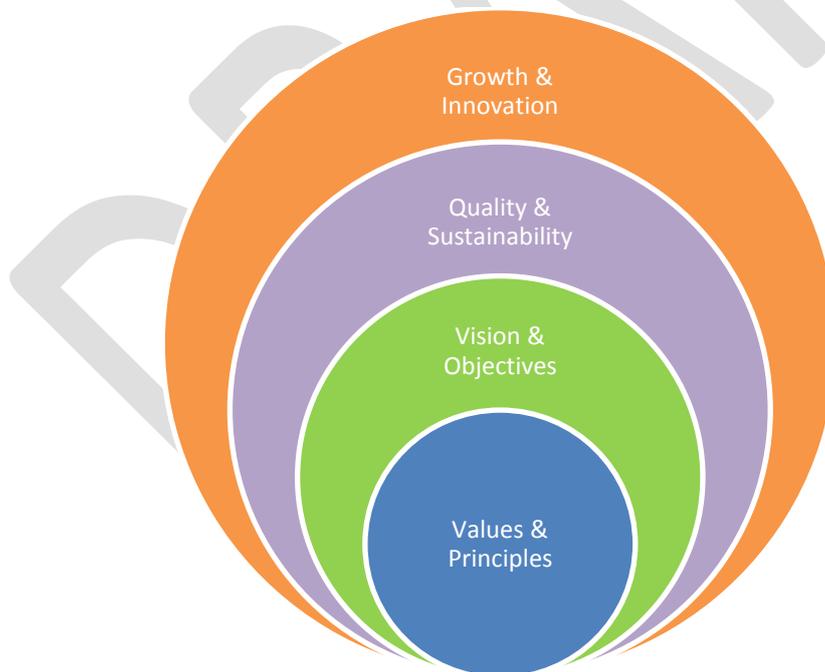
The NTW Psychological Services five year strategy quality & innovation objectives are that:

1. All service user and carer contact & input across the whole Trust is psychologically informed.
 - Through coproducing & implementing shared accessible psychological language and practice
 - Through increased partnership working across systems
2. All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.
 - Through producing Trust-wide governance guidance for psychological practice
 - Through seeking APPTS accreditation for all relevant NTW Psychological Services
 - Through addressing skills gaps through training & supervision
 - Through implementing outcome measurement in partnership with colleagues, service users & carers
 - Through developing & implementing guiding principles for coproduction
 - Through ensuring equitable access by using new technology and addressing resource gaps in partnership with operational managers

3. We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services.
 - Through developing a framework to assess opportunities
 - Through generating a market for psychological services, approaches & training via a Psychological Services Growth & Innovation Forum

In order to deliver these objectives and to support the Trust in achieving its wider objectives, we have generated the following workforce development objectives. We aim to:

- Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste
- Support and value our staff & develop our leadership, resilience and flexibility
- Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy
- Support the sustainability of Trust-wide workforce developments through skill mix developments
- Support the resilience of the Trust-wide clinical and non-clinical workforce



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1. Introduction and context

1.1 NTW Psychological Services

Applied psychology is one of the central disciplines in mental health. In order to understand service users' mental health problems holistically and optimise outcomes, we need a bio-psycho-social approach. Psychological Services contribute to this by providing specialist psychological assessments and interventions, including, but not limited to, psychological therapies, as well as working with colleagues through training, clinical supervision and consultation ("scaffolding") to promote psychological understanding and interventions across pathways. Psychologists and other psychological services staff are also skilled in service development, facilitation of change, service evaluation, clinical audit and R&D.

Psychological Services have a key role to play in the delivery and further development of clinically effective services as part of Trust-wide service transformation. It is recognised that there is a significant shortfall in the current capacity to deliver NICE recommended psychological interventions, and this needs to be addressed through training and supervision and review of resource allocation. However it should be noted that the most significant resource in the Trust to deliver NICE recommended psychological interventions is within Psychological Services.

It is important that we embed sufficient psychological services resources in teams, with access to specialist psychological services within and beyond localities. This enables the most value from genuine multidisciplinary work and the contribution of psychological perspectives to all aspects of the pathways and to enrich day to day practice, augmented by further specialist services as required. A particular strength of psychological services is cross-functional working and working across Service User pathways, "following" Service Users along their pathways and supporting their recovery journey.

Psychological Services have a key role in ensuring the safety & effectiveness of psychological therapies delivered by NTW staff. The governance of psychological therapy provision rests with Psychological Services. While this is supported through national accreditation and registration process for Psychological Services professionals, the issue of governance of practice of staff trained in NICE aligned interventions will require different systems involving assessment of competencies and monitoring through clinical supervision from a sufficiently experienced supervisor.

1.2 Process of developing the strategy

The NTW Psychological services five year strategy has been developed through an engagement process and series of meetings which include:

- Professional Leads away day (January 2016)
- Psychological Services Professional Forum meetings (18 February 2016, 17 August 2016 and 23 November 2016)
- Meetings with Experts by Experience (service user and carer representatives)
- Psychological Services Day Conference (May 2016)
- Presentations at Group OMGs/Q&Ps

In developing the strategy we considered relevant national policy and strategy (e.g. the Five Year Forward View for Mental Health (2016), Future in Mind (2013), What good

could look like in integrated psychological services for children, young people and their families (2016), local context (e.g. vanguards and STPs), the APPTS (CCQI & BPS Accreditation Programme for Psychological Therapy Services) standards and the emerging NTW five year strategy. We agreed that our strategy should be grounded in the Trust values, and should be underpinned by a number of guiding principles. These are:

- The principles of the NTW service model
- Co-production
- Devolution
- Equality, diversity & inclusivity

In line with the developing NTW Trust strategy we developed a “plan on a page” in which we summarised our early thinking on underpinning values and principles, overarching aims, key objectives and enablers.

The initial work done at the away day and the professional forum was shared at the Day Conference which was co-facilitated by a national Expert by Experience representative from the APPTS Project Board, together with the NTW Clinical Director for Psychological Services who is also the Co-Chair of the APPTS Project Board. The benefits of APPTS accreditation were described by the Sunderland Psychological Wellbeing service (one of the first services in the UK to be APPTS accredited) and by Sunderland & S Tyneside community psychological services who were preparing for accreditation. A series of workshops enabled a wide range of psychological services staff, other NTW colleagues, Trust governors and other Experts by Experience to contribute to the development of the strategy objectives and proposed five year action plan (see appendix 1). This work was then refined over a series of meetings.

2. The Psychological Services Strategy “Plan on a page”

2.1 Plan on a page summary

The strategy is summarised in the “plan on a page” format (see appendix 1). This was refined during the development of the strategy. We identified the following **quality & innovation objectives** for NTW Psychological Services:

4. All service user and carer contact & input across the whole Trust is psychologically informed
5. All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led
6. We will identify and pursue strategic growth research and innovation opportunities for Psychological Services.

