NHS Northern England Clinical Networks

NHS Yorkshire and the Humber Clinical Networks

PT in SMI Network Development Webinar – 19 March 2020

Q&A

1. **When are NHS provider trusts expected to have the plan in place?**

   Consideration needs to be happening now. However, the current situation will have some bearing on it. In reality, over the next 6 months.

2. **Can I ask who will be expected to coordinate the local workforce strategy? I am aware this is already happening in some NHS Trusts.**

   There should be a psychological therapy lead in each trust and they should be working with clinical leads regionally. This is where the clinical networks and todays event comes in.

3. **This is all really good but I am concerned there may be a timing mismatch. Training may come before we have the new posts? I heard in a webinar earlier this week that we would have to develop coproduced bids by June for funding for transformation funding to enable new posts to be created. But we will have great difficulty doing this in current circumstances with COVID-19, and even if we could it would still take some time to get money through and recruit staff suitable for taking up the training.**

   COVID 19 will impact everything and we're awaiting guidance regarding some of that and new (amended) timeframes. In addition, it's a long-term plan and therefore funding is available after 4 years we won't get it sorted in a year or 2. Need to think of it as a long-term strategy.

4. **Is this the first launch of these ideas in terms of local providers and strategic plans? Where is this dissemination happening?**

   This will be available in the new revised implementation guidance which will be coming out soon.

5. **Can I clarify how much money will be available year on year over the next few years and how much of this will be dedicated to developing psychological therapies?**

   There are 2 streams for funding:
   1) Training going through HEE. Incremental over the next 4 years.
   2) Community transformation funding going into CCG baselines and STP money. Understand this is just under £1billion and it will be for workforce considerations.

   National funding for training for Psychological Therapies for SMI over next 3 years. Will go up incrementally: £6 million; then £17 million, then £40 million.

6. **How can we ensure that the system believes in the new funding? I keep hearing "there is no new money"**

   Alison will circulate a slide with detail of funding after today's session.

7. **For info sharing purposes we work in this way too In Leeds using a different CBT interpersonal team formulation model based on Katherine Berry's work within inpatient and community rehabilitation setting and assertive outreach in Leeds. This is backed up with supervision. I am interested in the staff resources you have within EIP to deliver this aspect of your work.**

   It's backed up by clinical supervision and is different bits of the jigsaw joining up together.

   Comments:
   1)We also use 5Ps formulation, training was coproduced and co-delivered with Experts by Experience, and we have recently changed the language a bit to make it even more accessible. Also, some nice use of pictures to get across the 5 Ps plus we added a P for Plan.

   2)We have a scarce resource of nurses and OT's in CMHT bringing their own important skills- CBT training can lead to further shortages as people move to become therapists (very much needed too)- where will we look for the expanded workforce?

8. **Is there consideration of the breadth of training received as part of a doctorate in clinical or counselling psychology and ability to deliver therapy post qualification? Also is there consideration of the difficulties in providing therapy to an SMI group with a reliance on practice-based evidence as well as therapy that is informed by the evidence base?**

   In terms of the implementation plan nationally it's broken into different elements
   1) Training
   2) How upskill psychological workforce

   There is a strand of work happening nationally within PT professions considering capacity to delivery PT and that will include looking at what can be done in the existing professions. It is a staged approach and things will happen incrementally, so even though we may not see things happen in the next month or 2, it is being considered.

   My view is that we must have some standards in terms of competence and the quality of therapy that's being delivered, that's first and foremost. It's essential that those delivering therapies have had the right training and supervision to deliver it. Within the delivery however, you hope that clinicians have the capacity to work at an individual level and address the individual needs of each service user and carer. So, it's both, we do need to understand evidence-based practice as well as practice-based evidence, but I don't think it's an alternative. I think ultimately, we do need to have high quality training and supervision.

