NHS
East London
NHS Foundation Trust

ORGANISATIONAL CHANGE PAPER

Proposal to Reorganise Tower Hamlets Psychological Services

1. Introduction

1.1. The Trust wishes to enter formal consultation with staff and their Trade Unions in line with its agreed policy set out in 'Management of Staff Affected by Change Policy and Procedure' (version number 12, December 2025). The Trade Unions and affected staff are invited to raise questions and comments which can be taken into account before the proposals are finalised.

1.2. The purpose of this consultation document is to outline the proposal to re-organise Tower Hamlet's Psychological Services. The paper is intended for staff working in the following services:

- Complex Emotional Needs (CEN) Team
- Community Psychology Team
- Deancross 'Personality Disorder' Service
- Locality Neighbourhood Mental Health Team (NMHT) Psychology Teams
- The Psychological Therapy Service (PTS).

1.3. The proposal will outline the operational and business case for proposing the change including all contractual and service changes affecting staff.

1.4. The process of consultation is to ensure that all staff and partnership organisations are informed of the proposal and is also intended to allow the affected employees the opportunity to respond and take an active role in this process.

2. Background

2.1. The NHS Ten Year Health plan for England (2019) outlines changes to all health services to offer care closer to home as well as increase the amount of preventative healthcare offered. This proposal is consistent with the Ten-Year plan.

2.2. This proposal aims to reduce trust-wide variability by being consistent with other boroughs' service model.

Psychological services in Tower Hamlets are currently distributed across multiple standalone specialist teams, in-reaching teams and integrated team models. This creates a fragmented pathway which can be difficult for staff to understand and difficult for service users to navigate. An example of this is below:

2.3. The services in scope include:

2.4. Complex Emotional Needs (CEN) Team - Created during the Community Mental Health Transformation work (2019 onwards), this service reaches into Neighbourhood Mental Health teams (NMHT). It supports those with highest risk and need in the borough by offering evidence-based therapies alongside the NMHT's wider multi-disciplinary team (MDT) offer. This reduces exclusion and increases continuity of care. Clinical Associate in Psychology (CAP) posts were also introduced during transformation to work with the CEN population however these roles are overseen by the Neighbourhood Mental Health Teams and do not sit within the CEN team.

2.5. Community Psychology Team – created during the Community MH Transformation by expanding the Black and Minority Ethnic Access Team. It works with those who live with mental health challenges in partnership with local charitable and community group. Together they co-design interventions which can continue in partner organisations and support the wider health system. Despite valuable work being done in the service, it has become isolated in the health system and more closely resembles a therapy service than was originally intended.

2.6. Deancross 'Personality Disorder' Service - This is a standalone service offering Mentalisation-based Therapy (MBT). It also offers some consultation and training to the wider system. As a service holding a standalone caseload, it is not consistent with the broad intentions of the Ten Year Plan, however, offers valuable input to those who are accepted into the service following an assessment process. These service users may not pose the most risk or complexity.

2.7. Locality Neighbourhood Mental Health Team (NMHT) Psychology Teams - These are traditional roles embedded into the borough's four NMHTs as integrated teams. The role and task have been consistent over many years: the support of NMHTs to develop a psychologically informed environment, the support of teams to deliver psychologically informed interventions, bespoke interventions and evidence based psychological interventions. They consult to the wider system as part of the integrated team, including supported accommodation providers, hostels, GPs and other services. The 2019 Transformation included new roles for CEN and Disordered Eating at Clinical Associate in Psychology (CAP) level.

2.8. Inpatient psychology is drawn from the staff time of the Locality Neighbourhood Mental Health team. Staff have split posts spending half the week in the inpatient setting and the other half in NMHTs. There is an 8b, Inpatient Lead Psychologist who oversees the work on the Inpatient Wards and manages inpatient Arts Therapists.

