

Yorkshire and the Humber Mental Health Clinical Network

IAPT Providers' Network

Andy Wright, IAPT Advisor, Heather Stonebank, Lead PWP
Advisor and Sarah Boul, Quality Improvement Manager

24 February 2021

NHS England and NHS Improvement



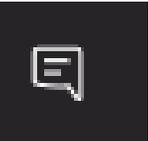
Housekeeping



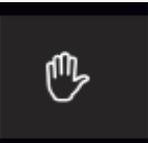
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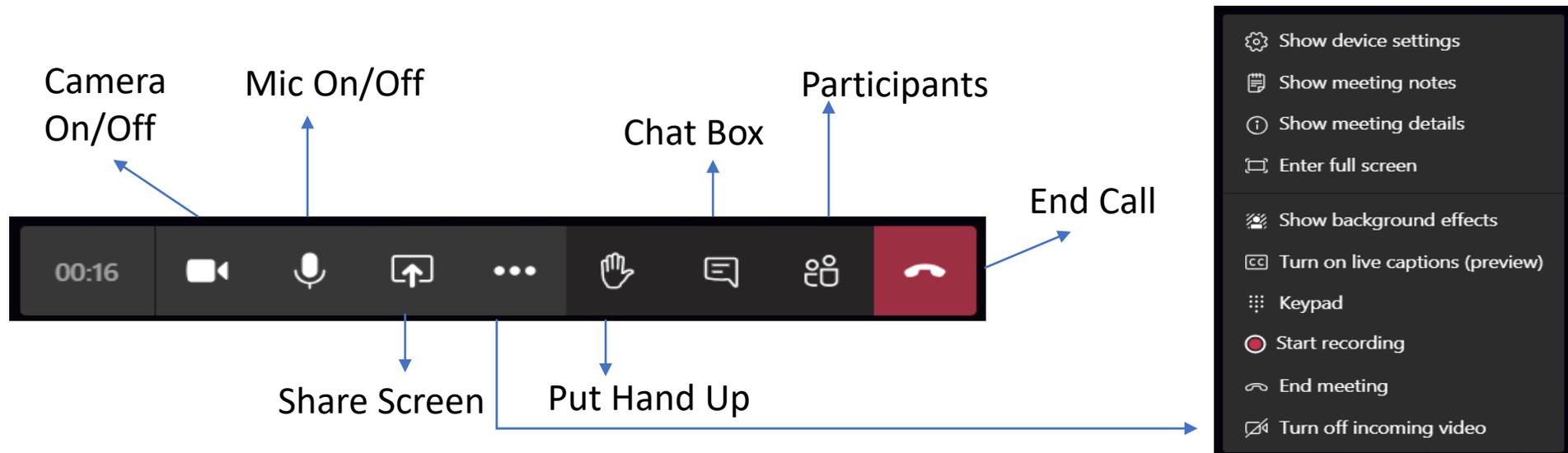
You are welcome to use the video function, however this occasionally causes bandwidth problems so you may wish to turn it off.



Whilst we will have an open conversation, please *feel free to use the chat box function* to ask questions or make comments.



If you would like to speak please use the “Put Hand Up” function and the moderator will come to you in due course.



Welcome, Apologies and Introductions, Review of Action Log and Matters Arising

Andy Wright, IAPT Advisor, Yorkshire and the Humber Clinical Network / All

NHS England and NHS Improvement



Today's Agenda



Time	Title	Lead
10.00	Welcome, Apologies and Introductions, Review of Action Log and Matters Arising	Andy Wright, IAPT Advisor, Clinical Networks
10:20	IAPT Older Adults Positive Practice Guide – Overview and Discussion	Andy Wright, IAPT Advisor, Clinical Networks Heather Stonebank, Lead PWP, Clinical Networks
11.00	Tea and Coffee Break (5 minutes)	
11.05	Senior PWP Network Update	Heather Stonebank, Lead PWP, Clinical Networks
11.20	Health Education England Update: Training Demand Survey 2021/22, Centralised Application Process and Apprenticeships	Mike Lewis, Programme Manager, Health Education England
11.40	Overview of IAPT Maturation Tool	Simon Bristow, Mental Health System Improvement Team
12:10	Key Messages from the National IAPT Programme	Sarah Boul, Quality Improvement Team, Clinical Networks
12:20	Reflections on the Day and Any Other Business	All
12.30	Close	

Actions from the last meeting 18.11.2020

No.	Action	Owner
1	Please register your interest in the IAPT Preceptorship work and/or any other comments, via the online forum. Alternatively please contact Heather Stonebank – heather.stonebank@shsc.nhs.uk or Sarah Boul - sarah.boul@nhs.net	All / Sarah Boul / Heather Stonebank
2	Please register your interest, and/or comments, in the IAPT Leadership Proposals via the online forum. Alternatively please contact Andy Wright – andywright1@nhs.net or Sarah Boul - sarah.boul@nhs.net	All / Sarah Boul / Andy Wright
3	Please contact Brigid Lowe – brigid.lowe@dwp.gsi.gov.uk or Kevin Jarman – kevin.jarman@dwp.gsi.gov.uk with any questions or an expression of interest in the EA programme.	All
4	Please contact Sarah Boul if you need contact details for the Integrated Care System (ICS) Mental Health lead in your place to link in to the Post COVID development work.	All / Sarah Boul
5	Carole Tarff to collate the questions and comments from the MS Teams meeting chat box and share with Marie Watkins to shape the FAQ document.	Carole Tarff
6	Please feedback your thoughts on Yorkshire and the Humber region procuring the provision of Silver Cloud as a region rather than individual services to Sarah Boul – sarah.boul@nhs.net or Andy Wright – andywright1@nhs.net	All / Sarah Boul / Andy Wright
7	Please share any feedback on your thoughts as to whether the IAPT manual description should be changed via the online forum or to Andy Wright – andywright1@nhs.net	All / Andy Wright
8	Please email Sarah Boul – sarah.boul@nhs.net – if you are not currently receiving the National IAPT Team summary newsletter and wish to be included on the distribution list.	All / Sarah Boul

IAPT Older Adults Positive Practice Guide: Overview and Discussion

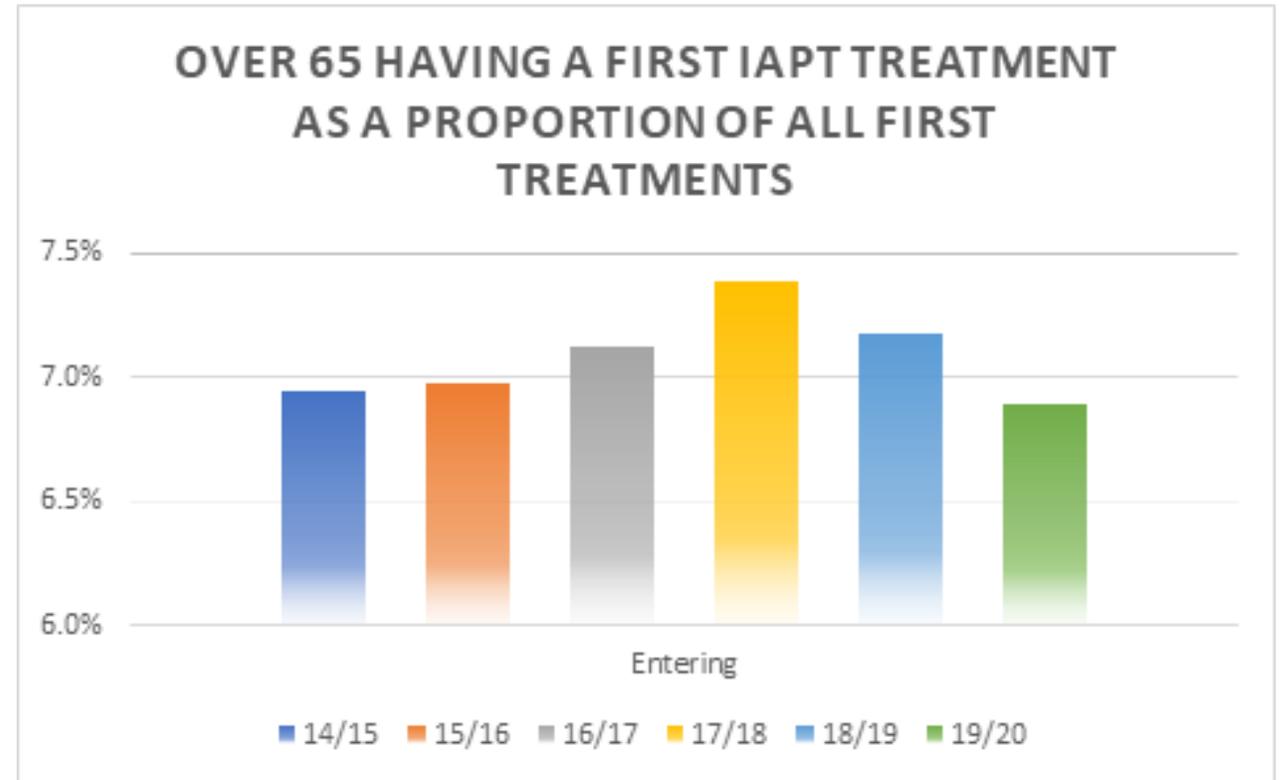
Andy Wright, IAPT Advisor, Heather Stonebank, Lead PWP Advisor, Yorkshire and the
Humber Clinical Network / All

