10th Anniversary New Savoy Conference

Psychological Therapies in the NHS

The decade gone, the decade ahead

10th Anniversary Conference

Wednesday 15 - Thursday 16 March 2017

Millennium Conference Centre, London

Chair and Speakers include:

- Professor Bruce Wampold, Professor of Counseling Psychology University of Wisconsin-Madison USA & Research Institute, Modum Bad Psychiatric Centre, Vikersund, Norway
- Dr David Halpern, Chief Executive, Behavioural Insights Team (the 'Nudge' Unit)
- Professor Sir Simon Wessely, President, The Royal College of Psychiatrists
- Professor Michael West, Professor of Organizational Psychology, Lancaster University Management School & Head of Thought Leadership, The King's Fund
- Paul Farmer CBE, Chief Executive MIND & Chair, Mental Health Taskforce
- Sarah Brennan OBE, Chief Executive, Young Minds
- Dr Susan Mizen, Chair, Psychotherapy Faculty, Royal College of Psychiatrists & Chair, Talking Therapies TaskForce
- Professor Miranda Wolpert MBE, Director Evidence Based Practice Unit, UCL
- Mark Easton, Home Editor, BBC
- Dr Esther Cohen-Tovee UK Chair, Division of Clinical Psychology, British Psychology Society
- Professor John Brazier, Professor of Health Economics, University of Sheffield
- Professor Louis Appleby CBE, University of Manchester, Chair, National Suicide Prevention Strategy and Board Member, Care Quality Commission
- Dr Kate Lovett, Dean, Royal College of Psychiatrists
- Jenny Edwards CBE, Chief Executive, Mental Health Foundation

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mental health foundation
AnxietyUK
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APPTS CCQI
IGA The Institute of Group Analysis
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AFT
BABCP www.babcp.com
BAMT British Association for Music Therapy
The Tavistock and Portman NHS NHS Foundation Trust
RC Psych Royal College of Psychiatrists
ACP Association of Child Psychotherapists
IPTUK
baat the british association of art therapists
Anna Freud National Centre for Children and Families
ACAT Association for Cognitive Analytic Therapy
PPN North West Psychological Professions Network www.nwppn.nhs.uk
A·P·P Association for Psychoanalytic Psychotherapy in the National Health Service
dynamic interpersonal therapy
BAPCA The British Association for the Person-Centred Approach
psychotherapy excellence
PCMIS improving patient wellbeing
ISPS UK
YOUNGMINDS The voice for young people's mental health and wellbeing
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New Savoy Conference

Psychological Therapies in the NHS

Wednesday 15 - Thursday 16 March 2017
Millennium Conference Centre, London

Welcome to the 10th Anniversary Psychological Therapies in the NHS conference.

An Open Letter to the Profession, its Leaders & the Government

On behalf of psychological practitioners and their patients who depend on them to work together

In 2017, it will be 10 years since we came together to agree the New Savoy Declaration. It was a moment of optimism and collective goodwill to seize the opportunity for radical reform. Mental health charities and professional bodies had called for universal access to evidence-based psychological therapies and the government heard them. IAPT was born.

Two recent reports reveal the scale both of the IAPT achievement and some sobering facts about the remaining challenge. IAPT's 4th annual report shows access has increased dramatically. Almost 1M patients entered and over 0.5M completed treatment in 2015-16 of whom 226, 850 recovered. Over 80%, we are told, waited less than 6 weeks from referral to treatment. Impressive though this is (if we believe the wait times) it still means in plain language that around 80% don't recover. Year on year that is a lot of misery. When we look at what the Adult Psychiatric Morbidity Survey reveals we see that IAPT's access figures are dwarfed by numbers on anti-depressants. Over three times as many. GPs used to say it was long waiting times for talking therapies, which patients prefer, that meant their default first-line treatment was anti-depressants. But if IAPT has really made long waits a thing of the past why have GPs not changed their behavior?