Our workshops at our 2016 Psychological Services day conference were used to identify specific tasks and work-streams through which we could achieve these objectives, and these were collated and summarised as a five year strategic action plan (see appendix 2). Some examples include:

	Objective	Actions
1.	All service user and carer contact & input across the whole Trust is	Through coproducing & implementing shared accessible psychological

	psychologically informed	language and practice
		Through increased partnership working across systems
2.	All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led	Through producing Trust-wide governance guidance for psychological practice and the implementation of robust clinical supervision, professional management and training standards.
		Through seeking APPTS accreditation for all relevant NTW Psychological Services
		Through addressing skills gaps through training & supervision
		Through implementing outcome measurement in partnership with service users & carers
		Through developing & implementing guiding principles for coproduction
		Through ensuring equitable access by using new technology and addressing resource gaps in partnership with operational managers
3.	We will identify and pursue strategic growth research and innovation opportunities for Psychological Services.	Through developing a framework to assess opportunities
		Through generating a market for psychological services, approaches & training via a Psychological Services Growth & Innovation Forum
		Through pursuing increased access to psychological therapies for children, young people, adults and older adults

In order to deliver the above objectives and to support the Trust in achieving its wider objectives, we have generated the following **workforce development objectives**. We aim to:

- Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste
- Support and value our staff & develop our leadership, resilience and flexibility
- Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy
- Support the sustainability of Trust-wide workforce developments through skill mix developments

- Support the resilience of the Trust-wide clinical and non-clinical workforce

We have participated in Directorate, Group and Trust-wide workforce strategy development discussions and this has informed the production of the above objectives. Further detail is provided in section 4 below.

A particularly helpful aspect of the “plan on a page” summary, which was initially accessed through the Trust-wide five year strategy development work, is the focus on enablers. We identified the following key enablers for the Psychological Services strategy:

- Co-production (working in equal partnership with service users and carers)
- Embedded professional leadership and active participation at all levels of the Trust
- Increased external focus and involvement of psychological expertise in partnership working
- Measurement of meaningful outcomes
- Use of IT & audio/visual for therapy consultations & supervision
- Training opportunities for staff, Service Users, Experts by Experience and key stakeholders

More detail on enablers is provided in section 5.

2.2 Alignment with Trust Strategy “Working together, supporting people, supporting communities - improving lives” 2017-2022.

The NTW five year strategy for 2017-2022 has been in development at the same time as the Psychological Services Strategy. The Trust Strategy six strategic ambitions have been more recently finalised and Table 1 below illustrates their close alignment.

	Trust Strategic Ambitions	Psychological Services Strategy
1	Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.	<i>Principles:</i> Co-production, SMR principles <i>Strategic aim:</i> To use psychological knowledge and skills to improve the wellbeing of everyone we serve <i>Objective:</i> All service user and carer contact & input across the whole Trust is psychologically informed.
2	With people, communities and partners, together we will promote prevention, early intervention and resilience.	<i>Principles:</i> Co-production, SMR principles, Equality, diversity & inclusivity, devolution <i>Action:</i> Promote growth in areas which improve early intervention, prevention and health promotion. <i>Action:</i> Increase access to psychological therapies for children, young people, adults and older adults, building on current provision and seeking opportunities for growth and expansion.

3	Working with partners there will be “no health without mental health” and services will be “joined up”.	<p><i>Principles:</i> SMR principles <i>Enabler:</i> Increased external focus and involvement of psychological expertise in partnership working. <i>Action:</i> Increase partnership working across systems to ensure psychological perspectives are well understood and influential. <i>Action:</i> Ensure equitable access to psychological interventions for the population in all settings via integration of psychological services into multidisciplinary teams.</p>
4	The Trust’s Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.	<p><i>Enabler:</i> Measurement of meaningful outcomes <i>Objective:</i> All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led. <i>Workforce objective:</i> Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste <i>Objective:</i> All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.</p>
5	The Trust will be a centre of excellence for mental health and disability.	<p><i>Principles:</i> SMR principles, co-production <i>Enablers:</i> Co-production, Embedded professional leadership and active participation at all levels of the Trust <i>Objective:</i> We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services</p>
6	The Trust will be regarded as a “great place to work”.	<p><i>Principle:</i> Equality, diversity & Inclusivity <i>Workforce strategy objectives:</i> - Support and value our staff & develop our leadership, resilience and flexibility - Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy - Support the sustainability of Trust-wide workforce developments through skill mix developments - Support the resilience of the Trust-wide clinical and non-clinical workforce</p>

Table 1 Alignment of Trust Strategic Ambitions & Psychological Services Strategy

3. Our 3 high level objectives

The aims of the NTW Psychological Services strategy are grounded in the NTW vision:

“To be a leader in the delivery of high quality care and a champion for those we serve”

This vision is underpinned by a set of core values which will ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes.

Our concerns are quality and safety and we will ensure that our values are reflected in all we do. These values are:

- Caring & Compassionate
- Respectful
- Honest & Transparent

Our strategic aims have been articulated as follows:

1. To utilise our psychological knowledge and skills to improve the wellbeing of everyone we serve.
2. To help the Trust achieve its objectives.

We used these aims to consider how to frame high level inspirational objectives which we could aspire to and which would set the frame for our five year strategic plan. This would also support and be consistent with the concurrently developing NTW five year strategy.

Objective 1: “All service user and carer contact & input across the whole Trust is psychologically informed.”

This could be described as a “hearts and minds” objective. It combines our aspiration to use our psychological knowledge and skills to have as wide an influence as possible on improving the wellbeing of the people we serve, with a recognition that our relatively small workforce cannot work with all service users directly, and we must therefore work with and through others to maximise our impact. We would classify this as a quality objective, as it is about sustaining and improving the quality of care through a wide range of processes– engagement and validation, assessment, bio-psycho-social formulation, structured clinical management, psychological interventions and therapies, training, consultation, supervision, scaffolding and contribution to service improvement and service transformation.

Objective 2: “All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.”

This objective is clearly grounded in the CQC five domains, to which we made the important additions of compassionate practice, based on our underpinning Values, and cost-effective practice, which is important in its own right but also in order to assist in meeting the Trust’s financial targets. The governance of Psychological practice across the Trust is a key responsibility of Psychological services professional leadership, and it’s important to remember this includes all psychological practice, not just the practice of designated Psychological Services staff.

We also considered the issue of sustainability as part of this objective. We are aware that despite improvements agreed and implemented through service transformation programmes and within Directorates, we still have some inequities and gaps in Psychological Services Provision across NTW. As far as possible we wish to achieve equitability between different localities and across pathways. We also need to ensure sustainability of our skilled and knowledgeable workforce through a retention strategy (see section 4). We need to ensure we are making best use of resources through job planning using aids such as the job planning matrix (appendix 4), together with active management of flow, demand and capacity.

Objective 3: “We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services.”

We are concerned about equity of access and gaps in provision of Psychological Services, especially in areas which have been under-resourced for many years, e.g. inpatient services for older people. We would like to identify opportunities for growth both where gaps in provision exist and in areas where new development opportunities may arise e.g. new funding for perinatal services linked to the Five Year Forward View.

Psychological services staff can make valuable contributions to the Trust’s research programmes and profile, and the doctoral level research training and skills particularly of Clinical Psychologists and Counselling Psychologists are currently under-utilised. We would like to increase our contribution in this area, particularly in development of practice-based evidence and adapting & evaluating interventions to improve outcomes. Stronger links into the Trust’s R&D implementation plan could be an enabler of this.

Capacity for innovation is also yet to be maximised, and innovation is recognised as a key enabler for the Trust in a rapidly changing commissioning & provider context over the next five years, with the implications of STPs and new organisational forms such as ACOs just beginning to unfold. As part of the development of our Psychological services strategy we have begun to develop a framework for assessing new opportunities.