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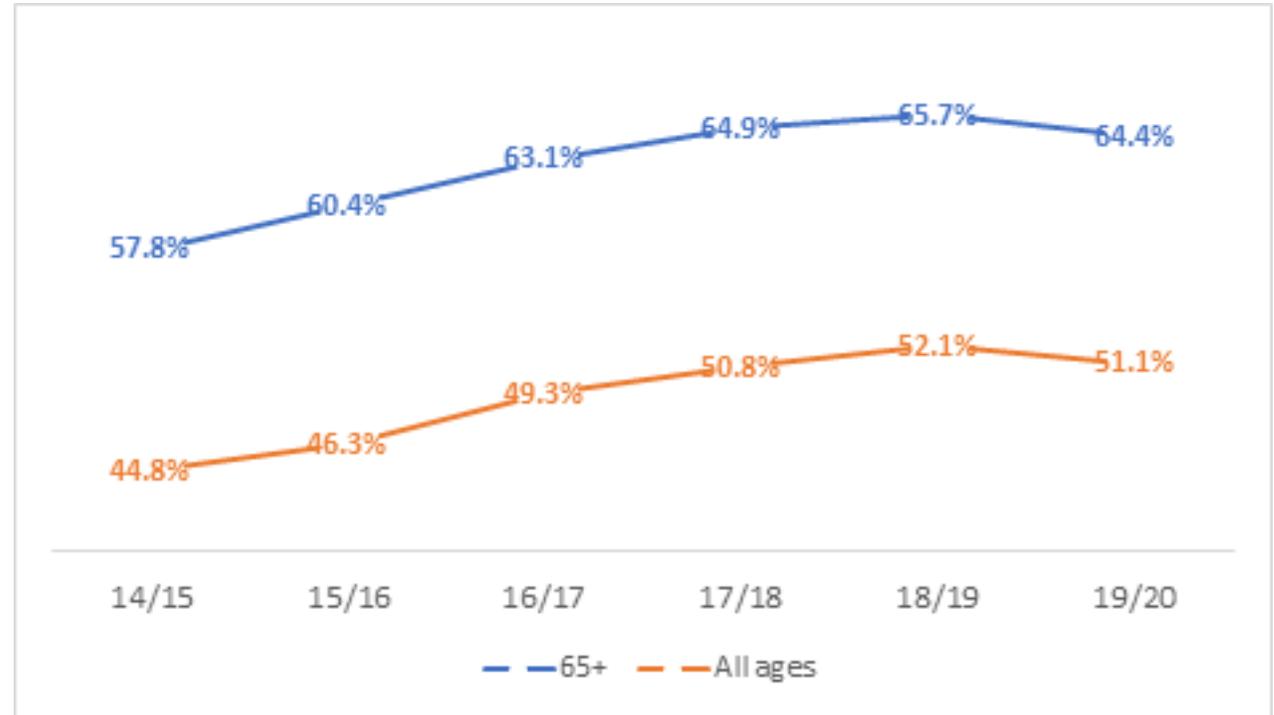
Headlines from the Older Adults Positive Practice Guide (1)

Before the pandemic started, older people were already under-referred for IAPT or talking therapy services. Based on population size and level of need, it is expected that at least 12% of people accessing IAPT services should be aged 65+. Yet, over the last 10 years the rate has remained between 6 and 7% nationally. Recently the proportion has been going down despite older people being just as likely as other age groups to experience common mental health conditions and respond well when accessing IAPT services.



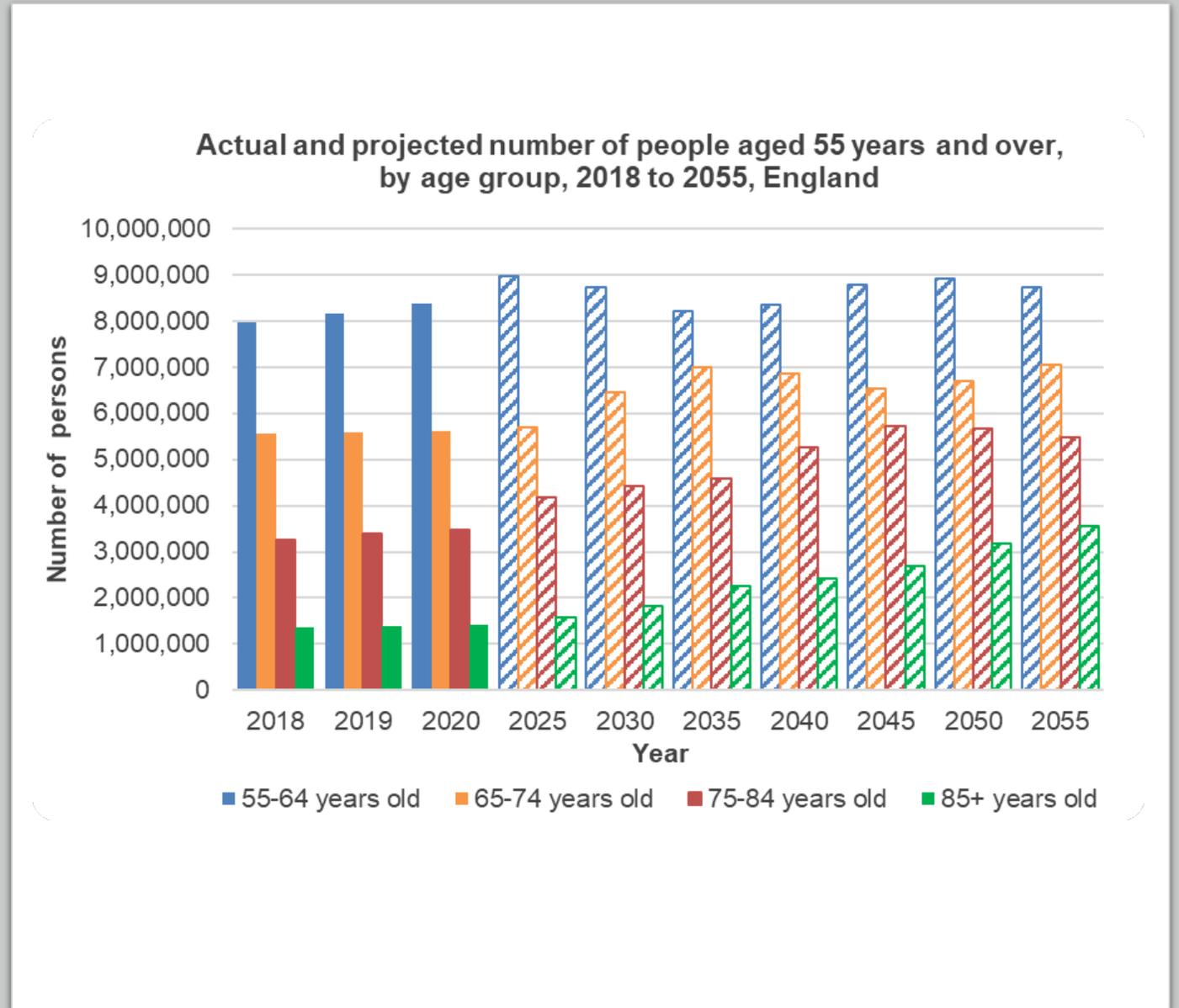
Headlines from the Older Adults Positive Practice Guide (2)

We know, as demonstrated in this graph (Recovery Rates - Older people compared to all ages) that older adults who do enter treatment have an impressive recovery rate.



