



Regional Psychological Therapies for Severe Mental Health Problems Supervision Project

Final Report

Produced by

Laura Dixon, Consultant Psychological Therapist & PPN Leadership Fellow

With support from

Jess Anderson, Workforce Planning Lead, South Yorkshire

Zara Ahsan- Kazkouzeh, Assistant Psychologist

Commissioned by

Sharon Prince,

Chair Psychological Professions Network North East & Yorkshire

Thanks

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1. Summary

Between April 2022 and April 2023, a regional project focusing on supervision for Psychological Therapies for Severe Mental Health Problems was undertaken. The original objective of the project was to complete a mapping exercise focusing on capacity across the region, but it became apparent that this would not be possible within the time frame. Subsequent project foci were the development of the Supervision Workforce Support Guide, the Supervision Workforce Calculator, research into existing supervision hub models and the development of an options appraisal for potential hub models. Current outputs of the project include the development of a guide and calculator; with the calculator being piloted across the region and recognition of its national utility by the PT-SMHP National Advisory Panel. A supervision hub options appraisal has been developed with associated conversations within one of the regional ICS' about piloting implementation. The process by which the elements of the project were undertaken, key learning and recommendations for next phase of the project are documented in this report.

2. Background and Context

To deliver on the ambitions set out in the NHS Long Term Plan, the psychological therapies workforce requires significant expansion. This includes significant growth in the workforce able to deliver interventions for severe mental health problems (SMHP). Training for a range of evidence based SMHP interventions has been commissioned and is currently being delivered, with additional modalities due to be added to the prospectus over time.

3. Problem Definition

Due to the magnitude of required expansion and the pace of growth indicated in the Mental Health Implementation Plan (2019/20-2023/24), a number of infrastructure issues have arisen that are inhibiting target trajectory. Limited capacity for PT-SMHP specific supervision has emerged as a key issue.

In recognition of the need to address issues around supervision for PT-SMHP, NHS England (NHSE) allocated funding, with mechanisms of devolvement varying across England. For the 22/23 allocation, providers within the North East & Yorkshire (NE&Y) region were invited to submit funding applications either on an individual basis or at a more collective level. Following successful application, some funding was allocated to support this regional project.

4. Project Resource

The project was commissioned by the Psychological Professions Network North East and Yorkshire (PPN NEY) on behalf of the region, with oversight by the Chair. The intended 12-month project team comprised 0.2 WTE Principal Psychological Therapist as project lead and 1.0 WTE Assistant Psychologist from 1st April 2022. However, due to recruitment challenges with the Assistant Psychologist post, the project team was not fully resourced until October 2022 and therefore operated at intended capacity for seven months. The project team were engaged in the PT-SMHP Supervisor Community of Practice (COP) with this forum functioning as a reference group.

As part of the governance framework, project progress and final report were also presented to the PPN NEY.

5. Project Plan

An initial project plan was developed in April 2022, including scope of works and parameters, a summary of which is documented below.

5.1 Scope and Parameters

5.1.1 Psychological Therapy Modalities and Approaches

The project focused on the modalities, roles and approaches within the PT-SMHP training offer where psychological therapist supervisor capacity would be required:

- Cognitive behavioural therapy for psychosis and bipolar disorder (CBTp)
- Cognitive behavioural therapy for personality disorders (CBTpd)
- Cognitive behavioural therapy for eating disorders (CBT-ED)
- Dialectical behaviour therapy (DBT)
- Mentalisation based therapy (MBT)
- Family Interventions for psychosis (Flp)
- Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA)
- Mental Health and Wellbeing Practitioner (MHWP)

Due to some modalities being scheduled as part of the training offer during the course of the project, these were also considered within scope: Eye Movement Desensitisation and Reprocessing (EMDR) and Cognitive Analytic Therapy (CAT).

5.1.2 Providers and Services

All providers of services for adult and older adult mental health within the North East and Yorkshire region were considered within scope. In addition, whilst not nationally aligned with this workstream, Early Intervention in Psychosis (EIP) services within the region were included as they employ staff previously trained via national programmes (CBTp and Flp) and as such could also be a resource for supervisor capacity.

A mapping exercise was undertaken to establish all of the provider services within scope. This process was undertaken using information available in the public domain (such as ICS and individual organisational websites) and from the baseline exercise feedback available on the NHS Futures platform. This information was subsequently checked with clinicians from each organisation and their Chief Psychological Professions Officer where available.