Details of our plans to work towards these objectives over the next five years can be found in appendix 2.

4. Workforce Development Strategy

In order to deliver our strategic objectives and to support the Trust in achieving its wider objectives, we have generated the following **workforce development objectives**.

4.1 To deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste

This objectives covers a number of cross-cutting and key issues. Sustainability depends on recruitment, retention, career pathways, access to CPD and resources to fund appropriate posts including appropriately supported new and innovative roles. We also need to ensure that our principles of equality, diversity and inclusivity are pro-active drivers.

4.2 Support and value our staff & develop our leadership, resilience and flexibility

There are local and national concerns about NHS staff wellbeing. A survey by the British Psychological Society (BPS) and the New Savoy Partnership (NSP) repeated annually in 2014-5, 2015-16 and 2016-17 has shown high levels of low mood, stress and feelings of failure among front line psychological clinicians. We propose that NTW signs up to the BPS-NSP Staff Wellbeing Charter which aims to “re-set the balance in the drive to improve access to psychological therapies”. It calls for “a greater focus on support for their staff wellbeing to sustain the impact that we know these services can have when delivered effectively”. It notes that “Services with good staff wellbeing are more sustainable and will make the most difference to the lives of those they are helping.”

Signing up to the Charter would mean that:

- We commit to promoting effective services through models of good staff wellbeing at work.
- We will do this by engaging in reflective and generative discussions with colleagues, other leaders, and frontline staff to co-create compassionate workplaces and sustainable services.
- We will monitor and improve the wellbeing of our own staff.
- We will share this learning with the Charter Network.
- We commit to a collaborative effort and shared responsibility to fulfil the aims of the Charter.

The Charter is shown in appendix 5.

4.3 Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy

Retention and recruitment are key issues for the wider Trust and for Psychological Services specifically. The development of career pathways has the two-fold benefit of enabling us to retain and develop good staff and “grow our own” senior colleagues to assist with succession planning and capacity to take up leadership roles within Psychological Services and the wider Trust.

Clinical career pathway posts are already developed in many areas e.g. through the Community transformation programme. However this is not a consistent picture as yet. We also note the limited opportunities for career development for Psychological services staff in non-clinical domains such as operational management, performance & assurance, or clinical management at Group triumvirate level. The move to collective leadership teams at Directorate level is welcomed, but we would like to work with colleagues to develop this approach at Group level as well.

4.4 Support the sustainability of Trust-wide workforce developments through skill mix developments

There are a number of opportunities for using the Psychological workforce to assist with service delivery and leadership roles where the Trust has difficulty in recruitment / retention and/or has become over-reliant on agency staff. These include:

- A small team comprising expertise of consultant psychiatrists, non-medical Approved Clinicians (from Psychology, Nursing or in future AHP (OT) backgrounds), specialty doctors and non-medical prescribers (Pharmacist or Nurse) could between them cover a designated area e.g. two or three wards on the same site. This could include AC function, assessment, diagnosis and prescribing, and also clinical leadership in partnership with the ward manager & ward team, to ensure that clinical decision making is timely, and that recovery-

focused pathways for service users are service-user centred, collaboratively agreed, supported and pro-actively implemented. There is a significant opportunity to improve quality and outcomes for service users through a collegiate approach and through ensuring assessment, formulation, care packages and discharge plans are fully bio-psycho-social. Examples of the work of current Psychologist AC/RCs are given in appendix 3. A preceptorship model could be used to grow people into these new non-medical AC roles which would be combined with appropriately located clinical sessions.

- Identification of difficult to fill Consultant Psychiatrist posts which could be replaced by a Consultant Psychologist or Psychological Therapist with the relevant skills (e.g. this has already been tried successfully in one of our Memory Assessment & Management Services).
- Leadership development for Psychological Services staff to enable them to come forward to apply for Associate Director and other leadership roles.
- Changes to skill mix in community teams, where two Band 6 posts could be replaced by one B7 Psychologist / Psychological Therapist and one B5 or B4 assistant psychologist. These colleagues could work together to deliver care coordination through structured clinical management, assessment formulation & therapy and assistance in implementing behavioural change and carrying out monitoring and related tasks.
- Developing wider use of the Psychological Wellbeing Practitioner (PWP) Band 5 role in secondary care pathways for adults and children & young people
- Development of Band 4 PWP apprenticeships (as part of a national programme) to grow our own PWPs
- Looking for opportunities to employ a B4 Assistant Psychologist in services where B3 Nursing assistants are hard to recruit e.g. OPS inpatients. A broader role could be developed encompassing both cognitive assessment and nursing assistant duties.

These workforce development & skill mix ideas are for discussion as part of the further development of the NTW Trust-wide workforce strategy. They will also be fed into the Mental Health, Psychological Therapies & Learning Disability (MHPT&LD) Workforce Development Strategy for the North East & Cumbria, which is being developed by the MHPT&LD subgroup of the Local workforce Action Board. This subgroup is co-chaired by NTW's Clinical Director for Psychological Services and Clinical Director for AHPs.

4.5 Support the resilience of the Trust-wide clinical and non-clinical workforce

This is another important area to which we can further develop our contribution to support the work of the Trust, through supporting the wellbeing of our whole workforce.

Psychological services have a lead role in the Schwartz round initiative, where the Facilitators are currently a Consultant Psychotherapist, a Consultant Clinical Psychologist and a Nurse Consultant. Psychological Services Professional Leads have played key roles in developing workforce wellbeing strategies within Groups. We would like to work with colleagues on understanding the impact of change and change management on staff and implementing pro-active strategies to promote wellbeing, drawing on national good practice from the BPS & New Savoy Partnership collaborative learning network (CLaN).

A more detailed workforce development strategy is shown in appendix 3.

5. Enablers

Key enablers for the Psychological Services strategy include:

1. Co-production.

We agreed that we need to progress from consulting service users and carers or involving them in individual pieces of work, to working with service users and carers in genuine partnership.

2. Embedded professional leadership, and active participation in collective leadership at all levels of the Trust.

In order for our knowledge and skills to be of maximum value to service users and carers and to the Trust as an organisation Psychological Services staff need to be embedded in leadership roles throughout the Trust. This includes both professional leadership roles which are part of psychosocial services and stepping forward to apply for roles with broader responsibilities and influence such as Clinical Director roles.

3. Increased external focus and involvement of psychological expertise in partnership working.

In order to ensure that commissioners and partners who are making decisions about the future provision of services are well informed about the role and importance of psychological knowledge, skills and expertise we need to be participating in conversations and working groups outside the organisation. The principle articulated by our CE John Lawlor of “talk, but don’t deal” should facilitate appropriate external involvement.

4. Measurement of meaningful outcomes

Outcome measurement is a key area for further development in NTW. The training of Clinical Psychologists in particular equips them to assist in this area. Implementation of appropriate outcome measurement and the analysis of meaningful data should support the growth of effective interventions and the reduction / cessation of approaches which do not show benefit to service users.

5. Use of IT & audio/visual technology for therapy consultations & supervision

Use of new technology offers significant opportunities to increase accessibility and productivity. Appropriately secure Skype, telephone and on-line messaging are all alternatives to face to face contact which could be used in many cases.