Both reports point us to another causal factor: economic recession. The recovery rates in IAPT for those in the most deprived areas are 20% lower than for those in better off parts. More worryingly, the Adult Psychiatric Morbidity Survey shows an alarming increase in self-harm amongst young women since 2007, who are the single largest IAPT user group. Shockingly, it tells us almost half of welfare claimants on ESA benefit (many of whom have chronic depression that prevents them working) have attempted suicide. Men aged 55 to 64 are now identified a high risk group for suicide if they become unemployed. But weren't they the very people we promised to help when we set out on the IAPT journey? If reports like these are not persuasive (or you think this is me having a bash at IAPT) can I recommend you see Ken Loach's film I, Daniel Blake for a dose of the sad human truth.

Our 10th anniversary conference is an open letter to the profession, its leadership and the government, therefore, to face these truths. The BBC's Mark Easton will join us to put your questions to the politicians. Paul Farmer CBE, who has taken on the task of holding the system to account for making sure its promises are delivered, will join us on day 2.

Our opening keynote is addressed to a profession yet to engage fully with evidence-based practice. Why is this? Professor Bruce Wampold calls for us to forget brand names. In fact, his argument is based on a radical new paradigm for evidence-based practice that eschews the medical model and forces us to question what we have been doing in IAPT: namely, treating a disease entity called depression and anxiety whose psychological targets are meant to take up an analogous place to the long promised biological markers that psycho-pharmacologists told us previously were the 'real' causes of mental illness. But if this model is wrong and if, as Wampold has shown, the evidence from RCTs that it relies upon for its justification often does not tell us "what works for whom", what then? Not everyone will agree with Wampold's alternative but all who are committed to evidence-based practice will need to engage with his sophisticated and powerful analysis. Moreover, whilst the jury remains out it behoves us to allow a more pluralist discipline.

Our call to the leadership of our profession to focus on staff wellbeing comes also with an invitation. We want to create an honest conversation between IAPT clinical leads and local commissioners about the negative impact of increased targets and decreased resources. We are making available a limited number of free places for this discussion. Our Charter (see page 6) has gained wide support and the results of our annual BPS/NSP staff wellbeing survey are the barometer for whether it has had any impact in 2016. Please take the survey and pass on our invitation to your IAPT lead or commissioner. After a decade of 'command and control' we need a different kind of leadership. We will hear from Professor West, at the highly respected Kings Fund, what this might look like.

We return to the plight of Ken Loach's Daniel Blake on day 2. Last year we heard for the first time of a more hopeful approach towards helping the long-term unemployed who have chronic depression. Theresa Grant inspired delegates with Greater Manchester's plans for its pilot: Working Well. Another sign that policy makers have listened comes with the Green Paper out for consultation Improving Lives. The influence of Greater Manchester's integrated, personalized support offer is evident and, unusually, a truthful admission is made that for mental health support "the system provides too little too late". Our opening keynote on day 2 therefore features the two foremost experts whose work has been influential in the areas of behavioral change theory and in measuring states of health and wellbeing, respectively, Dr. David Halpern and Professor John Brazier. It is unavoidable, in my view, that psychological therapists must be central to implementation of any new policy approach that genuinely seeks to improve quality of lives because the unmet needs of welfare claimants for emotional and psychological support are so significant. But this places us equally unavoidably on the frontline of what Loach's film portrays as a heartless, dehumanizing bureaucracy, which is how many clients experience Job Centers. Our profession must find out how to instill a context of compassion in its wellbeing work. In Halpern and Brazier, we have excellent guides for navigating our way towards this.