Headlines from the Older Adults Positive Practice Guide (3)

The UK has an ageing population, which is set to increase over the next 25 years (source: Age UK) and more work needs to be done to increase older adult access into IAPT.



Headlines from the Older Adults Positive Practice Guide



To help increase older adult access into IAPT Age UK formed a working group to help produce the **Improving Access to Psychological Therapy (IAPT) Older People's Positive Practice Guide** with colleagues from NHS England, the Mental Health Foundation, the British Association for Counselling and Psychotherapy, as well as academics and older people's psychologists.

The aim of the guidance is to:

Increase the numbers of older people benefiting from IAPT services by:

- Better supporting older people, their families and friends to recognise mental health need and seek help;
- Delivering IAPT services that are fully equipped to meet their needs.

The IAPT Positive Practice Guide should:

- Be practical and useful for practitioners in IAPT;
- Be informative to commissioners of services;
- Guide Primary Care Healthcare Practitioners (HCP) especially GPs, on how to support referrals of older people to IAPT.

The guide also addresses additional challenges brought on by the COVID-19 pandemic.

Headlines from the Older Adults Positive Practice Guide



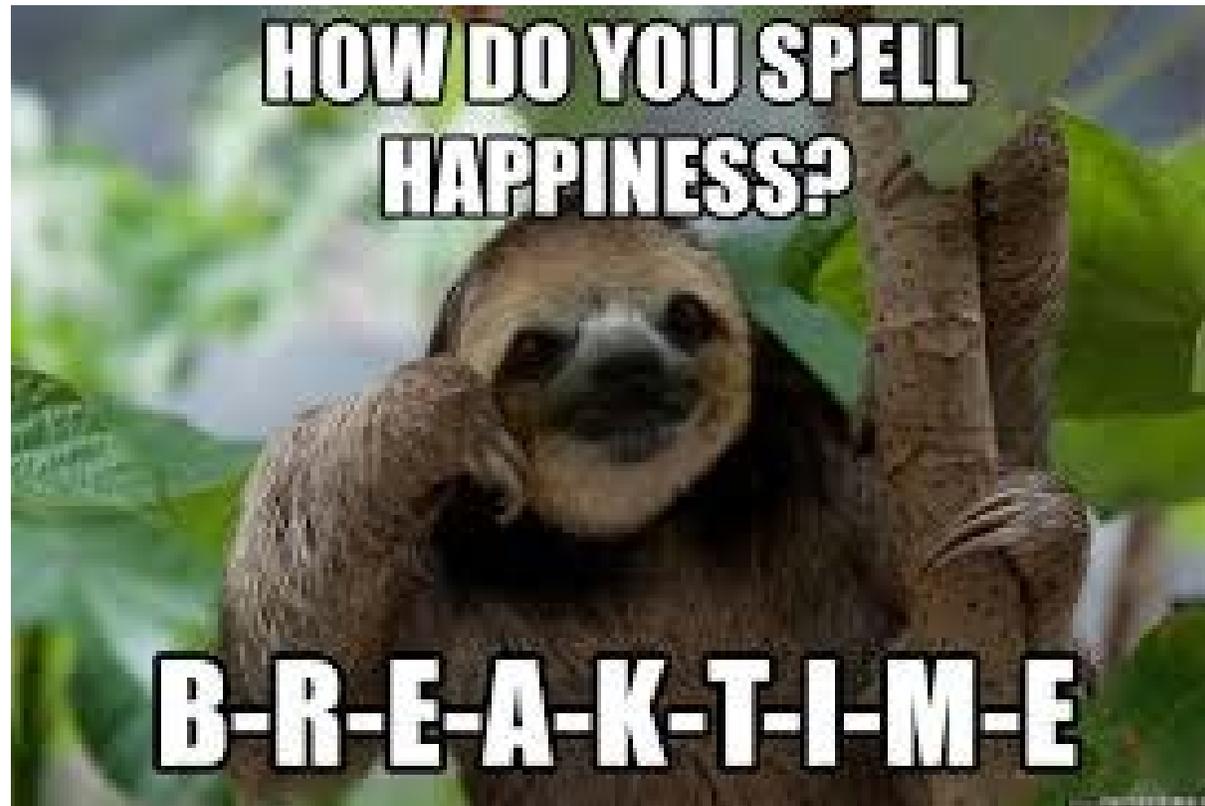
The Improving Access to Psychological Therapy (IAPT) Older People's Positive Practice Guide:

- Highlights the impact of the pandemic and provides some suggestions for what services need to consider around working with older adults and some ways of meeting their needs
- It provides an overview of depression and anxiety disorders in older adults and the policy context for more direct focus on engaging with older adults to support their mental wellbeing
- It addresses barriers to older adults accessing services
- It then makes suggestions for improvements focussing on:
 - Promotion
 - training
 - access
 - language
 - adaptations
 - referral pathways

Discussion Points:

1. What have you noticed currently in your service for Older Adults accessing IAPT?
2. Have you done anything specific during the pandemic to help and support Older Adults access IAPT?
3. Have you considered a strategy for when lockdown eases and after the pandemic in engaging Older Adults?

Time for a break?



Senior PWP Network Update

Heather Stonebank, Lead PWP Advisor, Yorkshire and the Humber Clinical Network

NHS England and NHS Improvement



Today's Agenda



Time	Item	Title	Lead
10.00	1	Welcome, Apologies and Introductions	Andy Wright, Clinical Networks
10.15	2	Wellbeing Check In – The GIF of Giving	All
10:45	3	Senior PWP Leadership Programme Application Process	Andy Wright, Clinical Networks / All
11:00		Tea and Coffee Break (5 minutes)	
11:05	4	Sharing Best Practice in Supporting Trainees: Discussion	Heather Stonebank, Clinical Network / All
11:25	5	IAPT Preceptorships – What should this include? Working Group Session	Sarah Boul, Clinical Networks / All
11:45	6	Appreciating Step 2: Round Table Discussion	All
12:15	7	Any Other Business and Checking Out	All
12.30	8	Close	

Wellbeing Exercise – The GIF of Giving

Looking after our wellbeing is a priority. Through the power of GIFs we would like you to share with us how you are landing today.

Paste your GIF into the chat and then be prepared to explain your chosen GIF to the attendees.



IAPT Leadership Training Offer Application Process

Andy Wright, Clinical Networks / All

NHS England and NHS Improvement



IAPT Leadership Programme Aims

The aims of developing a leadership programme for IAPT services are to:

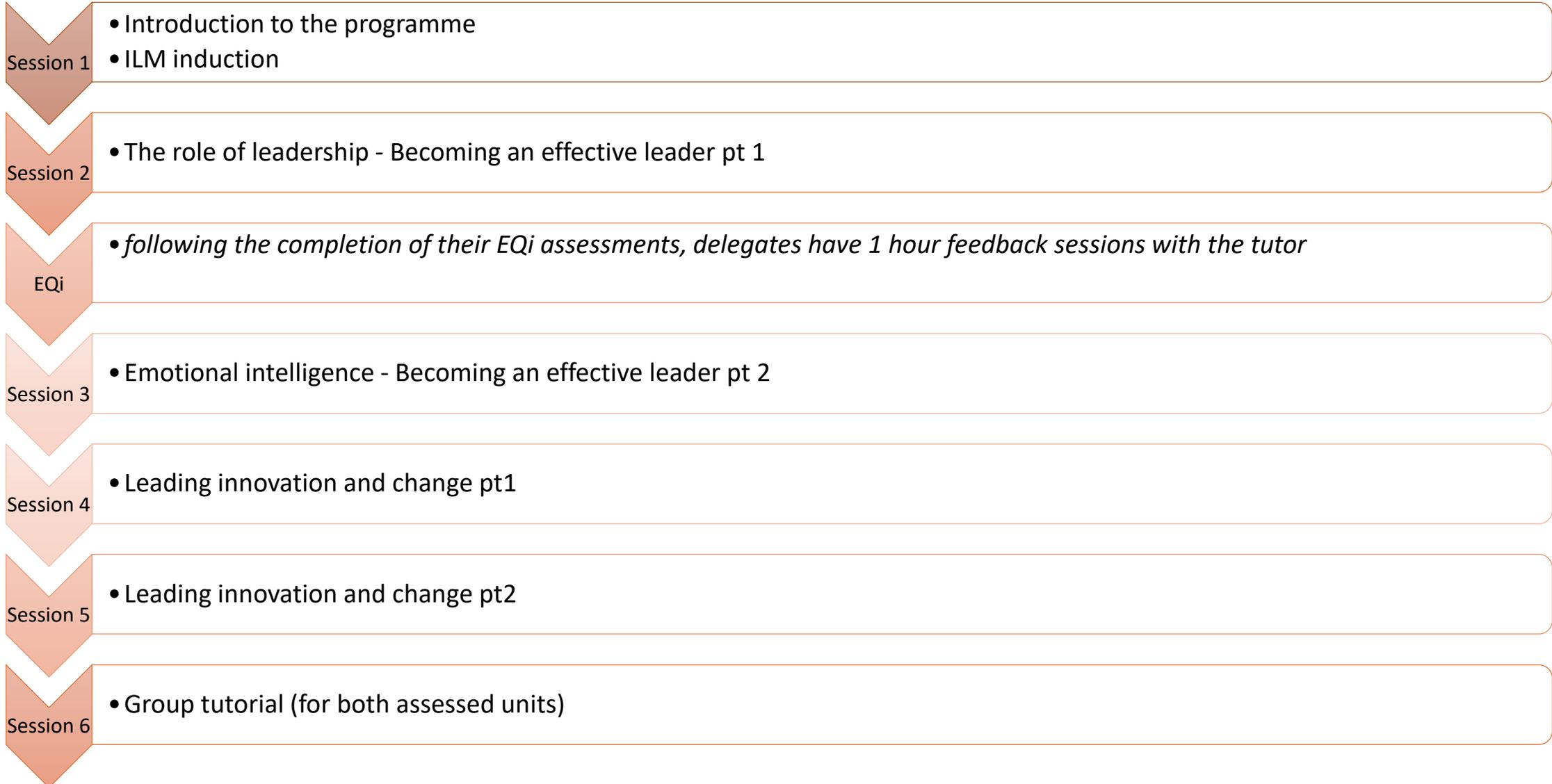
- Encourage new ways of working in Y&H that holds learning at the heart of the success of IAPT services
- Develop greater understanding of what good learning looks
- Develop learning potential at all levels
- Develop a programme that supports IAPT services to understand what better suits for their services