6. Training opportunities for staff, Service Users, Experts by Experience and key stakeholders.

As an ambitious organisation that is always striving for excellence, we need to ensure we are updating our knowledge and skills across our systems. Joint development opportunities with service users and partners can be particularly productive.

6. Arts Psychotherapies Review

An additional piece of work has been carried out to review Trust-wide provision and governance of Arts Psychotherapies. This is a small specialism of only 13 staff members in 11 wte posts, across a range of Art, Music, Drama and Dance Movement Therapists, working mainly in inpatient services for adults and children with severe and complex

mental health problems and/or learning disabilities. This review has produced two recommendations:

1. Develop a clearer organisational & governance structure and career pathway for Arts Psychotherapists within NTW.
2. Develop more equitable access and resources for Arts Psychotherapies to meet needs across service lines.

7. Summary/Recommendations

The Psychological Services Strategy has been developed collaboratively and is grounded in Trust values and principles, and aligned with the Trust's six strategic ambitions. It includes a draft five year action plan to achieve the identified objectives:

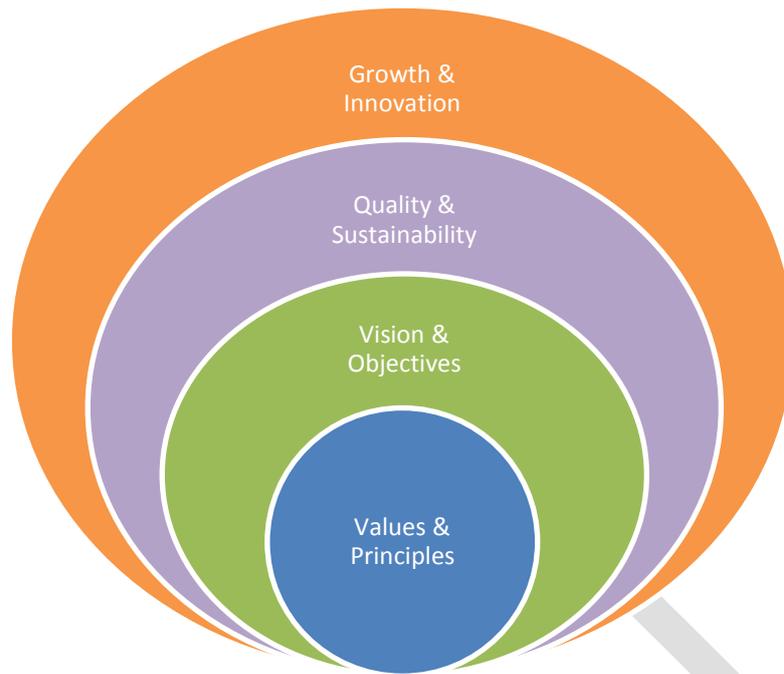
(i) All service user and carer contact & input across the whole Trust is psychologically informed.

(ii) All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.

(iii) We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services.

Specific recommendations include:

1. That the Trust supports the development and implementation of shared psychological language and practice.
2. That the Trust supports the implementation of guidance on the governance of psychological practice.
3. That NTW signs up to the BPS-New Savoy Staff Wellbeing Charter
4. That a Trust-wide framework to guide job planning in psychological services is rolled out and embedded.
5. That under-utilised research skills in Psychological Services staff are identified as a resource to the Trust and harnessed to help with service evaluation, development of practice based evidence, improving outcomes and innovation
6. That inequities in access to psychological services are addressed as far as possible within financial and contractual constraints
7. That opportunities to redesign skill mix are taken up in order to address workforce gaps and improve service users' experience and outcomes
8. That Psychological Services staff are supported to develop further their clinical, leadership and management skills and to develop career pathways within the Trust
9. That the Trust supports the implementation of a Psychological Services Growth and Innovation Forum.



- Appendix 1 Plan on a page
- Appendix 2 Five year plan
- Appendix 3 Workforce Development Strategy
- Appendix 4 Job Planning Matrix
- Appendix 5 Staff Wellbeing Charter

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Appendix 1

Psychological Services

Strategic Aims: To use psychological knowledge and skills to improve the wellbeing of everyone we serve

<p style="text-align: center;"><u>Workforce Development Objectives</u></p> <ul style="list-style-type: none"> • Deliver sustainable, accessible & equitable psychological services • Support and value our staff & develop our leadership, resilience and flexibility • Develop career pathways across clinical & non-clinical domains at all levels in the Trust • Support sustainability of Trust-wide workforce developments through skill mix development • Support resilience of Trust-wide clinical and non-clinical Workforce 	<p style="text-align: center;"><u>Values</u></p> <p style="text-align: center;">Caring & Compassionate Respectful Honest & Transparent</p>	<p style="text-align: center;"><u>Principles</u></p> <p style="text-align: center;">Co-production, SMR principles, Devolution principles Equality, diversity & inclusivity</p>	<p style="text-align: center;"><u>Enablers</u></p> <ul style="list-style-type: none"> • Co-production • Embedded professional and collective leadership and active participation at all levels of the Trust • Increased external focus and involvement of psychological expertise in partnership working • Measurement of meaningful outcomes • Use of IT & audio/visual for therapy consultations & supervision • Training opportunities for staff, Service Users, Experts by Experience and key stakeholders. 		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"> <p><u>Trust Strategic Ambitions</u></p> <p>Working together with service users and carers, partners & communities we will:</p> <ol style="list-style-type: none"> 1. Provide excellent care, supporting people on their personal journey to wellbeing 2. Promote prevention, early intervention and resilience 3. Ensure services will be “joined up” 4. Ensure services are sustainable and deliver real value to the people who use them 5. Be a centre of excellence for mental health and disability services 6. Be a great place to work </td> <td style="width: 50%; text-align: center; padding: 5px;"> <p><u>Psychological Services Quality & Innovation Objectives</u></p> <ol style="list-style-type: none"> 1. Ensure that all service user and carer contact & input across the whole Trust is psychologically informed 2. Ensure that all psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led 3. Identify and pursue strategic growth, research and innovation opportunities for Psychological Services </td> </tr> </table>				<p><u>Trust Strategic Ambitions</u></p> <p>Working together with service users and carers, partners & communities we will:</p> <ol style="list-style-type: none"> 1. Provide excellent care, supporting people on their personal journey to wellbeing 2. Promote prevention, early intervention and resilience 3. Ensure services will be “joined up” 4. Ensure services are sustainable and deliver real value to the people who use them 5. Be a centre of excellence for mental health and disability services 6. Be a great place to work 	<p><u>Psychological Services Quality & Innovation Objectives</u></p> <ol style="list-style-type: none"> 1. Ensure that all service user and carer contact & input across the whole Trust is psychologically informed 2. Ensure that all psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led 3. Identify and pursue strategic growth, research and innovation opportunities for Psychological Services
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Appendix 2 – Psychological Services Five Year Plan 2017-2022

