



An Open Letter from the Chair of the New Savoy Conference

To: All signatories of the original New Savoy Declaration on its 10th anniversary

From: Jeremy Clarke CBE, Winter 2016 / Spring 2017

Dear President / Chair / Chief Executive / Director,

I am writing to invite you to join us for our *Evening Reception* at the next New Savoy Conference, Wednesday, March 15th, 2017 at the Millennium Conference Centre, London. When we set out on the mission to create a universal access psychological therapies service, free at point of need, we said this was the single biggest change since the closing of the asylums. Mental health charities and the profession came together to support this radical, reforming mission and the launch of the original New Savoy Declaration was our symbolic expression of hope and optimism for its success.

A decade on we can take pride in the huge achievement in increased access and reduced waiting times that means almost 1.5M people are now offered evidence-based talking therapies each year. At the same time the aspiration expressed in the Mental Health 5-Year Forward View - *I have a choice of talking therapy so that I can find one appropriate to me* – is actually further away from being realized than it was in 2007. And there were fundamental flaws in our original design for the IAPT project. 8 out of 10 people who need help are walking away without having found help. We cannot afford to abandon over 1M people each year to the prospect of depression getting worse or to years-long dependence on medication. This was the reason we started out on this journey. Huge numbers on so-called invalidity benefits were abandoned by a system without any effective support.

There are 3 other fundamental and clearly urgent problems that we must also now deal with:

1. It is reasonable and legitimate for government and NICE to want to support interventions that can demonstrate they can improve wellbeing, are cost-effective and are acceptable to patients – what we would all want for ourselves is to be able to say: 'It worked for me'. In 2011 we published a consensus statement on the range of **outcomes evidence** needed to testify to achieving these objectives. This was welcomed by NICE but is being systematically ignored by research funding bodies, by IAPT and by NICE itself. For example, the 3 therapies with best recovery rates in IAPT are the 3 in least supply – where Health Education England has dismally failed to meet its Mandate. The Mandate is supposed to be legally enforceable. But who is going to enforce it?
2. The creation of the new NHS arms-length bodies – HEE, NHSE, PHE and the Information Centre and NICE – was intended to give us the ability to build a workforce fit for purpose; with capacity to meet increasing demand for talking therapies; geared towards improved wellbeing and able to track how evidence based practice was being delivered in real world NHS services. Thanks, in no small part, to efforts of Lord Layard, David Clark, Paul Farmer and others, successive governments have seen that psychological therapists are central not only to the 5-Year Forward View but also to social justice reform: creating a society that really works for all. Yet these arms-length bodies have not yet shown they are capable of planning and supporting vital NHS **workforce reforms**: Health Education England are threatening to cut off workforce funding entirely.
3. Perhaps the most shocking failures, however, were highlighted first by BABCP, many of whose members are on the front line of the mission to deliver IAPT; then by stark facts in the recent Psychiatric Morbidity Survey. *Almost half the psychological workforce in 2015 said they felt like a failure in their chosen vocation either some of the time, most, or all of the time.* The negative impact of **spending cuts in mental health** at a time of transition to NHS England is now showing up in the annual BPS/NSP Staff Wellbeing survey: alarming levels of stress, burn-out and an increasing gap between the compassionate, high quality *evidence-based care* that practitioners want to be able to provide, and the reality of what they are resourced to provide falling short of NICE guidelines. In other words, instead of guidance and planning informed by a range of evidence from practice-based outcomes, the recommendations from 2 National Audits, as well as NICE guidance, what we have had by imposition are top-down managerial targets. Instead of promised extra funding reaching front line services, plugging gaps in capacity and skills, what we face instead are new waiting time targets and steep rises in prescribing medication. What is truly shocking is our failure to address the public mental health impact of welfare reform cuts on those we said we would help shown in increased suicide risks for ESA claimants. But how can we be expected to succeed with daunting tasks still ahead if our own staff remain so demoralized?

For myself, when I was given the honour of being made a CBE what I promised everyone was that this would encourage me to speak up for ordinary practitioners and their patients all the more*. To quote former Minister, Norman Lamb MP (with some feeling): *Jeremy Clarke is a pain in the arse!* So now – in keeping with this - I ask you all to reflect on what we have learned from the past decade and what we need to do in the decade ahead, and for your support for a Petition to put to the Health Select Committee, for consideration for their enquiries in the New Year. I have no idea whether my request to you will fall on deaf ears, or my request to the HSC will fall on deaf ears. The radical reform we set out on, with psychological mental health practitioners at its center, driving forward **universal psycho-social care and support**, is even more relevant now. But I don't believe it can be done on resources available in reality locally, whatever we are told has been invested nationally.

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?”*

As we celebrate our 10th annual conference <http://www.healthcareconferencesuk.co.uk/psychological-therapies-2017> I think we can be proud that we have succeeded in creating a unique forum where all psychological therapy disciplines and mental health stakeholders can come together. Maintaining an independent voice that is sometimes critical of government, NHS England and IAPT, yet willing to look honestly at evidence and at better interventions and solutions, has not been an easy balance. I don't claim we always get things right but we have tried to keep alight one small candle of truth. If you support the Petition above as a constructive way to keep faith with the original mission we set out on, please let us have your logo and signature. And please do join us at our *Evening Reception* in any case.

I look forward to hearing from you. RSVP therapy@practice.demon.co.uk


Yours sincerely, with Seasons Greetings,
Jeremy Clarke CBE, Chair, New Savoy Conference

*I have only been able to do this with support of others, of course. Here, I would like to thank the Leadership & Management Faculty of BPS, in particular, for support in highlighting the issue of staff wellbeing. **Please support our annual BPS/NSP survey by encouraging your own staff to complete this year's survey** (it only takes 10 minutes): <https://response.questback.com/isa/qbv.dll/ShowQuest?QuestID=4890562&sid=avQ6uwZEYZ>