Sunderland Psychological Wellbeing Service

Summary
Sunderland Psychological Wellbeing service provides quick access to a wide range of psychological treatment interventions for adults with common mental health problems who have a low to moderate level of need. Since its launch in January 2011, access to psychological therapies has increased to 6,000 clients per annum, recovery rates have increased from 18% at launch to 48 - 50% currently, and feedback from patients has been very positive.

Starting point
In preparation for Sunderland to roll out an effective ‘Improving Access to Psychological Therapies Programme’ (IAPT) it became clear that the service model needed to change. Existing services were provided by both secondary care and third sector providers but with no shared framework, resulting in delays for assessment and treatment, insufficient access to evidence based therapies, and poor external perception of services leading to reduced rates of referral. Recovery rates and service user experience were not routinely measured so could not be evidenced. We were clear that there was scope for improvement to the referral and assessment process for those requiring psychological wellbeing interventions, and that in doing so the quality and outcomes for service users could be improved.

What was done and how?
A joint inclusive partnership approach was initiated by Sunderland Commissioners, and an implementation team of key partners that included Northumberland, Tyne and Wear Foundation Trust (NTWFT), third sector, GPs, Newcastle University, Job Centre Plus, service users, carers, and local commissioners was established. This group developed an implementation plan and monitored progress against this plan and a range of improvement measures. The engagement and model development stage took approximately 18 months, with the agreement that Sunderland would be a ‘year three’ service in terms of the initial IAPT roll-out. We agreed that we would develop an integrated ‘IAPT plus’ model building on the existing strengths of our primary care mental health service and third sector counselling and support services. A partnership delivery model between NTWFT and three local third sector organisations was developed and agreed (one 3rd sector partner withdrew in January 2012).

An early priority was to access training and to develop a clinical supervision structure for existing staff to reach a ‘state of readiness’ to implement IAPT, together with newly recruited staff. The majority of the new recruits were trainees so a development phase of the implementation plan was agreed to accommodate this. This phase was extended to 18-24 months due to the additional time needed for trainee staff to meet all of their course requirements. All staff were trained to provide telephone triage to expedite access, though face to face triage is also provided where appropriate.
More recently, a full marketing strategy including revamped patient information leaflets, Information for Referrers, a ‘Talk To Us’ video clip and website information have all helped to promote access to the service.

**What does the new service model look like?**

Our integrated service model includes a single point of access, triage, assessment and evidence based psychological therapies, for people over 16 years, residents (permanently or temporarily) in the Sunderland area, with mild to moderate common mental health problems, such as depression and anxiety disorders. The service is unsuitable for those with severe disorders such as bipolar disorder, schizophrenia, major drug or alcohol problems etc.

Access is facilitated by self-referral as well as GP referral and extended opening hours. We currently offer 8am – 5pm plus two late clinics per week and Saturday mornings, and are working towards Monday – Friday 8am -8pm and Saturday 8am -1pm.

Self referral calls are received by a team member and arrangements made for an assessment (usually by phone) with one of the therapists where the individual needs are discussed and sources of help identified. Triage and assessment take place within five days (and frequently take place on the same day), and interventions commence within two - eight weeks, depending on the level of intervention (step 2 or step 3).

**Services available include:**
- Advice and signposting
- Psycho-education classes
- Guided self-help,
- Online therapy through Big White Wall
- Counselling (for service users and carers)
- Employment support
- Cognitive Behavioural Therapy (CBT)
- Interpersonal Psychotherapy
- Eye Movement Desensitisation and Reprocessing
- Relate for couple therapy

Self-referral is encouraged as well as referrals from GPs and other health care professionals. Contact details are widely available and publicised through our service information leaflets in GP practices, libraries, community centres, job centres, wellbeing directories and the Northumberland, Tyne and Wear Foundation Trust website.

With support and additional funding from commissioners, the service has continued to evolve to improve access and response times and improve the quality and range of NICE guidance interventions available for a broader spectrum of need. This now includes a dedicated counselling resource for carers, e-therapy via Big White Wall, developed pathways and joint working to address the psychological needs of service users with long term physical health conditions and dual diagnosis. Tailored psycho-education groups for veterans are another important development.

The service has undertaken a benchmarking exercise in relation to its delivery model in accordance with NICE guidance and positive practice guidance. This exercise has identified areas for further development. In addition the clinical staff provide training sessions to other staff teams to raise mental health awareness, and improve other health professionals’ capability in identifying those that would benefit from psychological interventions.
Resource implications
Creative use has been made of existing resources in the statutory and voluntary sector, integrated with new funding through the IAPT programme for initial roll out of the national model, followed by additional funding for employment support, carer support, long term conditions, and Big White Wall.

National IAPT roll out monies were split between the statutory and voluntary sector partners in accordance with the agreed partnership model. Additional funding was received for long term conditions, Big White Wall and employment support.