IAPT Leadership Programme Outline

The course will consist of an **ILM Level 5 Award in Leadership and Management**. The qualification covers 2 units:

- Becoming an effective leader
 - Leading innovation and change
-
- The course is delivered online using Microsoft Teams, which is the University's approved online meeting platform. Participants will need to sign up for a free Microsoft Teams account to engage with the online content. Participants must also have access to adequate IT equipment i.e. PC or laptop.
 - The course includes a mixture of 'live' online workshops and self-paced learning activities. The 'live' sessions are facilitated workshops and involve participants working together on collaborative activities. These sessions typically last for 3 hours each. Participants are expected to complete the self-paced learning activities between 'live' sessions. Typically, it takes around 2 hours to complete each activity.
 - In addition, delegates will receive 1:1 EQi feedback sessions to review their psychometric evaluations that they complete during the programme.

IAPT Leadership Programme Outline



IAPT Leadership Programme Applications



NHS England and NHS Improvement will meet the costs of the programme. However, due to funding restraints, it can only be offered to 36 Senior PWPs across the Yorkshire and the Humber region.

As a result of this we will have a competitive application process for the course. This will include completion of a short application form focussing on:

Previous leadership training you may have received

- Why have you applied for this leadership programme and what you see as the benefits for you.
- How will the skills, knowledge or expertise gained from the course be shared within the IAPT service.
- Have you confirmed with your line manager that you are able to undertake this course and comply with all of its requirements.

Sharing Best Practice in Supporting Trainees: Discussion

Heather Stonebank, Lead PWP Advisor, Yorkshire and the Humber Clinical Networks

/ All

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IAPT Preceptorships – What should this include? Working Group Session

Sarah Boul, Quality Improvement Manager, Yorkshire and the Humber Clinical Network
/ All

NHS England and NHS Improvement

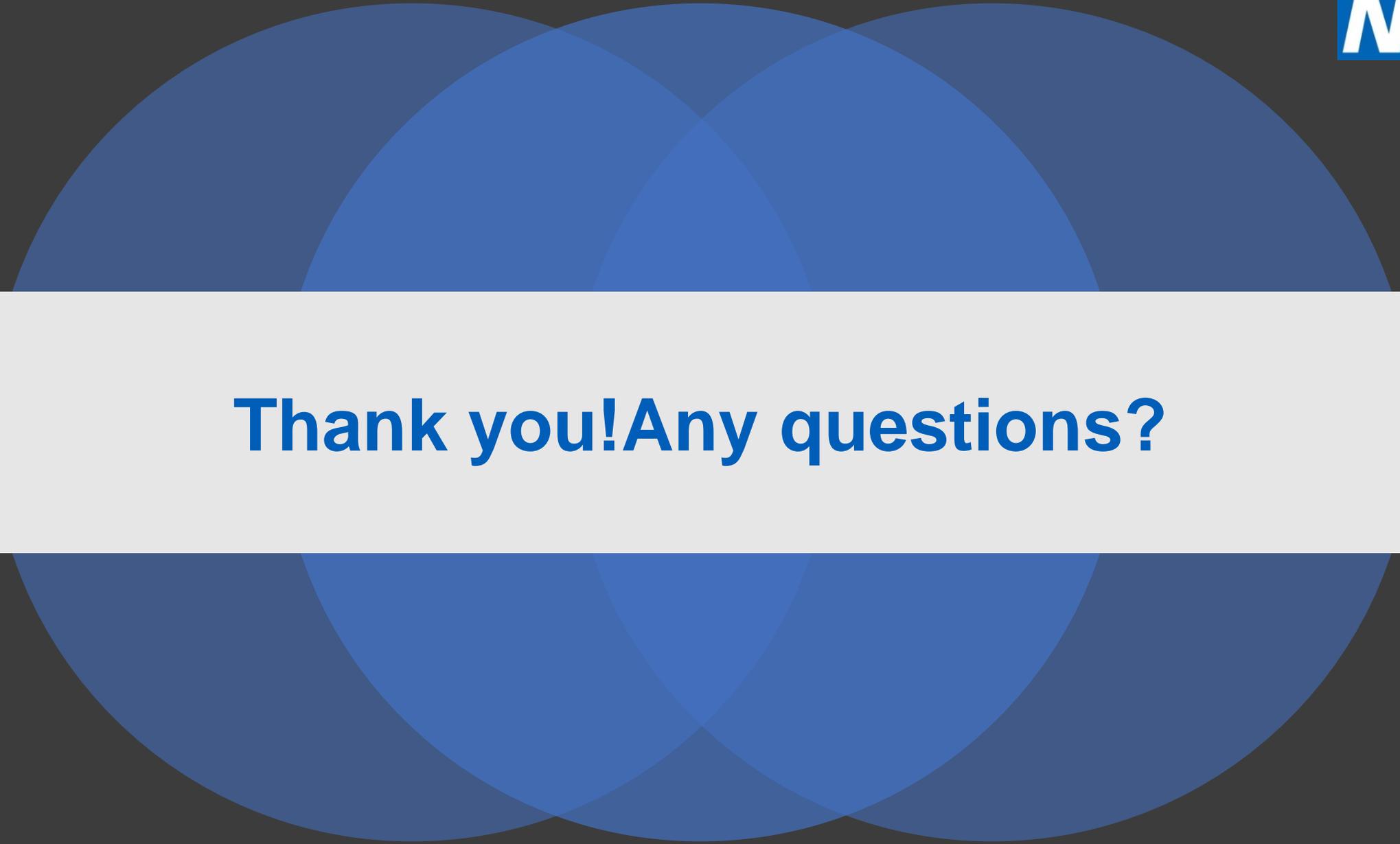


Appreciating Step 2: Round Table Discussion

All

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Thank you! Any questions?