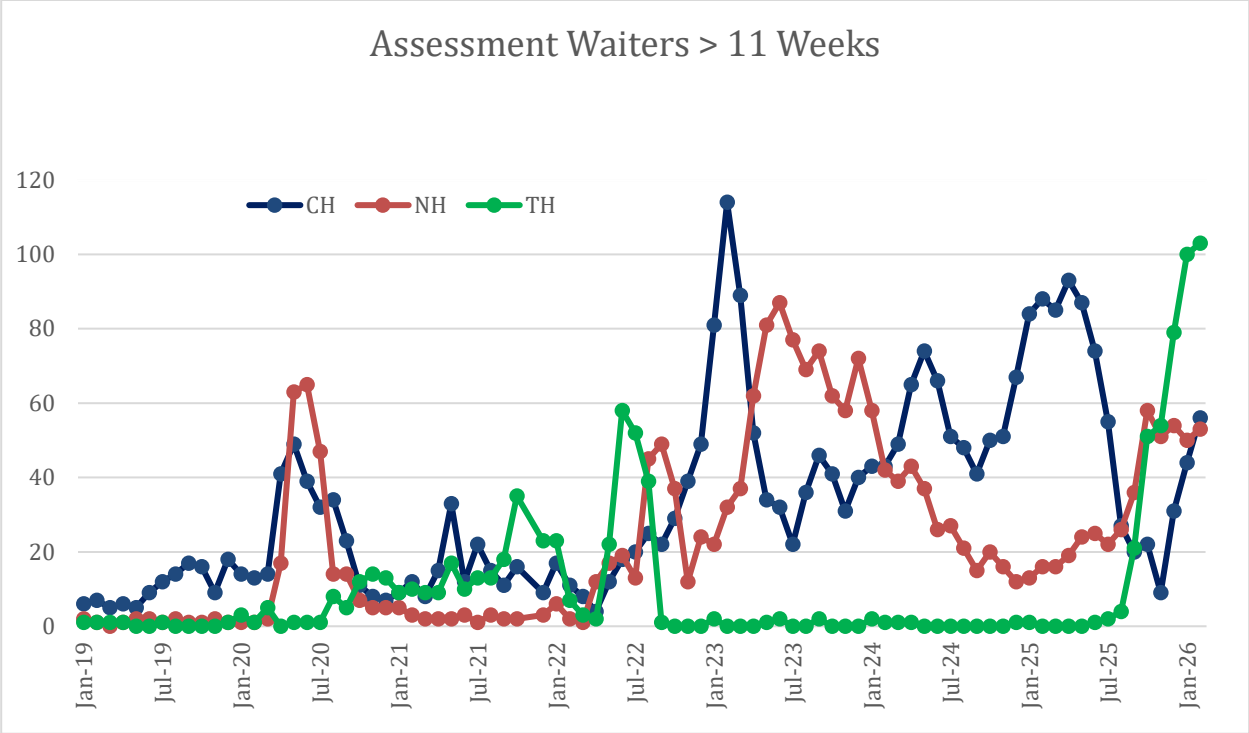
2.9. The Psychological Therapy Service (PTS) - This is a standalone service offering a range of group and individual therapies. These are organised around cognitive behavioural therapy, including integrative approaches, and psychodynamic informed therapies. The cohort of service users working with PTS are often too complex for Tower Hamlets Talking Therapies (formerly IAPT) but do not have needs meeting the threshold for MDT care in an NMHT. GPs and Psychiatry in outpatient clinics refer directly to this service. Most referrals received each month cannot be assessed due to a range of factors, most significantly a demand and capacity mismatch.

2.10. Additional temporary funding was allocated to the team at a cost pressure for the previous two years to support with the demand and capacity mismatch. This however was financially unsustainable, and the additional funding has now ended which has adversely affected the 11- and 18-week targets that these services are expected to meet for assessment waiting time.

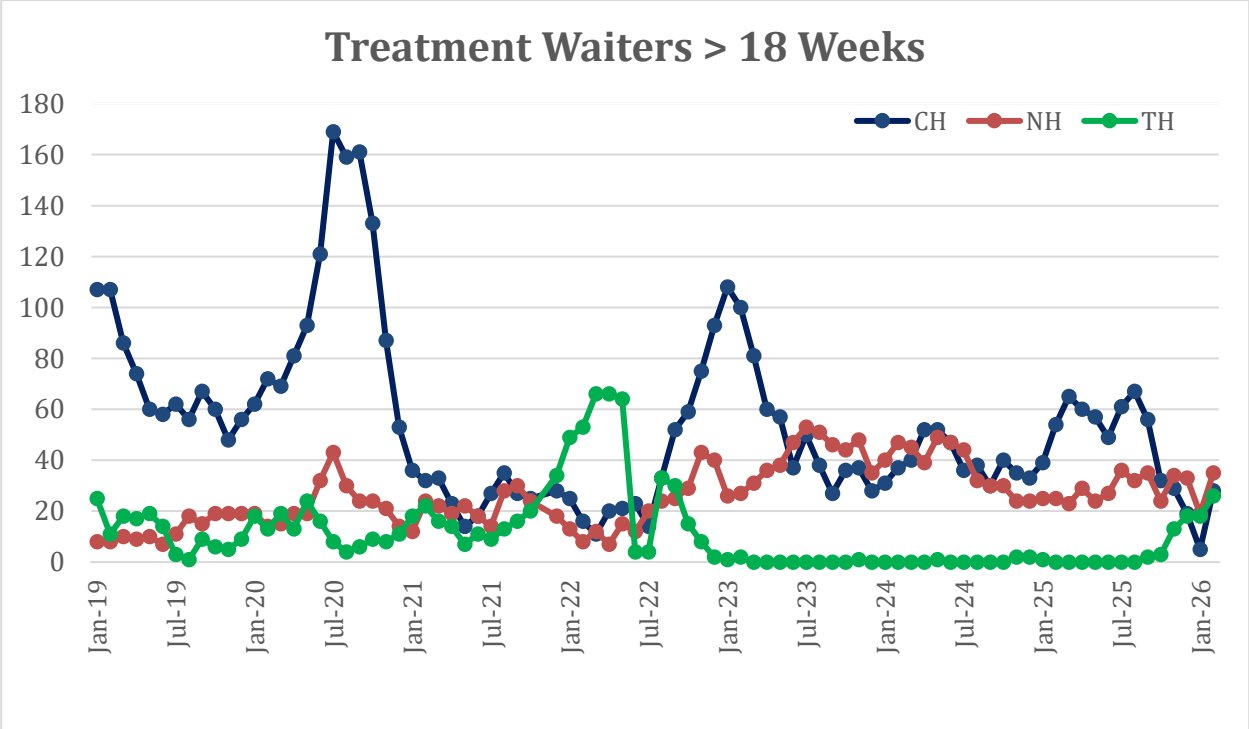
2.11. Given the significant capacity and demand mismatch, evidenced by the service's improved performance with additional posts, and multiple, uncoordinated referral routes calling on the same resource, it is hard for the service to meet the required targets if it continues in its current form. The current process of high referral volumes and often long waits is not effective for residents and dissatisfactory for many referrers. There continues to be a demand for, and provision of, evidence-based psychological therapies.