Another report - the first outcomes report on children and young people's mental health services - asserts: "Achieving parity of esteem between physical and mental health requires parity of data". Well, yes. But all the effort and burden involved can only be justified if it leads to improved responsiveness. Not against a backdrop of cuts. The report tells us that for just under 100,000 children and young people accessing CYP-IAPT services from 2011-2015 the main issues were: family problems, depression, anxiety and relationships with peers. Significantly, over half the cases assessed did not map directly onto a NICE guideline. Encouragingly, though, in 9 out of 10 cases where the child or young person had both set and assessed their own goal for therapy there was clear improvement. We will hear from the report's authors about its key findings and their implications. Across both days, in addition, we will be fielding a range of important workshops where the aim is to re-set the balance - using hard-won data and evidence - around a more honest conversation between clinicians and their patients with managers and commissioners setting targets.

The hallmark of our conference, in addition to inclusiveness, has been its blend of high quality scientific presentations, high level policy discussion and cutting edge research-led practice. The IAPT story began as a radical story of reform whose ambition was to reduce the population burden of depression. I look forward to hearing from our speakers and contributors how they review the achievements of the past decade and to seeing how they envisage the story continuing.

Join us for what will be a fascinating anniversary as we look ahead to the next 10 years.
Jeremy Clarke CBE Chair New Savoy Conference

Day 1 Wednesday 15 March 2017: The decade gone, the decade ahead

10.00 Welcome and introduction

Jeremy Clarke CBE *Chair* New Savoy Conference

10.15 *Opening Keynote:* Forget brand names - Improving outcomes by understanding how therapy works

Chair: Professor Sir Simon Wessely *President* The Royal College of Psychiatrists

Keynote:
Professor Bruce Wampold
Professor of Counseling Psychology University of Wisconsin-Madison USA *& Research Institute,* Modum Bad Psychiatric Centre, Vickersund, Norway

- Understanding and misunderstanding the evidence from RCTs for psychotherapy
- How therapy works (whatever the brand)
- How to improve outcomes by improving therapist effectiveness

11.15 *Questions and answers, followed by coffee and exhibition at 11.30*

12.00 *Question Time:* Why is Depression still Britain's Biggest Social Problem? What can government do to tackle it more effectively in the next decade?

Chair: Mark Easton *Home Editor* BBC

Rt Hon Jeremy Hunt MP *Secretary of State for Health (invited)*
Sarah Brennan OBE *Chief Executive Young Minds*
Dr Esther Cohen-Tovee *Consultant Clinical Psychologist, & Chair, Division of Clinical Psychology, BPS & member, Steering Group for the Charter & Staff Wellbeing project*
Dr Kate Lovett *Dean, Royal College of Psychiatrists & Consultant Psychiatrist, Devon Partnership Trust*

- Being open and transparent about who is benefitting and who is not so that IAPT and the mental health strategy genuinely work for all
- What we will invest in expanding the counselling and psychotherapy workforce to reach those who need help, when and where they need help
- The 4th dimension: staff wellbeing. What does the Annual Survey tell us?

13.00 *Questions & answers followed by Lunch and exhibition at 13.10*

14.15 *Afternoon Keynote:* Compassionate and inclusive leadership for cultures of care and staff wellbeing in psychological therapy services

Chair: Jenny Edwards CBE
Chief Executive
Mental Health Foundation
Professor Michael West *Professor of Organizational Psychology, Lancaster University Management School & Head of Thought Leadership,* The King's Fund

- What do we know about leadership, compassion and staff wellbeing?
- What could National Leaders do differently to re-set the balance of the current target culture so it doesn't damage staff wellbeing?
- How could models of collective leadership deliver more sustainable improvement going forwards?