Health Education England Update: Training Demand Survey 2021/22, Centralised Application Process and Apprenticeships

Mike Lewis, Programme Manager, Health Education England

Sarah Boul, Quality Improvement Manager, Yorkshire and the Humber Clinical Networks

NHS England and NHS Improvement



Training Demand Survey for 2021/22



Key Points:

- The demand scoping survey for Core IAPT training places for HITs and PWPs in 2021/22 is now live and can be accessed and completed via the following link: <https://healtheducationyh.onlinesurveys.ac.uk/iapt-application-2021-22-core-hits-pwps>
- The deadline for completing the survey is **19 March 2021**.
- A further survey regarding IAPT approved modality and supervision training will be circulated in due course.
- As in previous years HEE will provide the funding for the tuition costs directly to the universities for both High Intensity Therapists (HITs) and Psychological Wellbeing Practitioners (PWPs).
- Employers will receive funding for the salary costs in line with the nationally agreed funding model: HEE will provide 60% of the salary funding directly to employers and the remaining 40% will come to employers from their local Clinical Commissioning Group (CCG).
- **Employers must obtain prior approval from CCG commissioners for the 40% salary support**, except where the employer is prepared to fund the salary support themselves.
- Employers must ensure there is adequate supervisory capacity in place for all IAPT trainees for the duration of their training.
- Carefully consider **your outlined trainee trajectories** when completing this demand survey, bearing in mind that you may also be asked to make up a percentage of any shortfall from 20/21.
- From Autumn 2021 **IAPT PWP apprenticeship training** will be available alongside Core IAPT trainees.

IAPT PWP Apprenticeship Training



Key Points:

- The IAPT PWP apprenticeship was recently approved for delivery and a number of regional and national providers have been appointed to deliver the apprenticeship training. The training providers appointed are:
 - Teesside University
 - Liverpool John Moore University
 - London South Bank University
 - Solent University
 - Staffordshire University
 - University of Essex
 - University of Exeter
- The main aim of the apprenticeship scheme is to recruit a more diverse and local workforce, enabling people without a degree but with relevant experience to train as PWPs. Recruiting a more local workforce will in turn improve staff retention.
- Health Education England and NHS England and NHS Improvement have created a frequently asked questions document that has been circulated to all providers and commissioners across Yorkshire and the Humber Clinical Network.
- Health Education England and NHS England and NHS Improvement will also be hosting a webinar on 12 April 2021, 14:00-15:30 to provide more detail on the apprenticeship and give an opportunity for questions and answers.
- From Autumn 2021 IAPT PWP apprenticeship training will be available alongside Core IAPT trainees. The education costs would be funded out of the apprenticeship levy, but salary support would be the same process as for core trainees: 40% CCG funded and 60% centrally funded. Please do consider the apprenticeship as part of your core training demand survey completion. Should you indicate that this is a possibility we will discuss this further with you before making final allocations of places.

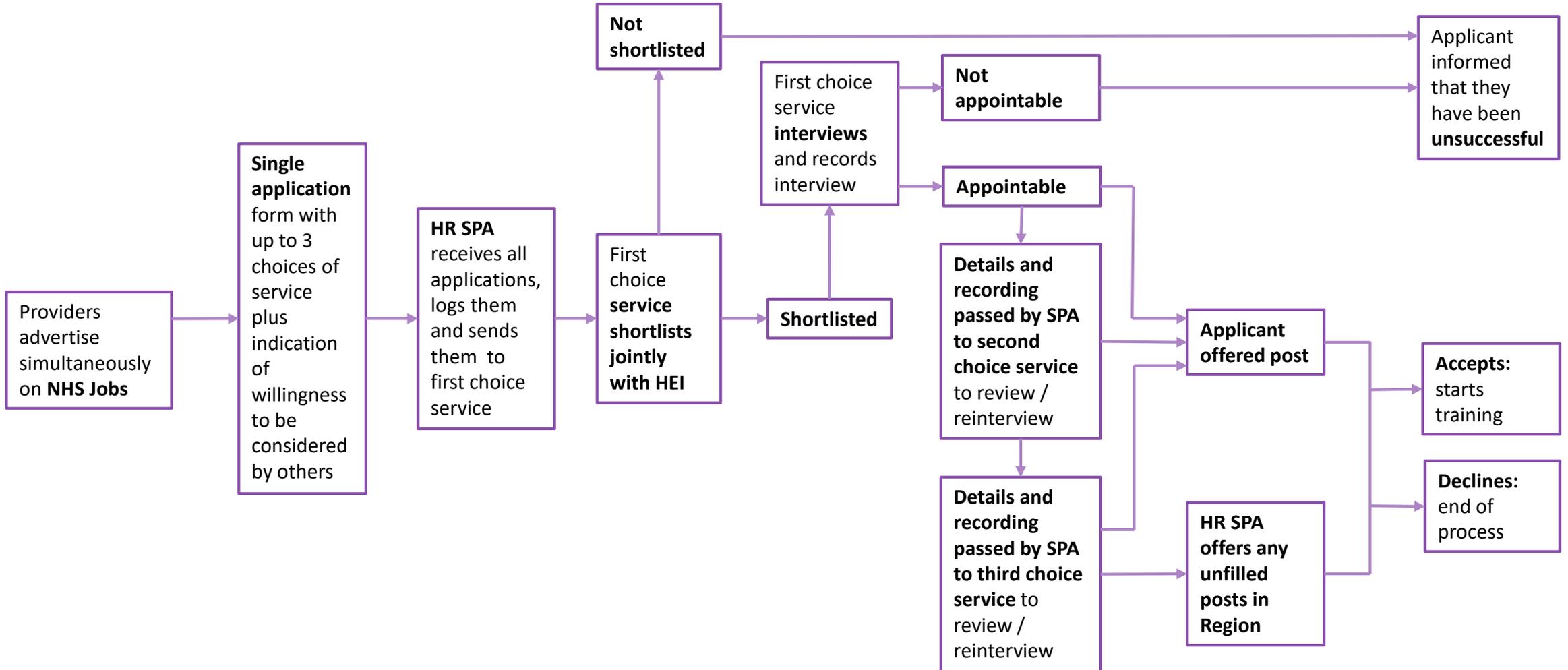
Proposed Centralised Application Process



Principles:

- The proposed centralised application process would be across the North East and Yorkshire and the Humber patch
- Coordinated advertising of trainee posts – separate service descriptions but single process
- Single application form and up to three preferences of service
- HR 'SPA' receives and sorts all application forms
- First choice service shortlists and interviews – jointly with HEI
- Candidates not shortlisted or interviewed and not appointable are informed they've been unsuccessful
- Candidates deemed appointable but not offered a post are passed onto second (and then third) choice service
- Subsequent services can accept outcome of interview, review recording or re-interview (face-to-face or by telephone)
- Candidates declining a post will not be offered any others
- Appointable candidates not offered a post in any of their choices will be offered any training posts which remain unfilled
- HR SPA will maintain a database and use this to understand patterns and issues

Refresh on the Overview of Proposed Process



Proposed Centralised Application Process



Update on Progress:

- Steering Group established
- Terms of reference and membership for the group in the process of being refined – HR input into the work programme is essential

Next Steps and Support Needed:

- Engaging IAPT services, CCGs and HEI across the North East and Yorkshire footprint
- Agreeing the scope of the service and work up the proposal including issues around capping shortlists
- Establishing an HR expert reference group to support the process and development of all documents
- Baselining the current position as regards the number of applications, number of interviews per post, number of posts declined, number of lost training places etc to quantify the benefits of a centralised process
- Developing a specification for a single IAPT HR service and agreeing how this will be procured and funded
- Working with providers and HEIs to agree a shortlisting and interviewing process for all trainee posts
- Developing standardised documentation and information to applicants to support the process
- Agreeing a timeline for implementation

Overview of IAPT Maturation Tool

Simon Bristow, Mental Health System Improvement Team, NHS England and NHS Improvement

NHS England and NHS Improvement



An introduction to the IAPT System Maturity Tool

Simon Bristow

Mental Health – System Improvement Team (MH-SIT)



Agenda

- ❖ Objectives
- ❖ Introducing the IAPT System Maturity Tool
- ❖ MH SIT wider offer
- ❖ Discussion

Please use Teams chat function, and activate your mute button for a better experience for all.

Mental Health System Improvement Team

Supporting systems to optimise
delivery and improve experience

- Part of NHS England and NHS Improvement
- A free resource to NHS-commissioned organisations
- Supporting delivery of national standards within the context of the Long Term Plan



Objectives



What is the IAPT System Maturity Tool?

The IAPT system maturity tool synthesises the learning from 5 years of MHSIT core IAPT reviews on the key elements of successful IAPT delivery into a tool for systems to assess their position and develop clear improvement plans.

Objectives for the use of the System Maturity Tool

- To improve the IAPT offer across the systems using it.
- The use of a framework to systematically identify and support improvement activity across IAPT Systems to generate STP networkwide Improvement plans.
- To identify and prioritise the IAPT systems that are in most need of immediate improvement support.
- To identify high impact changes, based on a thematic analysis of the frequently occurring areas for improvement.
- The completion of the IAPT SMT tool gives networks a baseline position against a consistent framework (a regional heat map), against which improvement can be built on and tracked over time.