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
1.	All service user and carer contact and input across the whole Trust is psychologically informed					
1.1	Psychological ways of thinking to be embedded across the Trust by further coproducing, developing and implementing a common psychological language and approaches which are accessible to all.	Develop common language building on work with Service Users and Carers, 5Ps plus plan formulation, reflective practice, complexity and stepped care models. Review and check against e.g. SMR & PIE.	Continue initiatives to support the spreading and embedding of these concepts, e.g. for reflective practice continue to lead, support and develop Schwartz Rounds. Embed in e-pathways and through complex case reviews.			Common language and practice is embedded and used routinely
1.2	Increase partnership working across systems to ensure psychological perspectives are well understood and influential	1.2a Scope psychological services presence across all NTW multi-disciplinary decision making fora (operational and clinical) and address any gaps.	Build confidence and capacity by training (including shadowing) for involvement in Trust processes (complex case reviews, SUI panels and complaints)	Increase involvement in Trust processes for complex case reviews, SUI panels and complaints investigations.	Review levels of involvement and impact, address gaps	

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		<p>1.2b Further develop strategic links with commissioners to influence the understanding of, relevance and usefulness of psychological approaches and evidence based practice. Identify opportunities for engaging with Commissioners (e.g. join relevant groups, and attend events) and links with key local stakeholders including Service Users and Carers.</p>	<p>Initiate discussions with NTW Execs, Contracts and Commissioning team re formal involvement in discussions with commissioners, contract reviews etc.</p>	<p>Psychological Services representation at formal/informal discussions with commissioners.</p>		
		<p>1.2c Further develop influence through external involvement in e.g. NICE,</p>	<p>_____</p>			<p>_____→</p>

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		National Standards and Policy, National Accreditation Scheme, BPS and BACP.				
2.	All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led					
2.1	Ensure good governance of trust wide psychological practice	2.1a Produce & consult on governance guidance document	Disseminate and support trust wide implementation	Audit adherence		
		2.1b Adapt psychological professional management structures & processes to fit with each Clinical Business Unit's needs	Implement consistent psychological professional management structures & processes	Review effectiveness & address any issues		
		2.1c Seek APPTS accreditation for all appropriate NTW Psychological Services	Discuss and agree a programmatic approach to accreditation & identification of funding			
		2.1d Develop a clearer	Implement organisational &			

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		organisational & governance structure for Arts Psychotherapists within NTW	governance structure for Arts Psychotherapists			
2.2	Ensure best practice	2.2a Support Trust's workforce development strategy, identifying psychological knowledge & skills required	Identify/provide bespoke training and embed. Identify and implement recruitment.	Continue to review predominant psychological model(s) appropriate to each pathway	Identify/provide bespoke training and embed. Identify and implement recruitment.	Continue to review predominant psychological model(s) appropriate to each pathway
		2.2b Scope gaps in psychological services staff's knowledge & skills including re. medicines awareness and concordance. Identify/develop & provide appropriate training & supervision.	Develop supervision pyramids so that skills are developed and sustained more broadly across the Trust		→	Psychological Services workforce has full range of skills in place to deliver comprehensive evidence based practice in all the pathways of the Trust in which we are involved.
		2.2c Ensure continuous learning from evolving best practice,				

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		incidents and AARs, outcome measurement, audits.				
2.3	Implement consistent and meaningful outcome measurement	Support clinicians in meaningfully utilising psychological outcome measurement clinically and identify appropriate psychological metrics in partnership with SUCs. Include qualitative as well as quantitative outcomes	Pilot implementation & analysis in early adopter pathways and promote use of outcome measurements.	Roll out to all pathways	Make systematic use of appropriate, reliable outcome measures pertinent to Service User groups in clinical areas (CROMS, PROMS & PREMS)	
2.4	Elicit and act on robust Service User & Carer feedback	Review current feedback mechanisms and response rates. Investigate other examples of best practice.	Discuss and agree best practice for implementation. Implement in selected areas & review.	Roll out to all psychological services.	Audit & review.	
2.5	Identify & implement guiding	Link with SUs,	Develop action			Sustainable

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
	principles re co-production within psychological services.	PSW and R&D colleagues to agree principles, e.g. PANEL principles make it easy for people to take part.	plan to maintain existing good practice and develop in areas where there are gaps.			process of coproduction embedded in all our services
2.6	Further develop leadership knowledge and skills across psychological services	Align with, contribute to and participate in Trustwide leadership development programmes	Provide opportunities for clinical and professional leadership development. Review Psychological leadership competency frameworks & adopt/adapt/develop a framework for use in NTW.			
2.7	Use our leadership skills to support multidisciplinary colleagues through systemic reflections and interventions, sharing and implementing psychological knowledge and practice, providing guardianship for e.g. clinical	Participation in Trust Operational Management, Quality & Performance and Service Development meetings.				

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
	supervision	Supporting Schwartz Rounds.				
2.8	Contribute to training and clinical supervision for all pathways to ensure practice is co-produced, client centred and responsive to Service User issues.	2.8a Ongoing contribution to clinical skills training starts 2.8b Provide clinical supervision and help develop clinical supervision skills of colleagues	Offer specific training & supervision	Evaluate quality of training and impact on clinical practice	Review best practice and update e-pathways, ensure training is aligned	
2.9	Ensure equitable access to psychological interventions including Arts Psychotherapies for the population in all settings via integration of psychological services into multidisciplinary teams. Ensure that psychological interventions match need at the right intensity and skill level.	2.9a Involve SUC in exploring accessibility issues. Review access by population groups. 2.9b Address resource gaps in partnership with Collective Leadership Teams	Engage with under-represented groups, aiming to find ways to improve access	Engage with commissioners and partners to discuss improvement options		
2.10	Ensure effective, timely and personalised communication with service users and families	Systems to communicate directly re appointments	Systems to support person centred and accessible	Help develop Trust wide person centred communication		

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
			communication of information in a way that is best understood			
3.	Identify and pursue strategic growth, research & innovation opportunities					
3.1	Develop a suitable framework & processes to identify and assess opportunities for growth, research and innovation opportunities and implement both internally and externally	<p>3.1a Develop framework based on identifying opportunities related to:</p> <ul style="list-style-type: none"> (i) inefficiency (ii) insufficiency (iii) gaps (iv) innovation opportunities <p>And methods</p> <ul style="list-style-type: none"> (a) growing on (b) growing more (c) growing new (d) growing others on <p>3.1b Link to NTW R&D Implementation Plan</p>	<p>Develop / free up capacity e.g. by increasing recruitment to the psychological services bank</p> <p>Horizon scan</p> <p>Develop specific proposal(s) (evidence based & best vfm)</p> <p>Make business case(s) / submit tenders</p>			
3.2	Generate a market for psychological services,	3.2a Participate in the				

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
	psychological approaches and training.	development of and contribute training courses for the NTW Training Academy.				
		3.2b Showcase existing good practice and innovation in psychological services, income generation (existing & potential) by developing a Psychological Services Growth and Innovation Forum.	Engage wider Trust in innovation forum. Contribute to Trust business development through contract opportunities and Trust Innovations			
3.3	Promote growth in areas which improve early intervention, prevention and health promotion.	Increase access to psychological therapies for children, young people, adults and older adults, building on current provision and seeking opportunities for growth and	Work in partnership with physical health providers and third sector partners to improve access to psychological therapies for people with physical health			

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		expansion.	problems and long term conditions.			