14.45 *Conference Splits into Facilitated Workshops*

Stream 1: Improving your Staff Wellbeing

Results of the 2016 Annual Survey & Pathfinder progress towards the Charter
Dr Gita Bhutani
Chair Psychological Professions Network North West and the National Steering Group for the Charter

Stream 2: Using Outcome Feedback technology to improve the efficiency of therapy

Dr Jaime Delgadillo University of Sheffield
Dr Kim de Jong University of Leiden
Discussant: Prof Bruce Wampold

Stream 3: Developing your staff team

Skills training in dynamic therapy for PWPs, HITs & counsellors
Deborah Abrahams
National Training Coordinator
DIT-UK, Tavistock & Portman NHS Foundation and Anna Freud Centre

Stream 4: Developing your staff team

Skills training in emotion-focused work for PWPs & counsellors
Prof Robert Elliott University of Strathclyde
Rinde Haake Sheffield IAPT

Stream 5: Commissioning for patient choice and long-term recovery

Designing new IAPT models that offer patient preference, and address complexity as well as comorbidity
Speakers to be confirmed

Stream 6: Welcoming openness, challenge and protecting whistle-blowing

The role of the profession in creating a safer culture
Dr Amra Rao *Chair, Leadership & Management Faculty* BPS
Prof Jamie Hacker Hughes *Vice President* BPS and the National Steering Group for the Charter
Prof Narinder Kapur UCL

15.45 *Questions and answers, followed by tea and exhibition*

16.45 The Reunion: 10th Anniversary of the New Savoy Declaration

Chair: Malcolm Allen *Chair*
British Psychotherapy Foundation
Dr. Susan Mizen *Consultant Medical Psychotherapist,*
Devon Partnership NHS Trust *Chair* Psychotherapy Faculty, Royal College of Psychiatrists *& Chair Talking Therapies Task Force*
Professor Louis Appleby CBE University of Manchester *Chair,*
National Suicide Prevention Strategy *and Board Member*
Care Quality Commission
Chris May *Managing Director* Mayden

- the birth of universal access to psychological therapies...
- with the benefit of hindsight...?
- 10 more years … of what?

17.30 *Close*

17.40 *10th Anniversary New Savoy Reception*

Towards an Integrated Health and Psycho-Social Care System

Day 2 Thursday 16th March 2017:
The welfare-to-wellbeing challenges

09.30 Welcome and introduction

Jeremy Clarke CBE *Chair* New Savoy Conference
Paul Farmer CBE *Chief Executive* Mind *& Chair,* Mental Health Taskforce

- How will we know the truth about whether the mental health strategy is working?

09.50 *Opening Panel:* Forget 'command & control', forget 'symptoms': improving recovery by understanding what that means and how behavioral change happens

Chair: Paul Farmer CBE *Chief Executive* Mind *& Chair,* Mental Health Taskforce
Dr David Halpern
Chief Executive Behavioural Insights Team (the 'Nudge Unit')
Professor John Brazier
Professor of Health Economics, University of Sheffield

- What psychological science tells us about behaviour change
- Are NICE & the NHS asking the right questions about quality of life?
- How can we leverage the insights from behavioural theory to support the work of psychological therapists?

Questions & answers followed by coffee and exhibition

11.30 Morning Keynote: Reducing the burden of depression for the next generation: report on the outcomes and experience from child and young people's mental health services 2011-2015

Chair: Professor Paul Burstow
Professor of Health and Social Care City University *& Chair* The Tavistock & Portman NHS Foundation Trust
Professor Miranda Wolpert MBE *Director* Evidence Based Practice Unit, UCL & Anna Freud National Centre for Children and Families
Chair Outcomes and Evaluation Group for CYP-IAPT
Founder and Chair Child Outcomes Research Consortium (CORC)

- what are the main issues that children and young people are seeking help with from mental health services?
- how well are we currently addressing these issues?
- what does this mean for the future shape of service provision?