9. **Given the issue with funding and therapy training not matching up (time wise) will we be looking to recruit trainee psychological therapists rather than trying to train existing staff who we know have problems with delivery. I do think we need to prioritise supervisor training as that is clearly an issue that affects training implementation. I wonder also about encouraging grand parenting routes for people who have skills but haven't done the more recent training.**

10. **We have a scarce resource of nurses and OT's in CMHT bringing their own important skills- CBT training can lead to further shortages as people move to become therapists (very much needed too)- where will we look for the expanded workforce?**

    Workforce is a huge issue in terms of shortages of staff and there is a national strategy in terms of how we address this and ensure we have teams with the competencies to address the needs. We're going to have to be creative and it's going to have to be about new workforce as well and training them in new skills. It's about making sure that teams have got the capacity so that different workers can do their role. It's about ensuring we have teams with the capacity to deliver the entire range of evidence-based approaches.

    We are looking at expanding the workforce by making it look more attractive, highlighting different pathways into psychological professions and upskilling where necessary both in new roles and new ways of working. This must go hand in hand with local trusts workforce plans and direction of travel under the LTP.

11. **Funding to recruit more staff at the right level**

    This relates to the community mental health transformation funding referred to earlier which is about increasing the workforce. I appreciate it's not there now. It's about ensuring we have a longer-term implementation plan. It might be it's about recruiting more staff into teams to release existing staff who have those baseline qualifications, to do the training. So, it might be about recruiting more peer workers to release staff to do more therapies. It's about ensuring we have a workforce that can meet the neds of our service users.

12. **Can you advise whether you are looking to increase the numbers of D Clin psychol training - there are workforce shortages within the band 7 and band 8a groups**

    Will certainly look at it and will come back to you when it's been done on a national and regional basis.

13. **Given our experience that courses have in the past accepted people who have not had the required job roles, it would be useful to have job role specified. Especially around the banding they will have once completing the course. As our previous experience is that they then leave to work in EIP where they do get a band 7 post.**

    For a lot of these we're looking at courses not accepting people who haven't come from you. We have in the past experienced HEI's advertising more widely and having direct applications which don't necessarily meet the needs of the providers or national plan. Therefore, we're looking to do is to work with you to ensure that you identify the person that needs the course and are therefore assured yourselves that they're suitable for the job role, or even in a job role and having upskilling within it.

    Comment:

As long as 'you' is linked to the psychologist leader in the trust. Something for us all to ensure in house.

That is an important point about understanding required training and competence to deliver therapies. There needs to be clear guidance on what training therapists should have received so that Trusts can refer to this and recognise who needs what training - this is being developed and will be published in coming months.

14. The role of CAPS - using the workforce to deliver psychological interventions

We're only currently looking at CBT posts. This is about looking at the make-up of your workforce which was referred to earlier as part of the development of the workforce under the long-term plan with the changes in workforce plans.

15. Will we be prioritising supervisor training as that is clearly an issue that affects training implementation? I wonder also about encouraging grand parenting routes for people who have skills but haven't done the more recent training.

It's more about these being in place sooner as we don't have the supervisor now to support those who have trained - would there be a grandparent route?

That hasn't been talked about yet. It's about using the top of the training, so that we know some of you may have existing staff who want to do a bit of further training so they may not want to start from scratch but may want to top us their skills so that they're up to date with evidence-based practice.

Moving forward, we're going to be in a position where we'll be wanting all therapists to have some level of accreditation, or training to be accredited at the very least so that we ensure come kind of standard in terms of therapy delivery. It would be during that accreditation process that the grandparenting would be considered. But there has been not discussion about that yet, other than the ultimate objective, to get everyone to a sufficient level of competence and accreditation.

With regard to the supervisor shortage, the intention is for the supervisors for the trainees will be getting trained alongside. So, when the trainee finishes, there will be a fully qualified supervisor in place for them.

16. How are we identifying supervisor capacity?

In terms of the commissioning of the training, one of the issues that we're considering when we are looking at the various tenders is supervisor capacity. So, the training providers must demonstrate that between the actual training providers and the local trusts, that there is sufficient supervisor capacity. So that's something we're addressing very carefully when we're looking at all of the bids. Obviously, areas who have had existing training courses will have more supervisor capacity than those who haven't, so some of the issues we've been thinking about is the importance of the supervisor training to grow a group of supervisors as quickly as possible.

We recognise that supervision is as essential as the training, and so it's something that is being considered of as equal importance as training.