Appendix 3

Psychological Services Workforce Development Strategy 2017-2022

1. Introduction & high level objectives

The Psychological Services workforce strategy underpins the delivery of the NTW Psychological Services strategy. The workforce strategy aims to:

- Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste
- Support and value our staff & develop our leadership, resilience and flexibility
- Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy
- Support the sustainability of Trust-wide workforce developments through skill mix developments
- Support the resilience of the Trust-wide clinical and non-clinical workforce

1.1 To deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste

This objectives covers a number of cross-cutting and key issues. Sustainability depends on recruitment, retention, career pathways, access to CPD and resources to fund appropriate posts including appropriately supported new and innovative roles. We also need to ensure that our principles of equality, diversity and inclusivity are pro-active drivers.

1.2 Support and value our staff & develop our leadership, resilience and flexibility

There are local and national concerns about NHS staff wellbeing. A survey by the British Psychological Society (BPS) and the New Savoy Partnership (NSP) repeated annually in 2014-5, 2015-16 and 2016-17 has shown high levels of low mood, stress and feelings of failure among front line psychological clinicians. We propose that NTW signs up to the BPS-NSP Staff Wellbeing Charter which aims to “re-set the balance in the drive to improve access to psychological therapies”. It calls for “a greater focus on support for their staff wellbeing to sustain the impact that we know these services can have when delivered effectively”. It notes that “Services with good staff wellbeing are more sustainable and will make the most difference to the lives of those they are helping.” Signing up to the Charter would mean that:

- We commit to promoting effective services through models of good staff wellbeing at work.
- We will do this by engaging in reflective and generative discussions with colleagues, other leaders, and frontline staff to co-create compassionate workplaces and sustainable services.
- We will monitor and improve the wellbeing of our own staff.
- We will share this learning with the Charter Network.
- We commit to a collaborative effort and shared responsibility to fulfil the aims of the Charter.

1.3 Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy

Retention and recruitment are key issues for the wider Trust and for Psychological Services specifically. The development of career pathways has the two-fold benefit of enabling us to retain and develop good staff and “grow our own” senior colleagues to assist with succession planning and capacity to take up leadership roles within Psychological Services and the wider Trust.

Clinical career pathway posts are already developed in many areas e.g. through the Community transformation programme. However this is not a consistent picture as yet. We also note the limited opportunities for career development for Psychological services staff in non-clinical domains such as operational management, performance & assurance, or clinical management Group triumvirate level, where the senior posts are still tied to the medical and nursing professions. As Group Directors are usually nurses by background this means that Group triumvirates are comprised of only two disciplines. The move to Collective Leadership Teams at Clinical Business Unit level is welcomed, but we would like to work with colleagues to develop this approach at Group level as well.

The need for development of career pathways for Arts Psychotherapists has been highlighted by the Arts Psychotherapies Review.

1.4 Support the sustainability of Trust-wide workforce developments through skill mix developments

There are a number of opportunities for using the Psychological workforce to assist with service delivery and leadership roles where the Trust has difficulty in recruitment / retention and/or has become over-reliant on agency staff. These include:

- 1.41 A small team comprising expertise of consultant psychiatrists, non-medical Approved Clinicians (from Psychology, Nursing or in future AHP (OT) backgrounds), specialty doctors and non-medical prescribers (Pharmacist or Nurse) could between them cover a designated area e.g. two or three wards on the same site. This would include AC function, assessment, diagnosis and prescribing, and also clinical leadership in partnership with the ward manager & ward team, to ensure that clinical decision making is timely, and that recovery-focused pathways for service users are service-user centred, collaboratively agreed, supported and pro-actively implemented. There is a significant opportunity to improve quality and outcomes for service users through a collegiate approach and through ensuring assessment, formulation, care packages and discharge plans are fully bio-psycho-social. A preceptorship model could be used to grow people into these new non-medical AC roles which could be part time, combined with clinical sessions.

The Trust has been a national leader in the development of clinical psychologists becoming Approved Clinicians. This has included exemplars of Consultant Clinical Psychologists providing the main Responsible Clinician input to inpatient units.

A Consultant Clinical Psychologist has become an Approved Clinician and is now Responsible Clinician for the majority of patients within an acute assessment & treatment learning disabilities inpatient unit (Rose Lodge). These service users often present with psychological needs (such as display of challenging behaviour). The Consultant Clinical Psychologist as a Responsible Clinician here has been effective in leading assessment and treatment using a psychological perspective through Positive Behaviour Support that has been important for the safe care of people with learning disabilities requiring admission. This has been particularly relevant within the context of the national Transforming Care programme.

A Consultant Clinical Psychologist has been recruited as an Approved Clinician to be Responsible Clinician for patients who have accessed the inpatient stepped care pathway and are now approaching discharge within a step-down mental health rehabilitation unit (Elm House). The needs of this client group are often psychological when approaching discharge as they need to develop new coping strategies and adapt to change as they move out of hospital. The Consultant Clinical Psychologist as Responsible Clinician in this example has been effective in providing a psychological perspective in leading care through to safe discharge and their role has been positively received by patients and staff.

In both examples, Clinical Psychologist Responsible Clinicians are supported by senior medical and nursing colleagues in terms of medication and physical health treatment as part of the multidisciplinary skill mix to ensure that patient needs are met in a safe and effective way.

- 1.4.2 Augment Consultant Psychiatrist posts where appropriate with Consultant Psychologists or Consultant psychological therapists with the relevant skills (e.g. this has already been tried successfully in one of our Memory Assessment & Management Services).

NTW currently has a Consultant Psychiatry led model for memory assessment services. The increasing demand put upon memory services through higher rates of referrals and tighter targets for throughput and diagnostic rates along with difficulties in recruitment and retention of psychiatrists led to a Consultant Clinical Psychologist working into one of the Memory Assessment and Management Services (Newcastle MAMS) for a fixed term period, providing diagnoses to patients, a role previously undertaken by psychiatrists. The role of the Consultant Clinical Psychologist in MAMS is to support Consultant Psychiatrists by giving diagnoses to a subset of patients. The aim is to assist in reducing the time from assessment to diagnosis whilst maintaining a high quality service. In addition, the Consultant Clinical Psychologist offers initial assessments to highly complex patients, provides high level specialist neuropsychological assessments to aid diagnosis where required, and offers specialist psychological intervention for adjustment and carer stress. Employing a Consultant Clinical Psychologist to give diagnoses to patients, who do not require medication, reduced the workload on psychiatry. Feedback from patients involved in the project was positive, with patients reporting that they were given enough time and information was provided in a clear, sensitive and thorough manner. The success of this project led to a permanent change in skill mix to incorporate the Consultant Clinical Psychologist role.

- 1.4.3 Leadership development for Psychological Services staff to enable them to come forward to apply for Associate Director and other leadership roles.
- 1.4.4 Changes to skill mix in community teams, where two Band 6 posts could be replaced by one B7 Psychologist / Psychological Therapist and one B5 or B4 assistant psychologist. These colleagues could work together to deliver care coordination through structured clinical management, assessment formulation & therapy and assistance in implementing behavioural change and carrying out monitoring and related tasks.
- 1.4.5 Developing wider use of the Psychological Wellbeing Practitioner (PWP) Band 5 role in secondary care pathways for adults and children & young people
- 1.4.6 Development of Band 4 PWP apprenticeships (as part of a national programme) to grow our own PWPs, linked to NTW apprenticeships programme and the NTW academy.
- 1.4.7 Looking for opportunities to employ a B4 Assistant Psychologist in services where B3 Nursing assistants are hard to recruit e.g. OPS inpatients. A broader role could be developed encompassing both cognitive assessment and nursing assistant duties.