12.15 *Questions & answers followed by coffee and exhibition*

14.45 *Conference Splits into Facilitated Workshops*

Stream 1: Improving your Staff Wellbeing

Schwartz round for IAPT clinical leads and commissioners: 'Why I come to work'
Dr Gita Bhutani *Chair* Psychological Professions Network North West and the National Steering Group for the Charter
Dr Adrian Neal *Aneuring Bevan University Health Board, Employee Wellbeing Lead* NHS in Wales and National Steering Group for the Charter

Stream 2: Improving your Clinical Outcomes

Commissioning training and supervision for a workforce with the right skills
Speakers to be confirmed

Stream 3: Developing your staff team

Skills training in dynamic therapy for PWPs, HITs & counsellors
Speakers to be confirmed

Stream 4: Developing your Staff: Skills training in Group Dynamics for PWPs

Peter Wilson
Director of Training
IGA

Stream 5: Integrated commissioning for return to work

Commissioning guidance for local authorities & CCGs for integrated services
Speakers to be confirmed

Stream 6: Welcoming openness and transparency

Showing variation amongst CCGs to highlight areas for improvement in 2017
Mike Streather *Head of Intelligence*
Cam Lugton *Programme Lead*
Mental Health Intelligence Network, Public Health England

14.45 *Tea and Coffee*

15.00 Any Questions: Do welfare sanctions undermine our efforts to support welfare claimants with mental health issues to be able to return to work?

Chair:
Mark Easton *Home Editor* BBC

Ministers to be announced

- Does the government accept its Job Centers lack compassion and that people with mental health issues should be exempt from sanction?
- What is the ethical responsibility for psychological therapists who are working in Job Centers?
- How should we integrate employment support and counselling so that compassion for the individual claimant / patient is central to both?

16.15 *Questions, Answers and Close*

Psychological Therapies 2017

Conference Registration

Wednesday 15th - Thursday 16th March 2017 Millennium Conference Centre London

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Workshop Choice

Please indicate which Workshop you would like to attend
Day 1 _____ **Day 2** _____

Venue
Millennium Gloucester Hotel and Conference Centre
4-18 Harrington Gardens London SW7 4LH. A map of the venue will be sent with confirmation of your booking.

Date
Wedneday 15 - Thursday 16 March 2017

Conference Fee
- ☐ £450 plus VAT for NHS Delegates
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The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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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.

New Savoy Conference

The New Savoy Petition 2017 to the Health Select Committee:
Learning from the past decade
Towards an Integrated Health and Psycho-Social Care System

"We believe that psychological therapies should be freely available on the NHS. People of all ages and all backgrounds can recover and stay well, children, young people, adults and older people alike, across a range of mental health problems, if they are given a choice of the right therapy for them. Evidence shows giving someone their preferred therapy has best outcomes; whereas offering them only medication does not. Far too many people in the UK are left on long-term medication unlike in other European countries. To be denied cost-effective therapies, or left to wait, is as unacceptable as being denied NICE-approved drugs.

Psychological therapies also have a key role to play in achieving social justice and improving social care. People whose life chances have been disadvantaged, who are vulnerable, or who feel left behind or left out can be helped by psychological therapies to regain self-esteem and use the ongoing support of a practitioner whom they trust to regain the quality of life they want for themselves, their families and their community.

We have welcomed investment recent governments have promised for increasing access and we have worked hard to deliver good outcomes for patients. But now we call on the Health Select Committee to hold to account government & the NHS, (and to support our Petition to the devolved NHS administrations) so we can see promised investment is reaching services it is meant for. We ask the HSC to investigate 3 issues:

1. If investment in building an integrated health and psycho-social care workforce is being prioritized on areas where gaps in workforce capacity and skills are greatest? If not, why not? Continuity of care from good, trusted professionals is essential to delivering sustained recovery. Why are we not providing this?
2. Effective psychological support cannot be offered against the backdrop of threatened benefits sanctions as this makes people more anxious and less able to use the help we can offer. We call on government to remove the threat of sanctions from anyone actively undertaking therapy. We ask the Committee to investigate how this can be done, communicated and implemented via the Joint Work and Health Unit.
3. Staff wellbeing in NHS services is a vital dimension to sustaining good care. Recent BPS/NSP surveys have shown staff wellbeing is now deteriorating alarmingly in psychological services. We ask the Committee to investigate why this is the case and what government, arms-length bodies and employers can urgently do to work with us to improve and support psychological staff wellbeing here onward?"

Signatories:

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