In summary, within the North East and Yorkshire region, 142 – services (best estimate) were within scope, in 13 providers and 4 ICS.

5.2 PT-SMHP Supervisor Mapping Exercise

The original intention was for the project to undertake a regional mapping exercise, with a view to scoping the need for supervisors. As the project progressed, numerous complexities to executing this task effectively arose these included (but were not limited too): existing high level data burden on providers, overlap/duplication with some national data requests, sensitivities of data required and complexities of sharing agreements that might enable this, changes in national guidance (for example criteria for supervisors for some modalities). Furthermore, key stakeholders specified that a mapping

exercise was unlikely to yield accurate or optimally useful results. This led to revisions in project objectives (see section 5.4).

5.3 Revised Project Plan

Given the issues identified around mapping at a regional level and the time constraints of the project, a different approach was taken to support supervision and enhance supervisory capacity within the region: the development of a Supervisor Workforce Planning Support Guide, Supervisor Workforce Calculator, and research into existing Supervision Hubs with the ambition of developing an options appraisal for models to enable access to supervision.

6. PT-SMHP Supervisor Workforce Planning Support Guide

The PT-SMHP courses have some clinical supervision embedded into each training programme (as per the national curricula and contracting arrangements with Higher Education Institutions). However, for some courses there are additional supervision requirements which service providers are expected to meet; this can equate to supervision hours and additional tasks to support trainees on each course and thus additional demand on service providers. It is also likely that even if there is no stipulation for supervision throughout the course of a formative nature (with skill development being actively addressed within the relationship and requiring a supervisor trained and experienced in the trainee's modality), providers still require local governance arrangements in place for oversight of clinical activity (this may be provided by a broader range of professionals but still equates to additional capacity). Furthermore, once trainees complete courses, providers will need to establish clinical supervision arrangements to maintain effective governance and typically, this type of capacity is not accounted for with regards to PT-SMHP; the cumulative total of direct supervision and additional governance requirements represents a hidden capacity requirement and thus a cost.

The SW PPN undertook a rapid review (Strickland et al, 2022) which included a summary of supervision requirements of PT-SMHP course providers in that region; this was expanded to include all of the HEIs delivering PT-SMHP courses at a NE&Y regional level. In NE&Y providers are often allocated places at HEIs who have national contracts and thus access the majority of courses within scope in the Health Education England (HEE) prospectus. In total, this included nineteen courses across nine institutions.

6.1 Development Process

The information for the guide was obtained by consulting the HEE prospectus for the modalities within scope and approaching each HEI directly for feedback on the following areas:

- Required supervisor credentials for site/service provider supervisors
- Hours of supervision to be provided by site/service provider supervisors
- Any additional tasks required of site supervisors
- Duration of course

Once tabulated, the above information was returned to HEIs for checking. This process was completed for all courses with the exception of the Meridian run Flp and the GMHW CBTp courses due to lack of response.

The quantitative data from the course supervisor mapping was also used to inform the development of the PT-SMHP supervision calculator (see section 7 below) and holds the guidance for using the calculator.

The document includes details of supervisor requirements for all full courses and ‘top up’ courses within scope. HEIs were also approached with regards to their supervisor training offer and supervision requirements for all key accrediting bodies were also included in the document.

7. PT- SMHP Supervision Workforce Calculator

Following the collation of information as per section 6 and consultation with the project commissioner and stakeholders throughout the region, there was an agreement that a supervision workforce calculator would be a useful focus for the project. The objective was to have a calculator that could support workforce planning both during PT-SMHP courses and subsequently when trainees return to the workforce as qualified staff, forecasting required supervision capacity.

A specification detailing the nature of required analyst capacity was drafted and circulated to key regional stakeholders, with resource from South Yorkshire being identified. Jess Anderson, Mental Health and Learning Disability Workforce Lead, formed a collaborative working party with the project team. An initial version of the calculator was developed and at the time of writing this report was being piloted within the region. Via discussions at the regional PT-SMHP Supervisor Community of Practice, PPN and other national forums, it became apparent that the calculator was an innovation of interest and following review by the National Clinical Lead for Psychological Professions and presentation at the PT-SMHP National Advisory Panel, there was an agreement to explore national analyst capacity to support further development.