2.12. Having a number of smaller standalone services increases the time staff spend in referral meetings or discussions about service users. A June 2025 review suggests that these five services spend around 450 hours a month in: virtual referral meetings, link, interface, 'no wrong door', 'triage and screening' and 'allocation or waiting list management' meetings. Whilst liaison time is an inevitable and important part of system work, many of these teams are small. In smaller teams, regular meeting attendance has a proportionately greater impact on time available for clinical work. The median whole time equivalent (WTE) for Complex Emotional Needs (CEN), Community Psychology, Deancross, Locality Psychology and the Psychological Therapy Service (PTS) is 5.6 WTE.

2.13. The chart below shows the number of people waiting more than 11 weeks for assessment. Consistent improvements coincided with additional temporary funding at a cost pressure in PTS. The increase in breaches correlates with the reduction in overall WTE due to the ending of the additional funding.



This was consistent with waits for treatment of over 18 weeks. The chart shows an increase in breaches when the additional funding ended.



2.14. The temporary additional funding resulted in the longest period of key performance indicators (KPIs) being met. It also allowed work to improve access to under-served communities. Now that the funding has ended the service is returning to the cycle of long waiting lists and resulting diversion of directorate management time towards the issue of waiting times for therapy. As a borough we are no longer achieving our assessment and treatment KPIs. It is not possible to increase the funding within this team on a permanent basis as, at present the Trust is expected to find significant savings in line with Financial Viability plans.

2.15. Whilst the current movement in the NHS is towards resources being located closer to those who need them, there are benefits as well as challenges to standalone service models. This consultation is not a reflection on the performance of any teams in scope but an attempt to develop a structure for the future that is in line with the national NHS plan and Neighbourhood Health Services It aims to increase access to psychologically informed support for residents in our local communities as well as being more consistent with the service model in neighbouring boroughs (Luton and Bedfordshire and City and Hackney.) Here, psychologically informed support expands to include bringing psychological perspectives to local and wider health systems, not solely psychological therapy.

2.16. The proposal is also in response to the Trust's "Going Further, Going Together" initiative which focuses on financial sustainability, operational efficiency, and improved patient care.

2.17. The changes in this proposal have been informed by feedback from Psychological Leads within Tower Hamlets following a series of informal meetings to discuss the challenges facing our services and considers ideas from the service leads.