These workforce development & skill mix ideas are for discussion as part of the further development of the NTW Trust-wide workforce strategy. They will also be fed into the Mental Health, Psychological Therapies & Learning Disability (MHPT&LD) Workforce Development Strategy for the North East & Cumbria, which is being developed by the MHPT&LD subgroup of the Local workforce Action Board. This subgroup is co-chaired by NTW's Clinical Director for Psychological Services and Clinical Director for AHPs.

1.5 Support the resilience of the Trust-wide clinical and non-clinical workforce

This is another important area to which we can further develop our contribution to support the work of the Trust, through supporting the wellbeing of our whole workforce. Psychological services have a lead role in the Schwartz round initiative, where the Facilitators are currently a Consultant Psychotherapist, a Consultant Clinical Psychologist and a Nurse Consultant. Psychological Services Professional Leads have played key roles in developing workforce wellbeing strategies within Groups. We would like to work with colleagues on understanding the impact of change and change management on staff and implementing pro-active strategies to promote wellbeing, drawing on national good practice from the BPS & New Savoy Partnership collaborative learning network (CLaN).

2. Psychological Therapies

Increasing the availability of high quality, safe and effective evidenced based psychological therapies to improve wellbeing and move towards recovery is central to the Psychological Services workforce development strategy and the HEE mandate.

There are three main psychological services targets in the HEE mandate:

- Expansion of the adult IAPT programme, increasing choice of evidence based psychological therapies and ensuring national access and recovery targets are met
- Expansion of the workforce capable of providing NICE guidance recommended evidence based psychological therapies for psychosis i.e. CBT for psychosis and family interventions
- Widening the reach of psychological therapies to address physical health conditions where psychological factors are key to recovery and wellbeing

A further target for Psychological Services is to increase diversity in the workforce, to be more representative of the populations we serve.

3. Service Improvement

Our key initiatives include:

1. Up-skilling community and inpatient services colleagues in specific psychological skills which are applicable to their clinical practice.
2. Developing new therapy support worker roles and working with peer support workers to improve outcomes for service users.
3. Provision of training and clinical supervision, and ensuring there is capacity to continue to do this through skill mix redesign.
4. Supporting the CYP IAPT programme through training, supervision and project support.
5. Expanding the Psychological Services workforce capable of delivering evidence based therapies for Psychosis to meet the new national targets for EIP (access to NICE approved evidence based treatments to start within 2 weeks of referral).
6. Further development of the Non-Medical Approved Clinician role, and sustaining a critical mass of non-medical RCs, Development of new non-medical RC roles as part of new skill mix teams.
7. Increasing Clinical Psychology establishment in Inpatient services, to ensure a minimum of 0.5 wte per ward.
8. Ensuring Psychological Services expertise is allocated to each team delivering our redesigned Community services pathways (Psychosis, Non-Psychosis, Older People (cognitive impairment & functional frail) and Learning Disability) in each of our 6 localities where these are commissioned with NTW.
9. Further development of MDT Team formulation: NTW is actively engaged with other Trusts nationally in developing evidence based Team Formulation formats to improve quality of care for service users with the most complex/ severe problems. This requires ongoing development, audit and research to link with Service User led initiatives regarding Formulation and WRAP planning - to enhance responsive, safe, effective care.
10. Addressing the psychological needs of people with longer term physical health conditions and dementia. This is a focus of significant concern for NHS England, CQC, NICE and commissioning bodies.
11. Building expertise within Psychological services for working with people across the Dementia pathway in line with NICE guidance, to implement

- recommended psychological interventions for Challenging Behaviour as well as the early stage dementia pathway.
12. Developing outreach approaches to support lonely, isolated older people – these factors are significant predictors of depression and anxiety.
 13. Continued investment in Positive Behaviour Support (PBS) including the trust-wide PBS training lead
 14. Rolling out training in the use of outcome measures in Clinical Supervision and Clinical Management to drive up performance (effectiveness, throughput and service user satisfaction).

4. Recruitment, retention and staff development

1. Adjusting skill mix to meet needs and to create a “diamond” shape in terms of grades, i.e. taking opportunities to create more posts at Band 7 & 8a when senior staff move on or retire, while retaining sufficient senior roles to ensure the clinical leadership and governance structure remains robust.
2. Succession planning; identifying and developing staff willing and able to develop further their clinical, supervisory, training, research and development and leadership skills.
3. Supporting our IAPT and primary care psychological wellbeing services to meet recovery and access targets through ensuring we recruit staff with the necessary expertise to deliver NICE compliant therapies and achieve national recovery targets.
4. Filling gaps in establishment in specialties such as CYPS and Forensic PD services, and covering temporary gaps in provision through the “Psychological Services bank”, now part of NTW Staffing Solutions.
5. Accessing CPD training to up-skill staff in more recently developed evidence based psychological therapies e.g. EMDR (Eye Movement Desensitisation & Reprocessing) for PTSD, or to address gaps in our current range of available therapies e.g. IPT (Interpersonal therapy) for Depression and Bulimia Nervosa, Mindfulness for preventing relapse in Depression and increasing evidence as a resilience builder for staff as well as service users.
6. Upskilling staff to enable them to support medicines awareness and concordance where appropriate, supporting implementation of NICE guidance re. first line, second line & subsequent recommended biological and psychological interventions.

5. Key risks and challenges

We may be unable to deliver our NTW workforce strategy or meet the HEE mandate targets due to insufficient capacity in our current workforce and insufficient local supply of key professions (Clinical Psychologists, qualified IAPT High Intensity therapists and qualified Psychological Wellbeing Practitioners (PWP). Commissioning decisions at HEE have also put local training for Child Psychotherapists at risk.

Approximately 20% of our workforce are close to being able to retire, and early retirements are likely among those who have MHO status. We need to focus on

succession planning to prevent a significant loss of expertise over the next 5-10 years.

- Recruitment: some specialties have difficulty in recruiting staff to fill vacancies, particularly Children and Young Peoples' Services, Learning Disability and Forensic Personality Disorder services.
- Diversity: Our workforce is not sufficiently reflective of the populations we serve. We need to broaden the ethnicity of our workforce and address the gender imbalance, particularly in Clinical Psychology where 80% of trainees are female.
- IAPT: these services should expand in line with national directives, but there is a limited pool of candidates in the NE and local initiatives are required to grow our local workforce.
- EIP access targets: Although we have implemented an in-house training programme in basic skills in CBT for psychosis and we have an e-learning package which can further embed this, we do not have sufficient capacity to deliver full protocol CBT for Psychosis which requires training to Diploma level. Similarly for Family Interventions, we have good numbers of foundation level trained staff but insufficient capacity at practitioner level.