Opportunities:

- An opportunity to use the learning from MHSIT reviews on 'what works'
- Access to the relevant Essentials tools, as appropriate to support improvement work.

Please send feedback on the tool to the MH System Improvement Advisors via: nhsi.mentalhealthsit@nhs.net

An introduction to the IAPT System Maturity Tool

NHS England and NHS Improvement



The IAPT System Maturity Tool



- 1. The Overall structure of the tool**
- 2. Completing and scoring the IAPT System Maturity Tool**
- 3. Using the IAPT System Maturity Tool to identify improvement actions**

IAPT System Maturity Tool: 9 domains, suggested Inputs



Domain	IAPT Element statement
Strategy and Sustainability	<p>An IAPT system that is capable of delivering for the needs of all population groups equally, underpinned by a clear and transparent investment, accountable leadership, robust governance and escalation processes</p> <p>Inputs from: CCG leads, Provider leads, Finance leads both NHS and non NHS providers</p>
Access and Waits	<p>The IAPT service is commissioned and provided in a way that is easy to access, equally responsive to all population groups, maximises use of stepped care, and actively works to achieve minimal waits for each provider in the system</p> <p>Inputs from: Clinical leads involved in triage, assessment process, operational management, admin for waiting list</p>
Model and Evidence based practice	<p>A seamless IAPT pathway designed to deliver quick access to NICE recommended treatment according to the person's condition, delivered by IAPT qualified staff</p> <p>Inputs from: Clinical leads, frontline clinical staff</p>
Workforce	<p>An IAPT system that is adequately staffed by a workforce capable of providing the right NICE recommended treatment at the right dose, and is actively supported to achieve improved access and outcomes for all</p> <p>Inputs from: Operational management leads, clinical leads, frontline staff</p>
Involvement	<p>There is equitable, meaningful involvement and participation of service users whose experiences are reflected in pathway development</p> <p>Inputs from: Service users, Participation leads (Commissioning and Provider)</p>
Productivity	<p>Productivity is reviewed and maximised to ensure efficient delivery and use of resources</p> <p>Inputs from: Operational management leads, clinical leads</p>
Outcomes	<p>Outcomes and experience data drives service development at a strategic and operational level and are embedded within the quality priorities for each provider in the IAPT system.</p> <p>Inputs from: Operational management leads, Clinical leads, frontline clinical staff</p>
Digital and Informatics	<p>Quality data is being recorded and flowed and a range of data is used to monitor and maximise service performance</p> <p>Inputs from: Data leads, Operational management leads</p>
Culture	<p>Service improvement is driven by what matters most to service users and every effort is made to gather and use data to improve the IAPT service offer</p> <p>Inputs from: Clinical leads, frontline staff</p>

IAPT System Maturity Tool: Overall structure



Further to the 9 Domains

Each Domain has from 2 to 10 elements. These elements collectively should cover all the parts required to achieve the domain goal.

Under each Element is a drop down to give some Key Lines of Enquiry (KLOEs) to support your thinking about the element.

There is a self rating option for each element.

9 of the elements are noted in bold – these are viewed as foundation elements which, when in place, will facilitate the improvement of other elements. This includes that a STP delivery vehicle with operational sub-groups is established, as these groups are well placed to review specific domains and generate improvement actions.

IAPT System Maturity Tool: The Foundational elements



Domain	IAPT SMT Foundational Elements
Strategy and Sustainability	<p>1.1 Both the local health economy and CCG have an integrated strategy for Mental Health that incorporates IAPT and its expansion through integrated IAPT services with increased numbers entering treatment in line with STP/CCG IAPT Quarterly trajectory activity levels</p> <p>1.2 There is a strategy to ensure equality of access of all population groups</p> <p>1.3 There is a documented STP/ICS MH system wide governance structure which includes processes to review, monitor and develop IAPT services</p> <p>1.4 There is a STP/ICS delivery vehicle to both review, monitor and operationally develop system wide delivery of IAPT services</p> <p>1.5 There are designated executive leaders accountable for the delivery of IAPT services for each organisation within the local IAPT system</p> <p>1.6. There are named IAPT clinical leads with board level accountability in respective commissioner and provider organisation</p>
Access and Waits	<p>2.1 Sufficient activity has been commissioned in accordance with the STP/CCG IAPT Quarterly trajectory activity levels and all providers understand their contribution towards the IAPT target activity</p> <p>2.3 There are access policies in place which reflect national rules and locally-agreed standards and guide the management of e.g. DNAs, cancellations. See MHSIT Access policy tool</p>
Productivity	<p>6.1 There are clear expectations of activity levels for clinicians which are transparently monitored.</p>
Digital and Informatics	<p>8.5 The provider analyst team is adequately resourced and suitably skilled to support care pathways and reporting requirements in a timely manner.</p>

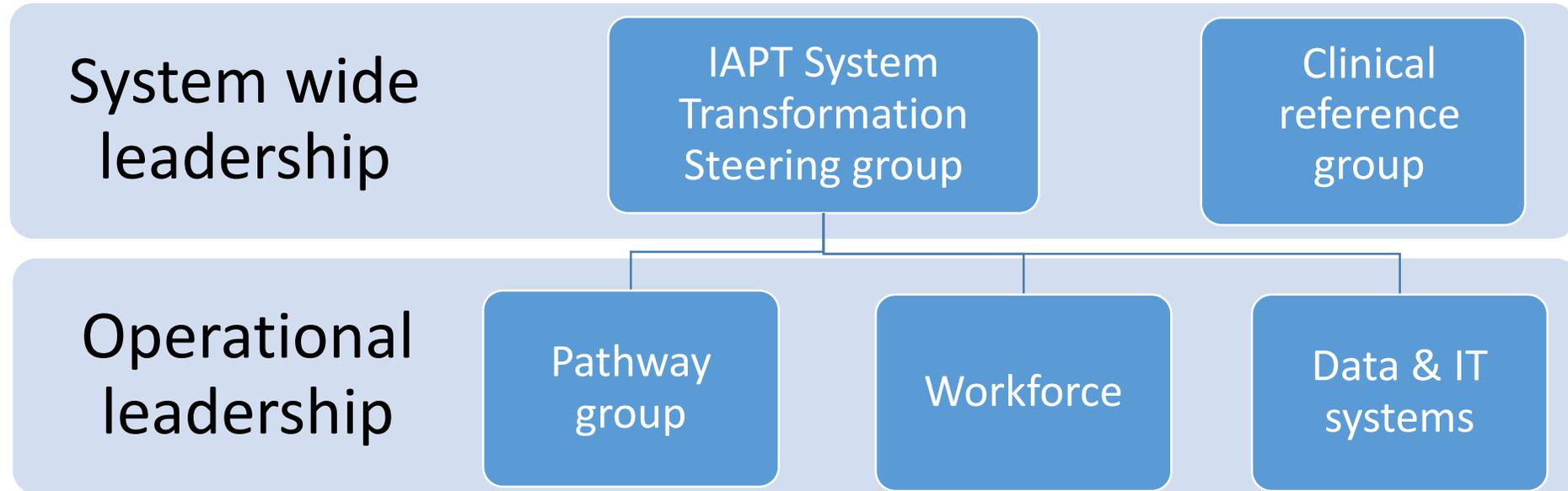
Welcome - The NHS England and NHS Improvement IAPT System Maturity Tool

Last Updated: 04/12/2020



Assumptions

The NHS England and NHS Improvement IAPT System Maturity Tool assumes that the system is able to cascade the domains to appropriate system-wide meetings to discuss and to score. If these structures do not exist, it would be beneficial to establish and maintain these to support the assessment of current policy and with implementing improvement when needed



Above is an example of a suggested structure.

The Steering group should have representatives from all system providers and CCGs in the local IAPT system. The IAPT System Transformation Steering group would be expected to report into a suitable board.

A Clinical Reference group should be in place to provide scrutiny for system change and to sign off shared system approaches.

Quick notes on high impact actions are available e.g.

For immediate and sustained improvement in the recovery rate

DO:

1. Focus on the recovery rates of people **who are already in treatment** checking that:

- All therapists are coding correctly for people that are currently in treatment so that problem descriptor codes "mixed anxiety and depression", "other" and "invalid" are not used
- People are provided the most appropriate NICE approved evidence based treatment, at the right step
- People are receiving the full dose treatment and sessions are NOT capped
- The IAPT service is NICE compliant, focussing on clusters 1-4, with people at right treatment step in the context of a stepped model of care.