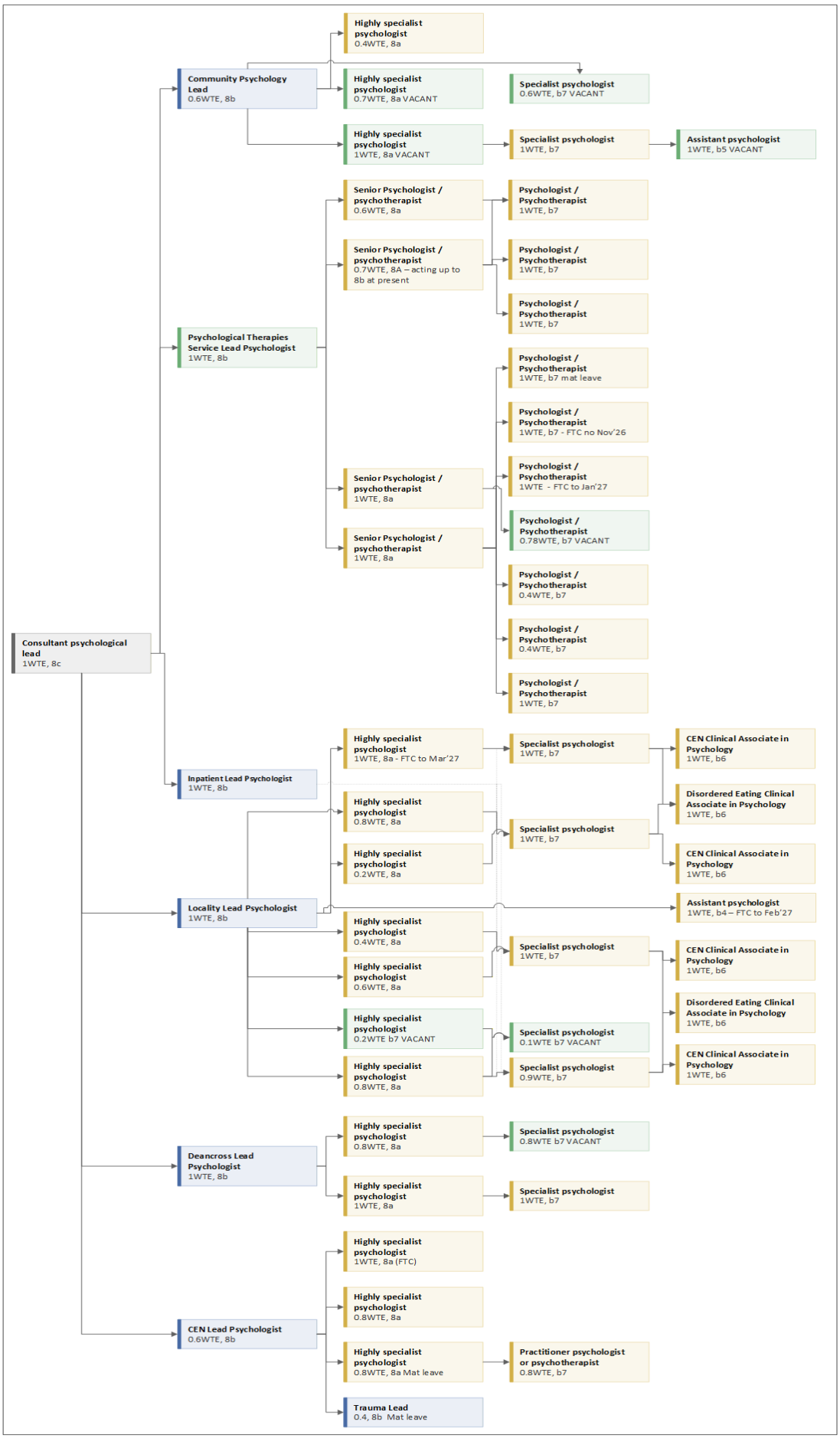
3. Current Structure

3.1. The total funded establishment of all staff in scope for this proposal is 47.48 WTE of which 41.3 WTE is currently filled and 6.18 WTE is vacant.

3.2. The total funded establishment of each team is below:

- CEN – 4 WTE of which 4.4 WTE is currently filled. This team is currently over-established due to temporary maternity leave cover. There is also a 0.2 WTE administrator who provides support to CEN. The budget for this role is held centrally and is therefore not shown on the organisation chart as the reporting line for this role is to Tower Hamlets Admin Management.
- Community Psychology – 5.3 WTE for psychological professionals. 1.2 WTE Peer Support Workers are funded and sit within this team, however, these roles are not in scope for these proposals and have therefore not been included in the overall establishment. Of the total funded 5.3 WTE posts, 2 WTE is currently filled and 3.3 WTE is vacant.
- Deancross – 4.6 WTE for psychological professionals. Medical posts in the team are not in scope for these proposals and have therefore not been included in the overall establishment. Of the total funded 4.6 WTE posts, 3.8 WTE is currently filled and 0.8 WTE is vacant.
- Locality Neighbourhood Mental Health Team Psychology – 16 WTE of which 15.7 WTE is currently filled and 0.3 WTE is vacant.
- PTS – 12.88 WTE of which 11.1 WTE is currently filled and 1.78 WTE is vacant. There are also 3.5 WTE administrators made up of 2 WTE band 4 and 1.5 WTE Band 5 Administrators whose work is linked to the tasks of PTS. The budgets for these roles are held centrally and are not shown on the organisation chart as the reporting line for these roles is to admin management.
- Inpatient Psychology – 1 WTE which is currently filled.

3.3. The current team structure is shown below:


Consultant psychological lead
1WTE, 8c
Community Psychology Lead
0.6WTE, 8b
Highly specialist psychologist
0.4WTE, 8a
Highly specialist psychologist
0.7WTE, 8a VACANT
Specialist psychologist
0.6WTE, b7 VACANT
Highly specialist psychologist
1WTE, 8a VACANT
Specialist psychologist
1WTE, b7
Assistant psychologist
1WTE, b5 VACANT
Psychological Therapies Service Lead Psychologist
1WTE, 8b
Senior Psychologist / psychotherapist
0.6WTE, 8a
Psychologist / Psychotherapist
1WTE, b7
Senior Psychologist / psychotherapist
0.7WTE, 8A – acting up to 8b at present
Psychologist / Psychotherapist
1WTE, b7
Psychologist / Psychotherapist
1WTE, b7
Psychologist / Psychotherapist
1WTE, b7 mat leave
Psychologist / Psychotherapist
1WTE, b7 - FTC no Nov'26
Senior Psychologist / psychotherapist
1WTE, 8a
Psychologist / Psychotherapist
1WTE - FTC to Jan'27
Psychologist / Psychotherapist
0.78WTE, b7 VACANT
Senior Psychologist / psychotherapist
1WTE, 8a
Psychologist / Psychotherapist
0.4WTE, b7
Psychologist / Psychotherapist
0.4WTE, b7
Psychologist / Psychotherapist
1WTE, b7
Inpatient Lead Psychologist
1WTE, 8b
Highly specialist psychologist
1WTE, 8a - FTC to Mar'27
Specialist psychologist
1WTE, b7
CEN Clinical Associate in Psychology
1WTE, b6
Disordered Eating Clinical Associate in Psychology
1WTE, b6
CEN Clinical Associate in Psychology
1WTE, b6
Highly specialist psychologist
0.8WTE, 8a
Specialist psychologist
1WTE, b7
Highly specialist psychologist
0.2WTE, 8a
Locality Lead Psychologist
1WTE, 8b
Assistant psychologist
1WTE, b4 – FTC to Feb'27
Highly specialist psychologist
0.4WTE, 8a
Specialist psychologist
1WTE, b7
CEN Clinical Associate in Psychology
1WTE, b6
Highly specialist psychologist
0.6WTE, 8a
Disordered Eating Clinical Associate in Psychology
1WTE, b6
Highly specialist psychologist
0.2WTE b7 VACANT
Specialist psychologist
0.1WTE b7 VACANT
Highly specialist psychologist
0.8WTE, 8a
Specialist psychologist
0.9WTE, b7
CEN Clinical Associate in Psychology
1WTE, b6
Deancross Lead Psychologist
1WTE, 8b
Highly specialist psychologist
0.8WTE, 8a
Specialist psychologist
0.8WTE b7 VACANT
Highly specialist psychologist
1WTE, 8a
Specialist psychologist
1WTE, b7
CEN Lead Psychologist
0.6WTE, 8b
Highly specialist psychologist
1WTE, 8a (FTC)
Highly specialist psychologist
0.8WTE, 8a
Highly specialist psychologist
0.8WTE, 8a Mat leave
Practitioner psychologist or psychotherapist
0.8WTE, b7
Trauma Lead
0.4, 8b Mat leave