Northumberland, Tyne and Wear Foundation Trust invested in developing a clinical and performance information build for this new service within its existing system. However, in order to meet the challenges of the national performance framework and to be able to make iterative improvements to quality and resource utilisation, we have agreed to commission IAPT, and will be rolling this out in January 2014. Other set up costs included adaptations to buildings to provide suitable space and equipment for telephone triage, and mobile IT solutions to allow more flexibility in service delivery.

Ongoing costs: in addition to salaries, estate and materials costs, we have had to pay for specialist supervision in new approaches e.g. Eye Movement Desensitisation and Reprocessing. We have also had to refurbish buildings to provide more clinical and admin space as the service has expanded.

We have invested in a marketing campaign, design of new leaflets and a video advert.

Issues and challenges
• Our service is an integrated service going well beyond the IAPT model, however we are still aiming to meet IAPT KPIs; this is challenging especially in terms of recovery targets. A move to significant change in scores through the IAPT PbR model would be welcome as this will allow us to demonstrate improvement in clients with more severe and complex problems.
• We have challenging sickness rates due to a number of staff having long term physical health conditions; this reduces our capacity to deliver against our targets.

Outcomes and impact
The service is measured on its access times and numbers entering treatment. The service is expected to triage patients between 1 and 21 days, and deliver treatments within 28 days from first contact. 1400 patients are expected to enter treatment within each quarter. These targets are all currently being met, with a significant number of clients receiving same day triage appointments. In addition, the service is required to demonstrate that of those cases that are closed after two contacts, 50% reach recovery based on the nationally mandated patient reported outcome measures for depression and anxiety (PHQ9 and GAD7). Again, the service is meeting this target. For those cases not deemed to have reached recovery, a detailed analysis has been undertaken, which highlights that a number of cases have seen a significant improvement in their patient reported outcome scores, pre and post treatment. In addition, service users are describing indicators of their recovery and positive patient experience feedback in their PEQs (Patient Experience Questionnaires).
Patient experience feedback is a key element of the performance measurement for the service, with questionnaires being completed at end of triage and end of treatment. Responses are themed and discussed within the team to inform future service delivery.

**Service user quotes**

“The service has been very helpful to make me aware of the techniques useful to me and others if needed.”

“Overall I am very happy with the service I was given from my initial telephone call to my last session with (therapist). I feel that I have come on a long way since starting and have taken away techniques that will help me in the future. Thank you very much.”

“I felt at ease and not that what I was thinking didn’t matter. I was always taken seriously. A great help.”

“I feel a lot better and more able to cope.”

“I found the sessions very helpful, getting back to work also helped. The worry worksheets were helpful and the activity schedules. Thank you.”

“Very good service and quick turn around with appointments, which helped me move forwards. Thanks for all the help provided.”

**TOP TIPS**

- Involve service users and carers in the design and development of the service to ensure services are patient centred and offer value as defined by service users
- Identify and work collaboratively with a GP mental health lead who can champion the service
- Work collaboratively with commissioners to develop the service and agree how targets should be applied to local circumstances
- Ensure your IT system is flexible and can provide detailed information for service improvement

**Sustainability and spread**

The partnership approach between statutory and third sector is viewed as a positive delivery model, and a range of partnership models of service delivery have also been developed for our Newcastle and Northumberland localities.

The Sunderland model is well regarded by GPs, the local CCG and local partners in statutory and voluntary sectors, and is promoted through CCG education events and regular visits and liaison with GP practices and other partners.

**Supporting information**

Contact details

Dr Esther Cohen-Tovée, Clinical Director, Psychological Services, Northumberland, Tyne & Wear NHS Foundation Trust
Tel: 0191 2456618
Email: c/o laura.piper@ntw.nhs.uk

Jose Robe, Service Manager, Northumberland, Tyne and Wear NHS Foundation Trust
Tel: 01670 396130
Email: c/o jo-anne.young@ntw.nhs.uk

Heather Blackburn, Clinical Manager - Sunderland Psychological Wellbeing Service
Tel: 0101 5665450
Email: heather.blackburn@ntw.nhs.uk

Toby Sweet, Service Manager - Sunderland Counselling Services
Tel: 0191 514 7007
Email: toby@sunderlandcounselling.org.uk
www.sunderlandcounselling.org.uk

Jacqui Reeves, Services Manager, Washington MIND
Tel: 0191 417 8043
Email: jacqui@washingtonmind.org.uk
www.washingtonmind.org.uk

Michelle Turnbull, Commissioning Manager, Sunderland Clinical Commissioning Group
Tel: 0191 512 8463
Email: michelle.turnbull3@nhs.net

Johannes Dalhuijsen, GP Lead for Mental Health, Sunderland GP Commissioning Consortium
Tel: 07561 103 929
Email: johannes.dalhuijsen@gmail.com