2. Focus on **increasing the proportion of people in the service discharged as "recovered"** checking:

- All therapists in your service understand the recovery rate clinical score cut-offs in relation to the recovery outcome measures
- There are reports on therapist-level recovery rates (alongside reliable improvement and reliable deterioration) which are routinely discussed in supervision sessions.
- All those recently discharged have been reviewed to investigate reasons why they did not recover; consider the above factors
- There are robust procedures to identify and follow up DNAs and patients who are dropping out of treatment prior to recovery.

DO NOT:

- Focus on increasing access. Focussing solely on new patients will not deliver improved recovery rates
- Performance manage numbers. Focus rather on outcomes, maximising opportunities for those already in the service

The IAPT System Maturity Tool



1. The Overall structure of the tool
2. **Completing and scoring the IAPT System Maturity Tool**
3. Using the IAPT System Maturity Tool to identify improvement actions

Key points to note



1. **Completion of the IAPT SMT tool requires a joint approach from all providers, commissioners and other partners in the IAPT system.** To support the strategic thinking and collaboration required, it is suggested that the process is led and coordinated by the STP. The process should be inclusive and representative of stakeholders of sufficient seniority and decision making responsibility.
2. The tool is designed to support the cascade of the domains to existing meetings within your governance structures where the appropriate leads and representatives may be present to determine the scoring of the relevant domains. Where these governance structures are not in place, system improvement is unlikely to be successful.
3. **The IAPT SMT Tool is NOT an assurance tool.** It is designed to support local health systems to undertake a critical self review of their IAPT services through a systematic approach to support continuous improvement activity.
4. **It is recommended that ALL domains and elements are fully completed for each IAPT system,** to derive a fully informed set of improvement actions. We do **NOT** recommend a selective approach to completing the tool.
5. **The domains and elements have wide ranging focus, but all are interlinked.** It is acknowledged that the domains and elements, are not fully comprehensive, they represent our current understanding of the critical factors required to optimise delivery of IAPT services. These factors will continue to evolve as we learn together.
6. **Every opportunity should be taken to include frontline staff members** where appropriate as they will have valuable insight as to how the day to day processes actually work in practice. The process should ideally also include those who use the services.

Guidance - The NHS England and NHS Improvement IAPT System Maturity Tool



Your System

Your System Name

Baseline Review Date

Re-Review Date 1

Re-Review Date 2

Re-Review Date 3

Instructions for Completion

Enter the date of your initial baseline review, and any subsequent re-reviews, above
As a system, score the elements in each of the SIT Good Practice Domains (below)
between 0 and 4 based on the following scale:

0	Nothing	No evidence
1	Fair	Limited evidence of implementation or impact; document available
2	Good	Significant evidence of implementation; limited impact
3	Very Good	Full implementation; clear evidence of demonstrable impact
4	Best Practice	Evaluated, approach refined; maximum impact

Evidence for scoring and supporting documents can be added so the completed The NHS England and NHS Improvement IAPT System Maturity Tool as a useful system resource

The IAPT System Maturity Tool

1. The Overall structure of the tool
2. Completing and scoring the IAPT System Maturity Tool
3. Using the IAPT System Maturity Tool to identify improvement actions

Identifying the greatest improvement opportunities



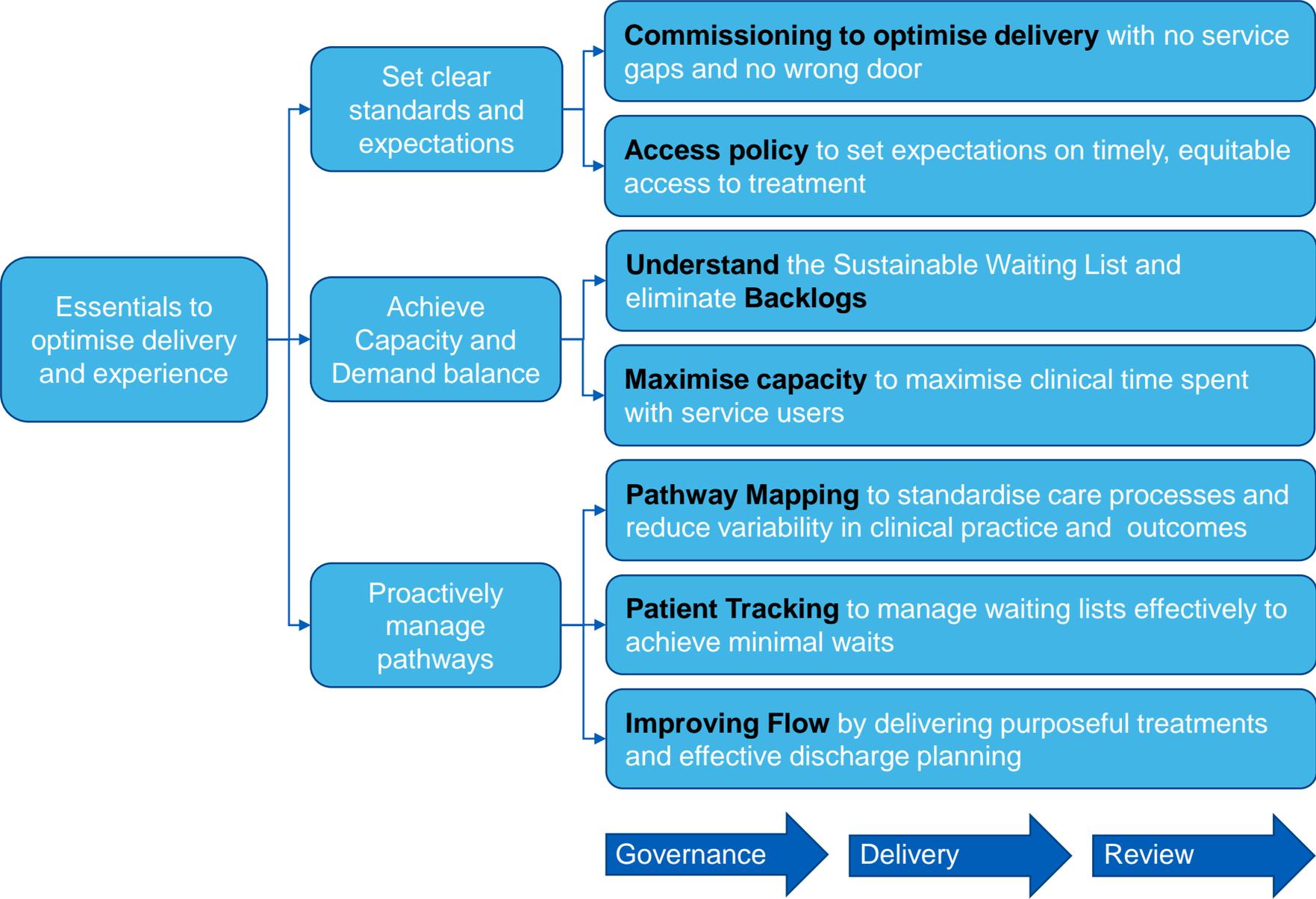
- You will achieve guided self assessments from the each system across Yorkshire and Humber, which represents your baseline position.
- For each of the individual systems, the **Feedback Tab** will visually highlight the domain areas of greatest need for improvement in the spidergraph
- Validation of the scores allocated against the domains and particular elements may be undertaken with relevant stakeholders within existing meetings
- As a first step, the results of the Feedback Tab for all 9 systems can be brought together to create a heat map to identify the domains and elements of greatest need for improvement.
- We suggest that the following colours are applied:
 - **Orange**: Significant disparity from good practice, Area of greatest need for improvement
 - **Blue**: Doing well in these areas, good practice may be shared with other areas
 - **Grey**: Variable practice, not consistent or robust
- Are there **domains** in common across all of the systems requiring significant improvement? This should be recognised in the system action plan.
- Which local areas are doing better in the **domains** where most are struggling in? These may be a vital part of your improvement resources going forward!! Good practice can be learned from these local areas.
- Within the domains of greatest concern across all systems, are there **elements** in common where there is significant disparity with good practice? We recommend that these areas are prioritised areas for each domain listed in the overall system action plan.
- Similarly, which areas are excelling in the **elements** that most other areas are struggling in?
- **Remember....** The KLoEs provide some of the essentials of your improvement action plan if these are not found to be in place on assessment.