4. Proposal

4.1. The proposal is to restructure the above-named psychological teams in Tower Hamlets. The aim is to have fewer teams to simplify the pathway for residents and clinicians. In doing so, we hope to reduce the fragmentation of services and the time invested in discussion and liaison between psychological services.

4.2. We hope this will improve the efficiency of the psychological provision in the borough, whilst making savings which are required as part of the Trust's "Going Further, Going Together" initiatives.

4.3. In line with the NHS Ten Year Plan, this change reflects the national move from hospital to community. Specifically, that care will be more closely linked to the teams who support our residents. In this case, Tower Hamlets' four Neighbourhood Mental Health Teams. This will allow more localised decision making about the use of psychology and psychological therapy and for this decision making to involve local clinical teams and their service user involvement mechanisms. It is envisaged that this will help ensure psychological resources are allocated in the most effective way.

4.4. Where specific therapy model supervision is needed, this will be offered across the borough, regardless of locality of the post holder.

4.5. Draft job descriptions (JD) have been developed for newly created roles and will be subject to feedback during consultation. These are enclosed as appendices A, B and C.

4.6. The proposed changes to the service are detailed below:

Locality Neighbourhood Psychology Team:

4.7. This will be split into two teams. One for North of the borough (Bethnal Green and Bow & Poplar) and one for South (Stepney and Wapping and Isle of Dogs). These teams will be managed by a band 8b Principal Applied Psychological Practitioner. There is currently 1 WTE Band 8b Principal Psychological Therapist in the current structure and therefore an additional 1 WTE will be created. Each will hold management responsibilities in either the North or South Team. They will offer different therapeutic modality knowledge of relevance to the population and, in addition to managing and supervising psychological staff, will have line management responsibilities for either the community-based Arts Therapists or Peer Support Workers. They will oversee the provision of the Discovery Project.

4.8. There will be no change to the current WTE for the band 8a Highly Specialist Clinical Psychologist or Counselling Psychologist roles and the band 7 Specialist Clinical Psychologist or Counselling Psychologist roles and they will maintain their current provision, working into the NMHTs and the inpatient wards. The NMHT roles will include work on community focused projects as required to meet the needs of local populations.

4.9. For the Clinical Associate in Psychology (CAPs) for CEN, their roles will remain embedded in the NMHTs, however, line management and supervision will move to the CEN team.

4.10. 1.3 WTE band 8a, Senior Clinical Psychologist/ Psychodynamic Psychotherapist/ CBT Therapist or Counselling Psychologist will be created. with 0.6 WTE sitting within the North Locality Neighbourhood Team and 0.7 WTE sitting within the South Locality Neighbourhood Team. These roles will be different from the current 8a roles in the NMHTs and a revised job description is attached as appendix A.

4.11. Th 8a posts listed above will have management responsibility for new Band 7 Clinical/ Counselling Psychologist/ Psychodynamic Psychotherapist or CBT Therapist roles that will be created. A total of 7.58 WTE will be created with 3.78 WTE sitting within the South Locality Neighbourhood Team and 3.8 WTE sitting with the North Locality Neighbourhood Team. These roles will provide some psychological therapy and increasingly work with local need in their respective areas of the borough with time allocated to cross borough groups or other activity. Initially, these roles will work to address the existing PTS waiting list. A revised job description is attached as appendix B.

4.12. There will also be administration roles created within each Locality Team. A total of 2 WTE Band 4 Administrator and 1.7 WTE Band 5 Lead Administrator will be created and these will be split across the North and South Team. These roles will maintain existing arrangements with reporting structures aligned to the Tower Hamlets Administration Management.

4.13. Whilst the newly created roles will sit within the Locality Neighbourhood Psychology Team with reporting structures within that team, due to space limitations in the NMHTs, it may not be possible for all staff to be based within the NMHTs for all of their working week and other office spaces across Tower Hamlets may need to be utilised. Steps will be taken to support integration and alignment with the NMHTs as far as is possible.