7.1 Data Sources for Calculator

7.1.1 Trainee Supervisor Capacity

The data source for the calculator was drawn from the information obtained for the Supervisor Workforce Development Guide. The calculator uses the quantified time for provision of supervision, where this information is available, as well as any time required for tasks expected of site supervisors to support training (e.g. reviewing video tapes, authoring reports). Where there was a degree of deviation between different HEI providers for the same training course, the average was taken.

Following discussions with key stakeholders, it also includes core set up time to account for the tasks that are customarily required to support trainees on PT-SMHP courses and accounts for some of the hidden infrastructure required. For example, the access to ‘trainee suitable cases’ which in a number of training pathways are unlikely to be from the trainee practitioner’s secondary care service setting.

7.1.2 Post Qualification Supervisor Capacity

For the post qualification calculator, existing requirements from accrediting bodies were referenced under the assumption that service providers are likely to align with accrediting bodies and that achievement or maintenance of these standards often form part of the contract of employment. However, this will require corroboration with national guidance around this issue which is not currently available and may deviate from this. To note the IAPT Manual recommends a very specific model for supervision in terms of frequency and functions which diverges from core standards required by accrediting bodies, and it may be that another model is proposed for PT-SMHP.

7.2 Functionality

The calculator has been designed to enable calculation of supervisor capacity in two formats, including the specific number of hours required and hours expressed in whole time equivalent, to identify where dedicated posts might be indicated. The calculator has multi-level functionality and can be used to determine supervisor capacity required at national, regional, ICS or service provider level. The

calculator is user friendly and requires a low level of manual data entry, users are simply required to input the number of trainees for each of the identified programmes of study and the calculator generates required capacity.

8. Supervision Hubs

Increasingly, supervision hubs have been mooted as a potential solution to challenges with accessing supervision requirements (for example, being referenced in documentation supporting applications for PT-SMHP supervision funding) and as part of the project, information on hubs and aligned initiatives in development across the country was obtained. There are numerous potential advantages to hubs given the current capacity issues identified nationally, including: shared access to capacity reducing competition between providers for scarce resource; flexibility where specific supervision requirements for modality might be lower or subject to flux and thus not require internal dedicated posts; reducing the impact of pressures which may challenge internal capacity; they can build internal capability over time and might be a preferable option over the expectation that newly qualified staff progress rapidly into supervisor roles. Whilst the relevance or relative magnitude of impact of the aforementioned variables is likely to vary between providers, it is likely that most will benefit from this approach at least to some extent. Once established, supervision hubs also have the scope to be a vehicle to support on other psychological professions, expand to other workstreams and more effectively support third sector providers.

It is important to recognise that the capability to offer supervision virtually, which has been accepted into practice and established within NHS psychological therapies since the pandemic is a notable enabler to such initiatives.

Below is a summary of supervision hubs identified as part of the project:

- **Cheshire & Merseyside Hub:** This IAPT specific supervision hub was designed and commissioned based on a significant training expansion; recurrent funding has been secured from commissioners. The hub provides supervision for 10 services, five providers (two NHS and three third sector) and is hosted by Cheshire and Wirral Partnership Trust. The staffing profile initially comprised Senior Psychological Wellbeing Practitioners, one Clinical Lead/High Intensity Supervisor, one Project Coordinator and an administrator but it was anticipated that this might change over time to meet changing supervision needs. Supervisors also practice therapeutically within the host organisation. Funding currently unknown.
- **Healthy London Partnerships PT-SMHP Hub:** The NHSE PT-SMHP supervision funding was used to procure supervision from three external providers (based on sessional cost) for the partnership, including supervision for PT-SMHP practitioners and supervisors. The funding allocated was £393,000 and nine London Trusts were in scope. Following this initial model, the plan was to move towards a substantively staffed hub model.
- **West Midlands Collaborative Hub (PT-SMHP):** The NHSE supervision funding used to commission private providers and retire and return staff in first phase (22-23) and then supplement with those progressing from training (23-24). The total funding for the hub was £715,071 (3 years).

Commonly, some supervision arrangements are in place between providers with varying levels of formality.

In addition, a national IAPT staff bank is scheduled for delivery in quarter four 2023. Initial discussions with the national team suggested that if this model demonstrates effectiveness, there is the potential to extend to PT-SMHP which could also have implications for optimising access to the supervision workforce.

8.1 Potential PT-SMHP Supervision Hub Models

Based on the information obtained from researching supervision hubs, six potential outline hub models were devised (see Box 1 below for summary).