MH SIT wider offer

NHS England and NHS Improvement



Essentials to optimise delivery in mental health services



Discussion

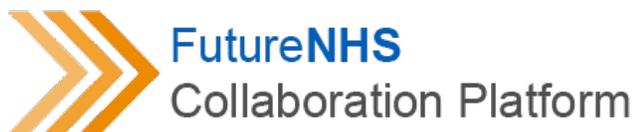


Mental Health System Improvement Team

Supporting systems to optimise
delivery and improve experience



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Mental Health System Improvement Network

Introduction & Key Areas

Mental Health System Improvement Network

The Mental Health System Improvement Network is a community of practice for system leaders, clinicians, operational, improvement, informatics and planning leads to support learning about emerging and future demand and capacity implications for mental health, and responding to them using improvement science. The prioritisation of this work has been accelerated during Covid-19.

The objective is to:

- Create a forum for information sharing and discussion
- Provide updates on the evidence-base for assessing future demand
- Share models produced by local teams in support of local scenario planning, and key considerations in developing or utilising such models
- Share local and national studies that explore changes in demand, presentation and/or complexity
- Offer improvement tools and guidance to support optimising current delivery through an Essentials Programme
- Bring together the various strands, and share best practice and learning, to inform dynamic demand and capacity planning

A number of the pages within this workspace are under ongoing development, and content will be added and updated as it becomes available.

Email the Mental Health System Improvement Team

Join us for a virtual chat - CYP MH System Maturity Tool & CYP-MH improvement - Tues

NHS England and NHS Improvement



Key Messages from the National IAPT Programme

Sarah Boul, Quality Improvement Manager, Yorkshire and the Humber Clinical Networks / All

NHS England and NHS Improvement



Key Messages from the National IAPT Programme



Access Targets

There has been some chatter in the system that access targets have been reduced. The National IAPT Programme would like to confirm that there has **not** been national agreement to reduce that national access rate.

There were a number of changes to access targets in 2020/21, which may be helpful to review:

- The way of monitoring access was changed from 2020/21, as part of the move to the new prevalence estimates for the remainder of the NHS Long Term Plan (LTP). The LTP ambitions tool provides a trajectory that CCGs should be working towards that phases in the new prevalence rates so there are not any large jumps. As part of this change access is being monitored against these access numbers instead of access rates. The impact of the phased in approach does mean in some areas the trajectories are lower than if the 25% of old prevalence had been applied, but there has not been a reduction in the overall access rate.
- A copy of the LTP ambitions tool with the trajectories is available via request to sarah.boul@nhs.net

Key Messages from the National IAPT Programme



IAPT Quarter 2 Data Release Update

- The IAPT Version 2 dataset was introduced mid-quarter, in September 2020, and as such it was deemed too problematic to utilise the two different datasets to provide the quarterly values for Quarter 2 2020. The introduction of the version 2 dataset mid-quarter raised concerns around the integrity of the data, given some of the changes in the methods of calculation and changes to outcome measures. Quarter 3 data will be released on Thursday 11th March 2021.

COVID Data Items

- IAPT providers are expected to see an increase in mental health issues as a direct result of the pandemic. NHS England and NHS Improvement have issued [guidance](#) to detail the SNOMED codes recommended for submission to the IAPT dataset for recording occupational exposure to COVID and whether a patient is suffering from Long-COVID. These will be used for national analysis of IAPT data and should also be appropriate for local use.

National Webinar Monthly Series

- The next national monthly webinar will be held on Tuesday 2nd March 2021, 13:30 till 15:00, and will focus on **‘Improving older people’s access to and experience of talking therapies’**. The link to this webinar can be found [here](#).

Key Messages from the National IAPT Programme



Library Updates

Translated Materials

Translations in Arabic, Bengali, Gujarati, Polish, Punjabi and Urdu for the following outcome assessments are now available from the NHS Digital [library](#) on the [Copyright Licensing Service web page](#) :

- Body Image Questionnaire Weekly (BIQ)
- Mobility Inventory (MI)
- Obsessive Compulsive Inventory (OCI)
- Panic Disorder Severity Scale (PDSS)
- PCL-5
- Social Phobia Inventory (SPIN)
- Work and Social Adjustment Scale (WSAS)

Chalder Fatigue Scale

- The Chalder Fatigue Scale (CFQ 11) is also now available to request from the [library](#). CFQ 11 is the recommended outcome measure for chronic fatigue syndrome and should be used for clinical purposes. We hope to soon publish the reliable change value for this scale which will allow it to replace GAD-7 as the measure for calculating recovery.

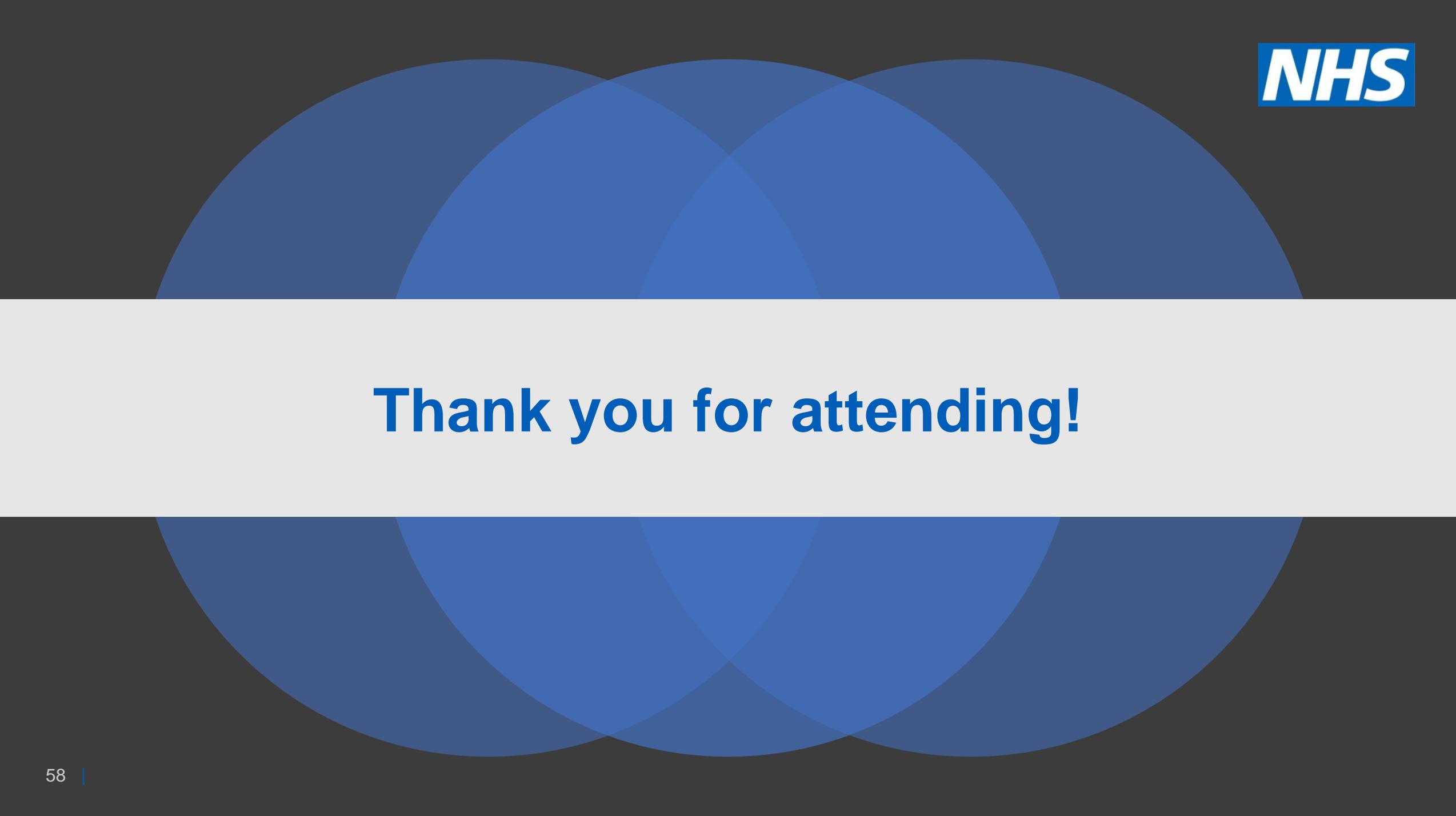
If you have any questions or need any help on accessing these materials please address them directly to: clin.licences@nhs.net

Reflections on the Day and Any Other Business

All

NHS England and NHS Improvement



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Thank you for attending!