Complex Emotional Needs (CEN) Team:

4.14. This team will continue to work into the NMHTs. It will expand to offer the majority of the CEN provision in the borough. New roles will be created, and the line management of CEN CAPS will move from the Locality Neighbourhood Team to the CEN Team.

4.15. The band 8b, 0.4 WTE Trauma Lead role will be deleted, and the current band 8b Principal Clinical/ Counselling Psychologist or Psychotherapist role will be increased by 0.4 WTE to create 1 WTE lead role.

4.16. The new roles created will be 1.3 WTE band 8a Highly Specialist Clinical/ Counselling Psychologist or Psychological Therapist and 1 WTE Band 7 Specialist Clinical/ Counselling Psychologist or Psychological Therapist. The job descriptions for these roles will be the same as existing job descriptions within the team.

4.17. The aim is that these changes will simplify the current CEN pathway.

Inpatient Psychology Team:

4.18. An 8a Clinical or Counselling Psychologist role will be created in the psychiatric intensive care unit (PICU) wards, as part of inpatient psychology. The PICU has been without dedicated psychological resource for some time. This role will be managed by the Inpatient Lead Psychologist. The job description for this role is included as Appendix C.

The Community Psychology Team:

4.19. The size of this team will reduce following the deletion of the following vacant posts:

- 0.5 WTE Band 8a – Highly Specialist Clinical Psychologist
- 0.6 WTE Band 7 - Specialist Clinical Psychologist
- 1 WTE Band 5 - Dual Language Assistant Psychologist

4.20. The Community Psychology Team will continue to play a role in fostering community focused approaches across services in the borough. This includes supporting the development of effective collaborations of staff with local partners in each neighbourhood. Specifically, they will offer input where the needs of local communities may be underserved and where there are gaps in access to our services for local populations. Co-developed interventions will be broadly self-sustaining for partners.

4.21. In summary, the Community Psychology team will also support NMHTs to reach populations which may not currently be able to. Ideally this will also involve closer collaboration with Peer Support Workers and Community Connector roles over time.

Deancross:

4.22. The size of this team will reduce following the deletion of the existing vacant 0.8 band 7 Clinical/Counselling Psychologist post. There are no other proposed changes to this service.

The Psychological Therapy Service:

4.23. This service will be closed, and new roles will be created as outlined above. The valuable contribution of this service will become more closely aligned to local need and change the way in which demand and capacity for psychological therapy is managed.

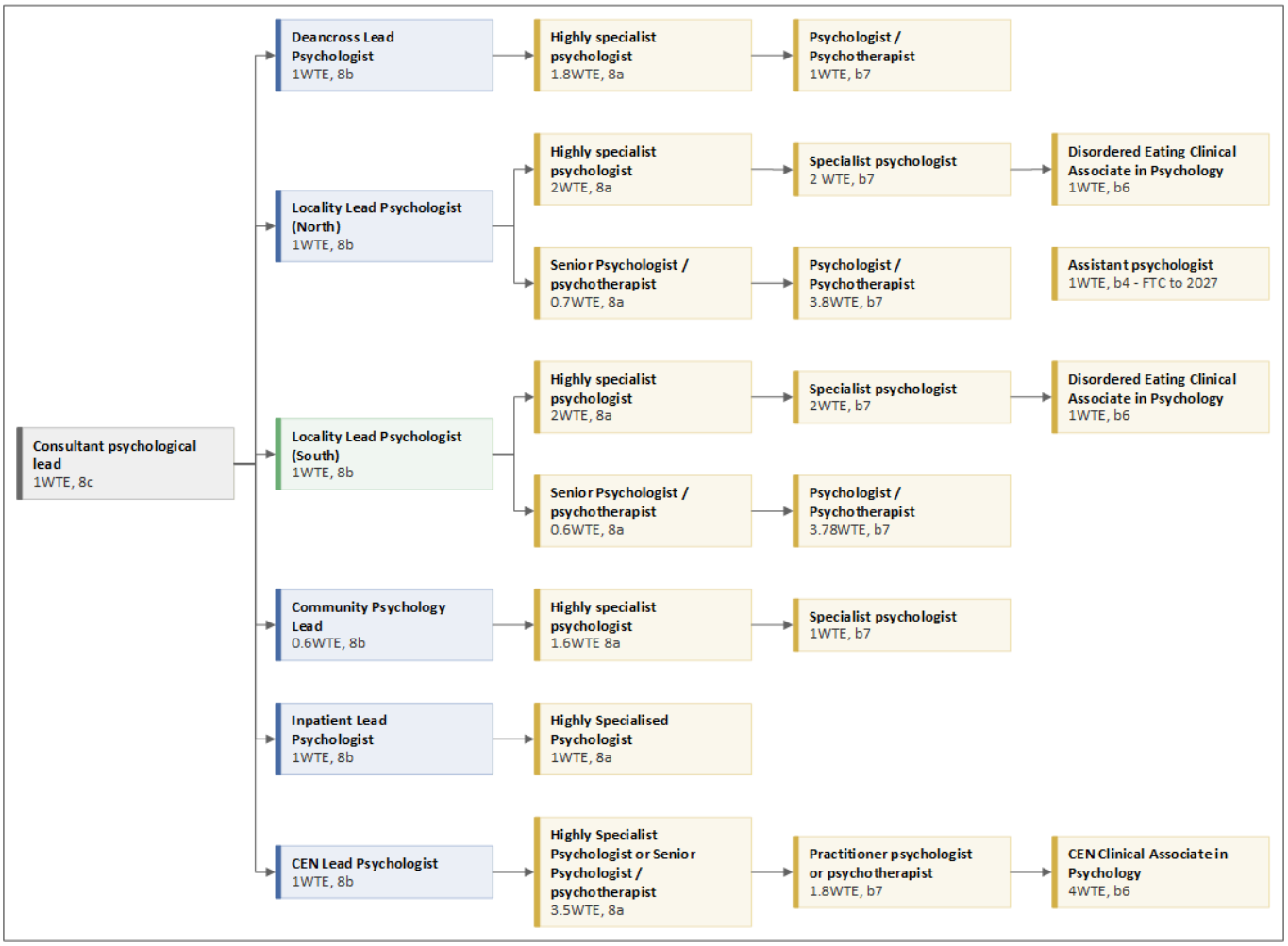
4.24. It is hoped that the specialist interventions skilled PTS clinicians offer can be provided in a more coordinated way and linked to place teams. This linking in will include reviewing how teams decide which needs are prioritised for time-intensive talking therapy.