Box 1: Summary of Potential PT-SMHP Models

1. **Informal Partnership Model**
Reflects the status quo in many areas and typically involves agreements between partners across (or even within) organisations to provide supervision where internal capacity and/or capability is not available. Usually offered on a case-by-case basis and can involve reciprocal arrangements but does not involve a formal contracting process.
2. **Formalised Transactional Partnership Model**
An extension of model one but does include a process of a more managed and contractual nature.
3. **Fully Commissioned Centralised Hub Model**
Funded, centralised provision, owned by all partners within the designated system (such as ICS or region). Essentially a stand-alone supervision service.
4. **Centralised Staff Bank Model**
An operating mechanism whereby staff with the requisite qualifications and experience can be booked by partner organisations to provide supervision. Likely to be held within a broader Staff Bank system or framework. May involve existing staff from partner organisations or those recruited specifically on to a bank.
5. **Outsourced/contracting of external providers**
A centralised process for contracting external providers for a range of partner providers where supervision needs cannot be otherwise met.
6. **Hybrid Model**
Partially commissioned centralised provision based on primary unmet needs with the capacity to broker and/or coordinate provision via other mechanisms.

The above is unlikely to be an exhaustive list of configurations. Each model has a range of advantages and disadvantages and varying levels of utility depending on context/circumstances, an exposition of which is beyond the constraints of this report. Once established, hubs have the potential to serve a broader range of functions and adapt to other needs as exemplified by the West Midlands model.

8.2 Integrated Care System Level Supervision Hub Pilot

At time of writing, an options appraisal process for models PT-SMHP supervision hubs based on the options identified in Box 1 had been devised and was being applied within the West Yorkshire

Integrated Care System, one of the four ICS' within project scope. Any learnings from the development of this Hub can be shared via PPN NEY and between the Psychological Professions Workforce Leads for each ICS.

In discussions with key members of the National Advisory Panel, it was agreed that NHS Futures could have the function of holding best practice guidance around hubs.

9. Aligned Projects

A number of other projects are currently operating within the region via PT-SMHP Supervision funding.

9.1 Scoping Supervision Across South Yorkshire

The project aims to scope supervision and training needs in services delivering PT-SMHP. This will help support the increasing psychological workforce during training and aims to improve access to psychological supervision for qualified practitioners. The project team are hosted by the University of Sheffield.

9.2 New Roles in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

CNTW have appointed to two fixed term lead posts with a designated responsibility for Flp and CBTp and an assistant psychologist to undertake an internal evaluation project in relation to the roles along with an internal supervisor mapping exercise.

10. Learning and Recommendations

10.1 Optimising Supervisor Capacity

- Defining or developing roles which have some dedicated or specified supervision responsibility is likely to be beneficial. Some of these roles are already established or had been developed throughout the course of the project. Another important factor is where these roles are best hosted, place, ICS or region, a factor probably determined by local infrastructure, arrangements, and relationships.
- The national contracting arrangements which see the region accessing courses at significant geographical distance are not pragmatic for service providers on a number of levels and are inconsistent with the trend towards a move back to classroom-based learning. Specifically, in relation to PT-SMHP supervision, different providers of the same course may have different stipulations for service supervision leading to implementation challenges. This appears to be most pronounced with regards to family interventions for psychosis.
- Clarity is required around post qualification supervision expectations as this will enable a more accurate projection of capacity required going forward.
- It is unlikely that all PT-SMHP supervision needs can be met within each provider organisation and therefore hub models offer a solution that can be equitably accessed by any partner organisation.
- Given the significance of supervisor capacity issues outlined above, continued funding for supervision for PT-SMHP is indicated; without this it is unlikely that organisations will be in a position to expand and develop their workforce in line with the requirements of the long-term plan.

- Given the complexity around implementation of PT-SMHP training programmes and the likely need to coordinate supervision across an ICS as a minimum, resource is required. This could be within the remit of the newly developed Psychological Workforce Professions Leads in each ICS.
- The workforce calculator and supporting planning document should be reviewed annually.
- Some discrepancies between supervisor training offer as specified in the HEE Prospectus versus those offered by HEIs were observed during the project. This should be addressed as without appropriate supervisor training; growth of supervisor capacity is unlikely.
- There were some changes to supervisor credential requirements for some modalities throughout the course of the project; it would be useful for standards to be clearly communicated.
- It would be useful to plot a developmental trajectory for supervisor capacity and capability within the region based on existing staff and those in training.
- Guidance from the national team around level of post qualification experience required before training as a supervisor would be beneficial.