6. Areas for growth

We need to support the following developments in order to implement service transformation and delivery of evidence based, safe and effective psychological treatments:

- Clinical Psychology: to replace staff retiring, to increase capacity in mental health inpatient services for adults and older people, to fill gaps e.g. in CYPS and LD, to enable the further development of the Non-Medical AC role, to develop new services e.g. to improve the mental health of people with physical health problems.
- Clinical Psychologists and Psychological Therapists in secondary care: to expand capacity to deliver evidence based Psychological therapies to the same standard as in primary care through IAPT, and to meet new EIP targets.
- IAPT High Intensity therapists, PWPS, workforce advisors, support workers: all need to increase to meet new targets as set out in HEE Mandate.
- Arts Psychotherapies: for those unable to engage with a "talking therapy", Arts psychotherapies can be an easier way for people with extreme levels of disturbance and distress to benefit from psychological therapy, and are recommended particularly for people with Psychosis, Learning Disabilities or Personality Disorder.
- Non-medical Approved Clinician (eligible staff include Consultant Clinical Psychologists, who currently form the majority of non-medical RCs in NTW): development and implementation of this role within NTW has produced very good outcomes for service users with predominantly psycho-social rather than medical needs, and has also enabled RC cover to be provided during sickness absence or vacancy within medical (psychiatry) establishments. We propose that a new skill mix approach could maximise these benefits across the Trust.

- Positive Behaviour Support: developing roles for qualified and non qualified staff across wider range of professions within Psychological Services workforce including Clinical Psychologists to provide supervision/leadership.

7. Widening participation

In order to encourage increased diversity in the workforce:

- We have participated in the former HENE Psychological Therapies subgroup work to develop an information leaflet about psychological therapies and psychological professions which includes photographs of clinicians from different BME backgrounds.
- We have invited staff with BME backgrounds to come forward to participate in the career fairs for young people considering higher education.
- In partnership with Newcastle University, we are developing a year's (unpaid) internship within the undergraduate psychology degree course for up to 10 participants and a year's paid internship for MSc students (2-3 participants) to demonstrate a career pathway to doctoral training in Clinical Psychology.
- We are actively supporting people with disabilities on Newcastle University's Clinical Psychology doctoral training course.

8. CPD needs for current staff

- CBT for Psychosis – Diploma level to deliver EIP target
- CBT postgraduate Diploma - to develop more supervisors for Adult and LD pathways
- Family/ Systemic Therapy – Practitioner and supervisor level for Adult, LD and CYPS services
- IPT (Interpersonal Therapy) – Supervisor and Practitioner level
- EMDR (Eye Movement Desensitisation & Reprocessing) – Supervisor and Practitioner level for Adult, LD and CYPS services
- DBT (Dialectical Behaviour Therapy) – Supervisor and Practitioner level for Adult, LD and CYPS services
- Open Dialogue
- PBS (Positive Behaviour Support) – advanced level to develop more supervisors
- Mindfulness based cognitive therapy training – to develop supervisors and practitioners
- Group work skills to support implementation of DBT and Mindfulness groups
- Family futures – training in a new approach for children in special circumstances
- IAPT training for couples therapy for depression
- Compassion-focussed therapy (advanced skills)

9. Developing capacity through roles which support qualified staff

New ways of working and the development of new roles are essential to ensuring the workforce is as productive as it can be, and that we make best use of the knowledge and skills of our current and future workforce.

Current new roles in development include:

- Therapy support workers: Band 3 staff trained in-house to assist Clinical Psychologists and Psychological Therapists in their clinical work by helping clients carry out “homework” between sessions e.g. exposure to a feared situation, attendance at a community support group, joining a walking group.
- Peer support workers: Band 4 roles for people with lived experience of mental health problems to work primarily with people with Personality Disorders, supported by clinical supervision and working as part of a specialist team.

We would also like to increase the number of Band 4 assistant psychologist posts, either through funded posts or internships. These roles are extremely valuable in supporting qualified staff in their duties through taking on selected delegated tasks. They can also enable research & development, audit and service development evaluation projects to take place, through their knowledge and skills in project design, delivery and data collection and analysis.

Higher assistant psychologists at Band 5 have more autonomy than at Band 4 and can lead on delegated pieces of work to increase the overall service capacity. For example, capacity has been increased in the Healthy Living Project in Northumberland by reducing the number of qualified Clinical Psychologist sessions and employing a Higher assistant psychologist to carry out standardised assessments and group work, with appropriate clinical supervision from a qualified staff member.

Band 5 assistant psychologists could be developed to take on roles within a lifespan model for IAPT, linking with schools, school nurses and counsellors and providing psycho-education classes for young people in schools or in communities.

It is expected that the development needs of these staff can be met in-house within the Trust. However internal capacity of qualified staff needs to be identified and made available in order to do this, which affects service delivery capacity.

10. Conclusions

The workforce agenda is challenging but there are a number of opportunities to develop further the expertise and effectiveness of NTW psychological services staff and to utilise the skills of this workforce to help address NTW workforce gaps through new roles and new skill-mix approaches.

Security of supply, recruitment, retention and the ability to “grow our own” expertise within the Trust are essential to ensure our workforce is able to meet the needs of our service users, families and wider communities.

**Appendix 4 Job Planning Matrix
Psychological Therapies Staff: Job Planning**

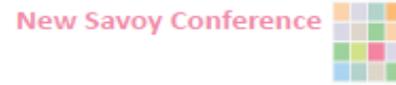
Suggested Ranges for Time Allocations by Banding

Band	Percentage of Time												
	10%	20%	30%	40%	50%	60%	70%	75%	80%	85%	90%	100%	
9													
8d			←	⇒	⇒	⇒							<DCC=20%-60%
8c					←	⇒	⇒						<DCC=40%-70%
8b						←	←						<DCC=50%-70%
8a													
7								←					<DCC=70%-85%
6													
5									←				

Key

Direct Clinical Care Face-to-face contact (individual) Face-to-face contact (group) Clinical telephone contact Clinical liaison MDT meeting about direct patient care (not CPA meeting) CPA meeting (standard and enhanced) Travel (for clinical work, not to usual place of work) Clinical record keeping, clinical letters & reports Receiving clinical supervision (individual & peer) Clinical work for client delivered via others (parents, care staff etc)
Clinical work through indirect methods Delivering clinical supervision or consultancy/advice Teaching (preparation & delivery) Service related research & development Audit/Clinical Governance/Service Improvement, Research & Development activities Management & leadership (delivering)
Personal development/skills maintenance Training/CPD/self-directed learning Management and leadership (receiving) Receiving mentorship
External work with local/national impact Work for professional organisation/representing the profession/contributing to professional practice Trade union duties Other

Appendix 5



charter for psychological staff wellbeing and resilience

Findings from the British Psychological Society and New Savoy staff wellbeing surveys in 2014 and 2015 have shown that psychological professionals are working under stress. They are reporting burnout, low morale and worrying levels of depression. We need to take action to improve the wellbeing and resilience of our psychological staff.

We know good work promotes good wellbeing. We know good psychological therapy services promote good wellbeing. Psychological professionals who are delivering frontline services should expect to be well supported in their important work. We need clinical leaders, managers & commissioners who understand the nature of this work, who value the dedication and sense of vocation of staff, and who support their staff wellbeing and work-life balance.

This charter aims to re-set the balance in the drive to improve access to psychological therapies. It calls for a greater focus on support for their staff wellbeing to sustain the impact that we know these services can have when delivered effectively. Services with good staff wellbeing are more sustainable and will make the most difference to the lives of those they are helping.

We commit to promoting effective services through models of good staff wellbeing at work. We will do this by engaging in reflective and generative discussions with colleagues, other leaders, and frontline staff to co-create compassionate workplaces and sustainable services. The organizations that support this charter will monitor and improve the wellbeing of our own staff. We will share this learning with the Charter Network. We commit to a collaborative effort and shared responsibility to fulfill the aims of the Charter.