4.25. The 2 WTE Band 4 administrator posts and the 1.7 WTE Band 5 Lead Administrator posts will also be deleted due to the closure of the service. New posts will be created in the North and South Locality Neighbourhood Psychology Teams as outlined above.

5. Proposed Structure

5.1. The proposed total funded establishment for Tower Hamlets Psychological Services in scope is 44.88 WTE. This is a reduction by 2.6 WTE in the overall funded establishment.

5.2. The proposed structure is shown in the following organisational chart.



6. Impact on Staff

6.1. As the proposal is to close PTS, all posts in the team will be deleted and therefore all staff members will be at risk of redundancy.

6.2. A 0.8 WTE Band 7 clinical / counselling psychology post will be deleted from the Deancross Service. This post is currently vacant.

6.3. A 0.4 WTE Band 8b Principal Clinical/Counselling Psychologist (Trauma lead) will be deleted from the CEN Team and the post holder will therefore be at risk of redundancy.

6.4. A 0.5 WTE Band 8a Highly Specialist Clinical Psychologist will be deleted from the Community Psychology Team. This post is currently vacant.

6.5. A 0.6 WTE Band 7 Specialist Clinical Psychologist will be deleted from the Community Psychology team. This post is currently vacant.

6.6. 1 WTE Band 5 Dual Language Assistant Psychologist will be deleted from the Community Psychology team. This post is currently vacant.

6.7. Some staff within the Locality Neighbourhood Psychology teams will have a change of line manager as a result of these proposals.

6.8. Current CEN CAPs within the Locality Neighbourhood Psychology Teams will have line management and supervision moved to the CEN team.

6.9. The new roles created within the structure could act as suitable alternative employment for staff at risk and these will be filled by allocating these roles to staff or via ring-fenced interview processes where necessary.

6.10. ELFT is committed to avoiding compulsory redundancies and there should be suitable alternative employment available in the new structure for all staff at risk as a result of these proposals. We will also work with any staff who are displaced to find suitable alternative employment across the Trust if that becomes necessary or is preferred. Other suitable roles that become available in the Directorate will be identified and will be held.

6.11. All staff will be offered an individual consultation meeting during the formal consultation process to discuss how the proposals impact them personally and provide any feedback in relation to the proposal.

6.12. A breakdown of posts and staff affected is below:

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Team	Role	Band	WTE	Post deleted	Vacant	Staff affected	Posts available in future team	Staff at Risk
Community Psychology	Lead Psychologist for Community Psychology Team	8b	0.6	0	0	1	0.6	0
	Highly Specialist Clinical Psychologist or Counselling Psychologist	8a	2.1	0.5	1.7	1	1.6	0
	Clinical or Counselling Psychologist	7	1.6	0.6	0.6	1	1	0
	Assistant Psychologist	5	1	1	1	0	0	0
Deancross	Lead Psychologist	8b	1	0	0	1	1	0
	Highly Specialist Psychologist	8a	1.8	0	0	2	1.8	0
	Specialist Psychologist	7	1.8	0.8	0.8	1	1	0
CEN	Principal Clinical/ Counselling Psychologist or Psychotherapist	8b	0.6	0	0	1	1	0
	Trauma Lead	8b	0.4	0.4	0	1	0	1
	Highly Specialist Clinical/ Counselling Psychologist or Psychological Therapist	8a	2.2	0	0	3	3.5	0
	Specialist Clinical/ Counselling Psychologist or Psychological Therapist	7	0.8	0	0	1	1.8	0
	CEN Clinical Associate in Psychology	6	4	0	0	4	4	0
	Lead Administrator	5	0.2	0	0	1	0.2	0
Locality NMHT Psychology	Principal Psychological Therapist	8b	1	0	0	1	2	0
	Highly Specialist Clinical Psychologist or Counselling Psychologist	8a	4	0	0.2	6	4	0
	Senior Clinical Psychologist, Psychodynamic Psychotherapist, CBT Therapist or Counselling Psychologist	8a	0	0	0	0	1.3	0
	Specialist Clinical Psychologist or Counselling Psychologist	7	4	0	0.1	4	4	0
	Clinical / Counselling Psychologist, Psychodynamic Psychotherapist or CBT Therapist	7	0	0	0	0	7.58	0
	Disordered Eating Clinical Associate in Psychology	6	2	0	0	2	2	0
	Assistant Psychologist (ASPIRE scheme funded FTC)	4	1	0	0	1	1	0
	Lead Administrator	5	0	0	0	0	1.5	0
	Administrator	4	0	0	0	0	2	0
PTS	PTS Lead Psychologist	8b	1	1	1	0	0	0
	Senior Clinical Psychologist, Psychodynamic Psychotherapist, CBT Therapist or Counselling Psychologist	8a	3.3	3.3	0	4	0	4
	Clinical / Counselling Psychologist, Psychodynamic Psychotherapist or CBT Therapist	7	8.58	8.58	0.78	9	0	9
	Lead Administrator	4	1.5	1.5	0	1	0	2
	Administrator	5	2	2	0	2	0	2
Inpatient	Inpatient Lead Psychologist	8b	1	0	0	1	1	0
	Clinical or Counselling psychologist - Psychiatric Intensive Care Unit	8a	0	0	0	0	1	0
Totals			47.48	19.68	6.18	49	44.88	18