10.2 Supervisor Mapping

- An iterative internal mapping process would be beneficial for organisations to maintain accurate up to date records of staff undertaking training and developing as supervisors. This would enable real-time knowledge of supervision requirements, effectively tracking recruitment and attrition or turnover, developmental trajectories (progression from trainee to qualified practitioner; qualified practitioner to recognised supervisor) thus effectively monitoring changes in supervision needs over time and the flex required between access to a central resource or internal capacity.

10.3 Information Sharing

- The Supervisor Workforce Development Support Guide should be updated annually to reflect the developments that will occur within the PT-SMHP workstream and effectively support the region.
- The initial iteration of the Supervision Calculator is an innovation and warrants further development, whether at a regional or national level.
- If commissioners of projects throughout the rest of the region are happy to do so, it would be beneficial for findings and outputs to be shared (ideally in a central location such as NHS Futures).
- Providers within the region continue to communicate and share any learning from the development of supervision hubs or sharing of supervision resource.
- Systems of information sharing, or cascade would benefit from improvement to reduce duplication of works.
- Systems of information centralisation would benefit from improvement to reduce duplication of activity and effectively share best practice.
- Given the challenges of obtaining this data for this purpose, it could be useful to have a more centralised mechanism to track those engaging in PT-SMHP training programmes which offers a systematic way of collecting and storing this information. At provider level within the region, numerous organisations were in the process of implementing an internal mechanism for holding this data and it may be some methodology or approach could be shared between stakeholders in this respect. In the immediate term, it is most likely that this data is best held at service provider level until issues around information governance across organisations are

resolved. At a national level, there had been some steps towards this, with the national PT-SMHP baseline survey having been updated to include staff name requests and including more information on supervisor information.

- Learning around supervision from other national psychological therapy workstreams (such as IAPT or CYP) should be reviewed and considered in terms of relevance to PT-SMHP to reduce duplication and share best practice.
- It would be beneficial for resource to be allocated to take forward some of the recommendations in this report.

10.4 Systemic Considerations

- Owing to the nature of project funding, the sole focus was on supervision for PT-SMHP. However, the actual demand on supervision capacity is much broader with some of the supervision capacity for PT-SMHP also being subject to competing demands, thus a more comprehensive approach to understanding supervision capacity would be warranted. Psychological Professions Workforce Leads for each ICS would be well placed to have this level of oversight at that level.
- Engaging HEIs more formally as stakeholders in this project would have been beneficial and should be considered in any further projects of a similar nature.
- Whilst this project has focused entirely on supervision for PT-SMHP, this is inextricably linked with a broad range of factors that require consideration for effective implementation and sustainability of this workforce development programme (for example, employment factors, operational constraints, cultural variables) and would be best considered systemically.

10.5 Incidental Learning

- Communities of Practice, such as the PT-SMHP Supervisor Community of Practice, are a helpful and productive context and can function as a vehicle for sharing best practice. They can also function as effective reference groups for projects of this nature.
- The project included networking with a broad range of stakeholders throughout the region and it is clear that there is significant amount of expertise and experience that could be shared to mutual benefit. One way in which this might be captured effectively would be to undertake an in-depth consultation process by each modality to establish key issues for each and potential solutions. Stakeholders indicated that they would be interested in this process in informal meetings throughout the region.

11. Conclusion

Prior to completion of this project, the infrastructure required to support trainee and qualified psychological therapy practitioners under the PT-SMHP workstream had not been fully considered and no attempts made to quantify this; this project goes some way to doing this, particularly via the Supervision Workforce Calculator and Workforce Planning Support Guide. Supervision hubs are likely to represent the most cost efficient and equitable mechanism to enable access to the requisite standard of supervision, to maintain fidelity to national requirements and address this particular infrastructure need. The Psychological Professions Workforce Lead role is likely to be key to their development. The continued recognition of the pivotal role of supervision within PT-SMHP with accompanying funding is highly recommended, without this it is unlikely the required expansion of the psychological therapies workforce will be successful and sustainable.

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The materials specified below were referenced during the course of the project. Hyperlinks are included where available and a zip file containing copies is available upon request.

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