7. Financial, Staffing and Workload Implications

7.1. The net cost savings expected as a result of these changes are £162,032.73. This accounts for the reduction of posts as set out in the above table, offset against other cost pressures which currently exist in the service.

7.2. If there are any changes as a result of the feedback from the consultations or other unforeseen circumstances the revised figures will form part of the consultation feedback process.

7.3. We will work with colleagues to develop plans for operational matters including provision of specific therapy modalities from within the former PTS staff, specialist supervision across the borough, provision of borough wide activities via job plans and working on site in the NMHTs.

7.4. Below is a breakdown of the cost savings expected:

Job Title	**Band**	**WTE**	**Actual cost**
Highly Specialist Psychology	8a	0.5	£43,691.53
Specialist Psychologist	7	1.6	£107,199.86
Dual Language Assistant Psychologist	5	1	£52,147.84
Total Cost			**£203,039.23**
Existing Cost pressures in budget			£41,006.50
Total Savings			**£162,032.73**

8. Service User Impact Assessment

8.1. Consultation with local service users will take place in parallel with the staff consultation.

8.2. Service level changes of this kind will have an impact on the day-to-day provision of services before any anticipated benefits are realised. Whilst there may be less time spent in between services discussion of people's care, this gain will take some time to realise. It will also rely on staff not being committed to new meetings that take them away from the primary tasks of offering direct psychological interventions.

8.3. To support the service changes in this document, staff and Psychology Leads will begin reviewing and reorganising the pathways and the service offer. This will need to include service user consultation.

9. Timetable and Implementation

9.1. The Proposals for organisational change to Tower Hamlets Psychological Services will be managed in line with the Trusts ‘’Management of Staff Affected by Change Policy and Procedure’’ (Appendix D).

9.2. There will be a formal consultation period of **30** days commencing on **9th June 2026.**

9.3. The Trust is committed to achieving meaningful consultation and therefore welcomes feedback and comments on the proposed organisation change proposals. Any comments should be made in writing either via e mail directed to **Elliott white and Lili Ly, Consultant Psychological Leads for Tower Hamlets via Elliottwhite@nhs.net or l.ly@nhs.net**.

9.4. On completion of the 30-day consultation timeframe all comments received will be considered and a final decision will be made and communicated to affected staff. The timetable summarises the full implementation plan and is attached as **Appendix E.**

10. Equality Analysis

10.1. Under equality legislation, public authorities have legal duties to pay ‘due regard’ to the need to eliminate discrimination and promote equality with regard to race, disability and gender, including gender reassignment, religion age as well as to promote good race relations.

10.2. The law requires that this duty to pay ‘due regard’ be demonstrated in the decision-making process. Assessing the potential equality impact of proposed changes to policies, procedures and practices is one of the keyways in which public authorities can show ‘due regard’. The Template is attached as **Appendix F.**

Appendix E - Implementation Timetable

Date	Action
03/06/2026	Consultation document shared with Staff Side and TU reps
09/06/2026	Start of consultation. Consultation document given to affected staff
TBC	Group meeting to discuss proposals.
TBC	Consultation meetings with individuals, as required
09/06/2026 – 08/07/2026	Responses to consultation from Staffside, individual TUs or staff submitted to management (it is a matter for those responding to decide who should be copied into their response)
08/07/2026	End of consultation period
09/07/2026 – 24/07/2026	Management considers all responses and discusses their response with Staffside and try to reach agreement when views are conflicting. At this stage any need for further consultation or an extension can be considered
Week Commencing 27/07/2026	Written notification of decision following consultation, including timetable for implementation of changes
03/08/2026 onwards	Selection activities – e.g. interviews
01/10/2026	Implementation Date
April 2027	Impact assessment of major change to be undertaken 6 months after implementation